Wednesday, December 28, 2022
9:00 A.M.

The Harrison County Courthouse will be opened with limited seating at the County Commission meeting. However, you may join and listen via Zoom Conference Call by the following steps. Public participation will be allowed during public comment period and/or scheduled appointments.

Join Zoom Meeting
****
https://us02web.zoom.us/j/7628160712
Dial: 1-646-568-7788
Meeting ID: 762 816 0712
Passcode: 270967

Appointments:

9:00 A.M. --- Call to Order --- Invocation --- Pledge of Allegiance
9:10 A.M. --- Estate of Stephanie Ann Layfield --- Hearing to Accept Copy of Will in Place of Lost Original
9:15 A.M. --- Estate of Billie Ann Clevenger --- Hearing to Accept Copy of Will in Place of Lost Original
9:20 A.M. --- Presentation by Salem P.D.

NEW BUSINESS – Action Items for Consideration or Approval:

1. **Public Comment Period**
2. **Consent Agenda**
3. **Payroll Change Notices:**
   - **A. Kim Reed --- New Position --- Effective 01-03-2023 --- Pros Attorney**
   - **B. Kristina Marshall--- Re-Evaluation of Job --- Effective 01-03-2023 --- Pros Attorney**
   - **C. James Brian Shockley --- Resignation --- Effective 12-31-2022 --- Pros Attorney**
   - **D. Christina Tomes --- New Hire --- Effective 01-03-2023 --- Pros Attorney**
   - **E. Tina McHenry --- Retirement --- Effective 12-31-2023 --- Pros Attorney**
   - **F. David Romano ---2022 Contract Pay $1200.00 --- Pros Attorney**
   - **G. Kerri Coe --- Resignation --- Effective 12-15-2022 --- Circuit Clerk**
   - **H. Bradley Pickens --- New Hire --- Effective 01-04-2023 --- L.E.**
   - **I. Shane Richardson --- New Hire --- Effective 01-04-2023 --- L.E.**
4. **Minutes and /or Amended Minutes of Previous Meeting:**
   - **A. Legal Work Session --- 12-20-2022**
   - **B. Regular Work Session --- 12-30-2022**

5. Requisitions --- Purchase Orders --- Invoices
   A. Vendor Requisition List of Payments
6. Exonerations --- Corrective Tickets --- Joint Property Application:
   A. Exonerations --- Exhibit A
7. Consideration of Approval of a Project Fund Requisition for the payment of costs associated with the project to be financed from proceeds of the Series 2019 Bonds issued for the Charles Pointe Economic Opportunity Development District, Series 2021 A & B (Development District No. 3 White Oaks Project No. 2) & Series 2008 A (Charles Pointe Project No. 2 – North Land Bay Improvements: (NONE)
8. Review – Discuss - Consider GSA Update --- (Potential Executive Session Pursuant to 6-9A-4(b)(9) to Consider Matters Involving or Affecting the Purchase, Sale or Lease of Property, Advance Construction Planning, the investment of Public Funds or Other Matters Involving Commercial Competition, which if Made Public, Might Adversely Affect the Financial or Other Interest of The County
   A. Rycon Pay Application with Reduction in Retainage to $125,000.
9. Consideration of Approval of Project Fund Requisitions for the payment of costs associated with the General Services Administration Building Project to be financed from proceeds of the Series 2020 Bonds issued for the Harrison County Building Commission:
   A. Rycon Pay Application
10. Consideration of Approval of Project Fund Requisitions for the Payment of Costs Associated with the Project Fund Agreement for Payment of Cost Associated with the Master Equipment Lease for Cruisers, 08-10-2022, between Harrison County Commission and Country Roads Leasing, LLC: (NONE)
11. Review – Discuss - Consider City of Clarksburg accepting ARPA funds in the amount of $300,000. will be used for their Milford Street Storm and Sanitary project.
12. Review – Discuss – Consider Appointment of Paula Sprouse-McIntyre to Summit Park PSD Board
13. Review - Discuss – Consider Town of Nutter Fort ARPA request for ARPA Funds for Fort Street Sewer and Storm repairs. This is requisition #2 - amount is $29,823.96
14. Review - Discuss – Consider Order for Delinquent of Unprogressed Estates
15. Review – Discuss – Consider Zoning Form --- Coxs Cabaret, 1434 E. Pike Street, Clarksburg, WV
16. Review – Discuss – Consider Recommendation for Animal Control Facility Engineer Bid Opening was 12-14-2022
17. Review – Discuss - Consider entry of an Order which would terminate the existing property tax increment financing district known as The County Commission of Harrison County Development District No. 7 as well as the TIF Fund for such District and the distribution of any funds on deposit to the appropriate levying bodies
18. Administrator's Report
19. Commissioner Comments – Questions

CONSENT AGENDA - (NOTE: Items May Require Discussion, Review and/or Action)

A. Weekly Fiduciary Report from the County Clerk

1. **12-07-2022 thru 12-13-2022**
2. **12-14-2022 thru 12-20-2022**

B. Monthly Fiduciary Commission Settlements: (NONE)

C. Monthly Minutes/Financial Information from Various Boards, Committees and Public Service:

1. **Greater Harrison County PSD --- Financials 11-30-2022**
2. **Form 990 --- Nutter Fort Volunteer Fire Department 2021**
3. **Enlarged Hepzibah PSD --- Board Meeting --- Minutes November 14, 2022**
4. **Enlarged Hepzibah PSD --- Board Meeting --- Minutes November 15, 2022**
5. **Enlarged Hepzibah PSD --- Financials November 2022**
6. **Sun Valley PSD Board Meeting --- November 15, 2022**
7. **Sun Valley Financials 11-30-2022**
8. **Bingamon PSD --- Meeting Minutes 11-21-2022**
9. **Greater Harrison County PSD --- Meeting Minutes 11-17-2022**

TABLED ITEMS - - Items May Require Discussion and /or Approval

T-1. Election Workers Pay Raises (05-18-2022)

T-2. Changes to Employee Handbook Made by County Attorney (06-08-2022).

T-3. Shinnston North Bend Rail Trail Connector --- Task Order #2 (11-30-2022)

T-4 HCC Agreements with Harrison County Parks & Rec Commission (12-14-2022)

9:10 AM

November 17, 2022

To Whom It May Concern:

My mother, Stephanie Ann Layfield passed away on August 16, 2022. She has an account open through Harrison County Bank that my dad, Page D. Layfield is trying to get access to. We cannot find her original Last Will and Testament. We do have a copy of it though. There should be one on file through the Harrison County Court House as well. I am asking that you can use the copy of Stephanie Ann Layfield, Last Will and Testament copy so we can get the paperwork we need for Harrison County Bank so my father can access the money in the account.

Thank you,

Stacia Gaines
Daughter

[signature] 11/17/2022
NOTARY DATE

SEAL:

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
LISA M. TRAVIS
Bridgeport Police Department
515 W Main Street, Bridgeport WV 26330
My Commission Expires April 7, 2027

IN THE COUNTY COMMISSION OF Harrison COUNTY, WEST VIRGINIA

IN RE: **THE ESTATE OF** Stephanie Ann Layfield
DOD: 8·16·22

AFFIDAVIT FOR SMALL ESTATE

STATE OF WV,

COUNTY OF Harrison, to-wit:

I, Page D. Layfield, being a Successor of the Decedent identified below, being first duly sworn, upon oath and under penalty of perjury, do depose and say to the best of my knowledge and belief as follows:

1. My name is Page D. Layfield, and my current address is 24 Jeff Gordon Ave Lost Creek, WV 26385.

2. The Decedent, Stephanie Ann Layfield, died on 8·16·22 (date of death), a resident of Harrison County, State of West Virginia, with his/her usual residence being 24 Jeff Gordon Ave. Lost Creek, WV 26385. A certified death certificate has been furnished herewith for filing in this County. I am a Successor of the decedent as Husband (state relationship).

3. **TESTACY (✓) [Check if applies] or ( ) [Check if Not Applicable]** At the date of death, the Decedent died with an ORIGINAL Last Will and Testament of the Decedent dated 7·6·94, without any codicil thereto ( ) or with codicil(s) thereto dated _____ ( ) [Check if applies]. The aforesaid ORIGINAL Last Will and Testament of the decedent, together with any codicil(s), is furnished herewith for recording in this County as permitted by West Virginia Code § 44-1A-2(b).

Under the Last Will and Testament of the Decedent, the following person(s) is/are nominated to be the personal representative(s) of the Estate:

a. Name: Page D. Layfield
Address: 24 Jeff Gordon Ave
Lost Creek, WV 26385

b. Name: _____
Address: _____

Pursuant to the provisions of the above referenced Will of the Decedent, the following persons are the named beneficiaries of the estate of the Decedent:

a. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

b. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

c. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

d. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

e. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

(If more space is needed, attach additional page(s) to affidavit)

4. **INTESTACY ( ) [Check if applies] or (✓) [Check if Not Applicable]**
At the date of death, the Decedent died intestate with no known will. The Decedent left as his/her heirs at law and distributees in accordance with the laws of intestate descent and distribution of the State of West Virginia the following persons:

a. Name: Page D. Layfield
Address: 24 Jeff Gordon Ave Lost Creek, WV 26385
Relationship to Decedent: Husband
Share or percentage: 100%

b. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

c. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

d. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

e. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

(If more space is needed, attach additional page(s) to affidavit)

5. The Decedent's entire personal probate estate, as of the date of the Decedent's death, wherever located, consists only of Small Assets and the aggregate fair market value of the Small Assets does not exceed $50,000. The Small Assets of the Decedent are described and itemized as follows:

	Description	Fair Market value
a.	Bank Account Harrison County Bank 80 E. Main St. Lost Creek, WV 26385	1,700.00
b.		
c.		
d.		
e.		

f.		
	Total	

(If more space is needed, attach additional page(s) to affidavit)

6. The Decedent **did ( ) / did not (✓) [Check one which applies]** die seized and possessed of any probate real estate or interests in probate real estate in the State of West Virginia. If the Decedent died seized and possessed of any probate real estate or interest in real estate in the State of West Virginia, the aggregate fair market value of all of the real estate or interests in real property situate in this State does not exceed $100,000 and the real estate of the Decedent in West Virginia is as follows:

	Description	County	Assessed Value	Fair Market value
a.				
b.				
c.				
d.				
e.				
	Total			

(If more space is needed, attach additional page(s) to affidavit)

7. **(✓) [Check if applies] or ( ) [Check if Not Applicable]** If the affiant is a Successor who was nominated as a personal representative or executor under the provisions of the above Will of the Decedent, at least 30 days have elapsed since the Decedent's date of death and no application for the appointment of a personal representative for the Decedent is pending or has been granted in any jurisdiction;

or

( ) **[Check if applies] or** (✓) **[Check if Not Applicable]** If the affiant is a Successor who was NOT nominated as a personal representative or executor under the provisions of the above Will of the Decedent or if the Decedent died intestate without a will, at least 60 days have elapsed since the Decedent's date of death and no application for the appointment of a personal representative for the Decedent is pending or has been granted in any jurisdiction, and no affidavit of Small Estate has been filed by a Successor nominated as a personal representative or executor under the provisions of the Will of the Decedent.

8. The undersigned Affiant will faithfully administer the Small Assets of the Decedent in accordance with the law and pay or deliver the same to the Successor or Successors so entitled, after paying any known or ascertainable creditors of the decedent.

Witness my hand and seal this 17th day of November 20 22

Signature of Affiant/Successor

Taken, subscribed, and sworn to before me the undersigned authority by Shannon D Rush, this 17 day of November, 2022

{seal}

My Commission expires: Oct. 14, 2026

Notary Public



Last Will and Testament

STEPHANIE A. LAYFIELD

I, Stephanie A. Layfield, of McWhorter, Harrison County, West Virginia, being of sound mind and disposing memory, and being of full age, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all former Wills and Codicils made by me.

FIRST: I order and direct that my Executor hereinafter named, pay all my just debts and funeral expenses and costs of administering my estate as soon after my decease as conveniently may be.

SECOND: I will, devise and bequeath all my property of every kind and character, real, mixed and personal and wheresoever situate of which I die seized or to which I may be entitled at the time of death, to my husband, Page D. Layfield, provided he survives me.

THIRD: In the event my husband, Page D. Layfield, fails to survive me or that we die simultaneously, then and in that event, I devise and bequeath everything of which I die seized, real, personal and mixed or to which I may be entitled at the time of my death, to Julia Hayhurst and Roy L. Hayhurst, Trustees, and during the period of said trust which shall be as hereinafter set forth, said Trustee shall collect and receive all rents, royalties, issues and profits to be derived therefrom and shall distribute the same as hereinafter more particularly set forth for the benefit of Stacia Nicole Wageman, born December 13, 1978.

A. No bond or other security shall be required of my said Trustees under this trust and in the administrations hereof.

B. I direct that regarding all property of which I die seized or to which I may be entitled at the time of death, real, personal and mixed, said Trustees are hereby authorized to preserve and

maintain said assets as they, in their discretion deem best, or to lease, sell, convey or transfer said property at public or private sale and to invest or reinvest the proceeds thereof or any part thereof in such manner and in such other property or securities as said Trustees shall deem best and my Trustees are further authorized to execute any and all documents, contracts, bills of sale, deeds, leases or other investments of trust funds as is necessary from time to time and my Trustees are further authorized to change investments thereof from time to time as they deem expedient in their own judgment and they need not confine themselves to such investments of trust funds nor such as are or may be designated for that purpose by a statute now in force or that may hereafter be adopted.

C. My Trustees are hereby authorized to disburse, from time to time, from said trust before the principle of said trust is to be distributed, such funds as may be needed by Stacia Nicole Wageman for educational or for emergency purposes only, which my Trustees shall have sole power and discretion in determining what constitutes an educational or emergency purpose.

D. Said trust shall terminate and the remainder of the principle and income from said trust shall be distributed in full by said Trustees to Stacia Nicole Wageman, upon her twenty-first (21st) birthday.

E. I direct that my Trustees may charge whatever statutory fee is permissible in the State of West Virginia at the time of my death for compensation for their services to be deducted from the trust income on an annual basis as the Trustee of my estate.

FOURTH: I hereby nominate and appoint my husband, Page D. Layfield, as Executor of this my Last Will and Testament, and direct that he may be permitted to qualify and act as such personal representatives without bond or security of any kind. In

the event he fails to survive me or is unable to serve as Executor, then and in that event, I appoint Roy Hayhurst and Julia Hayhurst at co-Executors to serve without bond.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal this 6 day of July, 1994.

Stephanie A. Layfield (SEAL)

The foregoing instrument containing two and one-half (2 1/2) typewritten pages was on the 6th day of July, 1994, signed and sealed by the said STEPHANIE A. LAYFIELD, the Testator therein named, and duly published and declared by the said Stephanie A. Layfield to be her Last Will and Testament, and her free act and deed, in the presence of us, who, at her request and in her presence, and the presence of each other, hereunto subscribe our names as witnesses. And we, and each of us, do also certify and state that the signature of the said Testator was duly made and appeared to us upon the Will as above, before we signed as witnesses, and that we, and each of us, do now believe said Testator at this time to be of sound mind and memory.

Dwight Layfield (SEAL)

Peggy Byrd (SEAL)

STATE OF WEST VIRGINIA,

COUNTY OF HARRISON, To-wit:

We, Darcy K. Layfield and Delby B. Pool, after being first duly sworn, do severally depose and say that we have this day acted as attesting witnesses to the signing and execution of the Will of STEPHANIE A. LAYFIELD, which said Will bears the date the 6th day of July, 1994, and to which said Will this affidavit is attached; that We acted as said witnesses at the request of said Testator; that the said Will was signed by the said Testator in the presence of each of us, we, and the said Testator being then present together; that each of us subscribed our names as attesting witnesses in the presence of the Testator and in the presence of each other, all being present together; thence at the time of the execution and signing of said Will, we believed the Testator to be of sound mind and disposing memory and over eighteen (18) years of age, and that in our opinion she knew what property she owned and to whom she wanted to give the same; and further these deponents sayeth naught.

Darcy K. Layfield

Delby B. Pool

Taken, subscribed, and sworn to by Darcy K. Layfield and _____, before the undersigned Notary Public this 6th day of July, 1994.

My commission expires: July 15, 2002.

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
Geraldine E. Howard
503 East Pike St.
Clarksburg, W V 26301
My Commission Expires July 15, 2002

Geraldine E. Howard
NOTARY PUBLIC

This instrument prepared by:
DELBY B. POOL
Attorney at Law
230 Court Street
Clarksburg, West Virginia 26301
304-623-9711

Amended 08/19/2022

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH - VITAL REGISTRATION OFFICE
PHYSICIAN'S / MEDICAL EXAMINER'S CERTIFICATE OF DEATH
350 CAPITOL STREET, ROOM 165, CHARLESTON, WV 25301

2022-016725
STATE FILE NUMBER

FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)	2. GENDER	3. SOCIAL SECURITY NUMBER
Stephanie Ann Layfield	Female	234-94-9838

4a. AGE (Last Birthday) (Years)	4b. IF UNDER 1 YEAR (months / days)	4c. IF UNDER 1 DAY (hours / minutes)	5. DATE OF BIRTH (MM/DD/YYYY)	6. BIRTHPLACE (City and State or Foreign Country)
65			03/27/1957	Clarksburg, West Virginia

7a. RESIDENCE (STATE)	7b. COUNTY	7c. CITY OR TOWN	7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
West Virginia	Harrison	Lost Creek	24 Jeff Gordon Avenue		26385	☐ Yes ☒ No

7h. 2nd LEGAL RESIDENCE - PROBATE USE ONLY - OPT. — STREET & NUMBER | APT. NO. | CITY OR TOWN | COUNTY | STATE | ZIP

8. EVER IN US ARMED FORCES?	9. MARITAL STATUS AT TIME OF DEATH	10. SURVIVING SPOUSE'S NAME (Give name prior to first marriage.)
☐ Yes ☒ No	☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	Page Layfield

11. FATHER'S / PARENT 1'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)	12. MOTHER'S / PARENT 2'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
William Snyder	Julia Hayhurst

13a. INFORMANT'S NAME	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)
Page Layfield	Spouse	24 Jeff Gordon Avenue, Lost Creek, WV, 26385

14. PLACE OF DEATH (Check only one; see instructions)

IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival — IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify):

15. FACILITY NAME (If not institution, give street & number)	16. CITY OR TOWN, STATE, AND ZIP CODE	17. COUNTY OF DEATH
24 Jeff Gordon Avenue	Lost Creek, West Virginia 26385	Harrison

18. METHOD OF DISPOSITION	19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place – location in Box 20.)
☒ Burial ☐ Cremation ☐ Entombment ☐ Donation ☐ Removal from State ☐ Other (Specify):	Floral Hills Memorial Gardens

20. DISPOSITION LOCATION (City, State)	21. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
Mount Clare, WV	Davis Funeral Home and Onsite Crematory 124 Olen Thomas Drive, Clarksburg, West Virginia, 26301

22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	23. LICENSE NUMBER (Of Licensee)
David Wayne Bobyard Jr. Electronically Signed	3703

LICENSED MD, DO OR AUTHORIZED PROFESSIONAL PRONOUNCING AND CERTIFYING DEATH

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH	24. DATE PRONOUNCED DEAD (MM/DD/YYYY)	25. TIME PRONOUNCED DEAD
	08/16/2022	11:30 AM

26. SIGNATURE AND TITLE OF PERSON PRONOUNCING DEATH (Only when pronouncer IS NOT also the certifier.) — 27. DATE SIGNED (MM/DD/YYYY)

PHYSICIAN (QUALIFIED APRN / PA) OR MEDICAL EXAMINER / CORONER

DATE/TIME OF DEATH MUST BE COMPLETED

28. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY)	29. ACTUAL OR PRESUMED TIME OF DEATH	30. WAS MEDICAL EXAMINER OR CORONER CONTACTED?	IF YES, MEDICAL EXAMINER CASE #
08/16/2022 Actual	11:30 AM Actual	☒ No ☐ Yes	

CAUSE OF DEATH

31. PART I. Enter the chain of events – diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. Add additional lines if necessary.

		Approximate Interval: Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. small cell lung cancer	unknown
	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. <<<>>>	<<<>>>
	Due to (or as a consequence of):	
	c. <<<>>>	<<<>>>
	Due to (or as a consequence of):	
	d. <<<>>>	<<<>>>

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause in PART I. <<<>>>

32a. WAS AN AUTOPSY PERFORMED?	32b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☒ No	☐ Yes ☐ No

33. DID TOBACCO USE CONTRIBUTE TO DEATH?	34. IF FEMALE	35a. CAUSE/MANNER PENDING?	35b. FINAL MANNER OF DEATH:
☐ Yes ☐ Probably ☐ No ☒ Unknown	☒ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the last year	☐ Pending Investigation ☐ Date Amended See 35b. for Final Manner of Death	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Could not be determined

MEDICAL EXAMINER OR MEDICAL INVESTIGATOR ONLY

36a. DATE OF INJURY (MM/DD/YYYY)	36b. TIME OF INJURY	36c. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, office building, wooded area)	36d. INJURY AT WORK?
			☐ Yes ☐ No

36e. LOCATION OF INJURY: Street & Number: | Apt No.: | City or Town: | State or County: | Zip Code:

36f. DESCRIBE HOW INJURY OCCURRED	36g. IF TRANSPORTATION INJURY: ROLE:	SEATBELT RESTRAINT STATUS:
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____	☐ Restrained ☐ No restraint ☐ Unknown HELMET STATUS: ☐ Helmet ☐ No helmet ☐ Unknown

PHYSICIAN, QUALIFIED APRN / PA, OR MEDICAL EXAMINER / CORONER ONLY

37a. CERTIFIER (Check only one):
☐ Certifying Physician or Qualified APRN / PA - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☒ Pronouncing & Certifying Physician or Qualified APRN / PA - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

Signature of Certifier: Paul Davis Electronically Signed — Date Certified: 08/18/2022

37b. PRINT NAME, ADDRESS, AND ZIP CODE OF PERSON CERTIFYING TO CAUSE OF DEATH (Item 31.)	37c. TITLE OF CERTIFIER
Paul Davis 2373 W Main Street, Salem, WV 26426	Doctor of Medicine

OFFICE USE ONLY

38. FOR OFFICIAL REGISTRAR USE ONLY- SIGNATURE OF REGISTRAR	39. FOR OFFICIAL REGISTRAR USE ONLY- DATE FILED
Matthew Wickert Electronically Signed	08/18/2022

OTHERS COPY

FORM VS-002 (Rev. 6/2020)

Harrison County
11/28/2022 @ 10:17:28 AM

9:15 AM

Nov. 28, 2022 To the Harrison County Commission

I am petitioning for the acceptance of a copy of my mother's will for probate. Her name is Billie Anne Clemenger. She passed away on Nov. 15, 2022 after suffering with dementia for several years. The copy is all that was in her safe deposit box and the original has not been located.

Thank you,
Leslie Moore Bond

Ronald Clevenger (spouse)
352 S. 5th St.
Clarksburg, WV 26301

Children
Leslie Lynne (Moore) Bond
102 Mae Ln.
Uniontown, PA 15401

Lori Kay Smith
4915 Straight Fork
Yawkey, WV 25573

Bryan Todd Moran
720 East Ave.
Shinnston, WV 26431

Billie Anne Clevenger SSN 233-50-4275

LAST WILL AND TESTAMENT

I, Billie Anne (Cork) Clevenger, of Harrison County, West Virginia, being of sound mind and disposing memory and over the age of eighteen (18) years, do make and declare this to be my last will and testament, hereby revoking all previous wills and codicils by me made.

I.

I give, devise and bequeath all of the property in my estate, real, personal and mixed, of whatever kind or character, and wherever situate, which I may own or have the power to dispose of at my death to my three children, Leslie Lynne Moore, Lori Kay Smith and Bryan Todd Moran, share and share alike, with the exception of any automobile owned at the time of my death. I wish my automobile to go to my husband, Ronald Gene Clevenger, to use or dispose of as he sees fit.

II.

Pertaining to my home located at 652 South Fifth Street, owned jointly by me and my husband, Ronald Gene Clevenger, I ask that my half of such real estate go to my three children as listed above, with the understanding that Ronald Gene Clevenger be permitted to live on that property for the remainder of his life. If he should decide at any time to vacate the property at 652 South Fifth Street, then it is my wish that the property be sold, with half of the proceeds of such sale being divided equally among my three children.

III.

Regarding my half interest in the real estate located on Davisson Run, left to me by my father, Fred M. Cork, my interest in that real estate and mineral rights is to also be divided equally among my three children.

IV.

I hereby Nominate, constitute and appoint my daughter, Leslie Lynne Moore, as Executrix of my estate, to serve as such without bond.

IN WITNESS THEREOF, I, the said Billie Anne (Cork) Clevenger, herewith set my hand to this, my last will and testament, typewritten on one (1) sheet of paper, including the attestation clause and signatures of witnesses upon each of which I have signed my name this 6th **day of** June **2003.**

Billie Anne (Cork) Clevenger

Billie Anne (Cork) Clevenger

The foregoing writing, consisting of one (1) typewritten page, including this attestation clause and our signatures, was signed, published and declared by Billie Anne (Cork) Clevenger, as and for her last will and testament, in the presence of us, who, at her request, and in her presence, and in the presence of each other, have hereunto signed our names as witnesses this 6th **day of** June **2003.**

Sara V. Shinglestar

Witness

Kimberly A. Ackard

Witness

STATE OF WEST VIRGINIA,

COUNTY OF HARRISON, TO WIT:

This day personally appeared before me, the undersigned authority, Sara V Shingleton and Kimberly A. Echard, who having been first duly sworn, did depose and say that they re the same persons who subscribed their names as witnesses to the annexed last will and testament of Billie Anne (Cork) Clevenger, bearing date the 6th day of June, 2003; that the said testator signed, acknowledged, published and declared the paper writing hereto annexed a and for her last will and testament in their presence; that at the time thereof the said testator was of sound and disposing mind and memory and over the age of eighteen (18) years; that, in their opinion, the testator knew what property she owned and to whom he wanted to devise and bequeath the same; that, at the request of the said testator, they both signed their names to the said paper writing in the presence of the said testator and in the presence of each other as attesting witnesses thereof; and that they are making this affidavit at the request of said testator to be offered in evidence when said will is presented for probate.

Sara V. Shingleton

Kimberly A. Echard

Taken, subscribed and sworn to before me this 6 day of June, 2003.

Shelley F. Riffle
Notary Public in and for Harrison County, West Virginia

My commission expires:

July 21, 2009 (seal)

OFFICIAL SEAL
NOTARY PUBLIC
STATE of WEST VIRGINIA
SHELLEY F. RIFFLE
Clarksburg Publishing Co.
PO Box 2000, 324 Hewes Ave.
Clarksburg, WV 26302-2000
My Commission Expires July 21, 2009

PAYROLL CHANGE NOTICE

3-A

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
1-3-22		| | |-| | |-| | | |

NAME	ADDRESS
Kim Rud	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☒ OTHER _____	45	46
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☒ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

☐ OTHER (Explain) New position / duties

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 1.14.2022
HUMAN RESOURCES MANAGER	DATE 1/14/2022

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PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
1-3-23		| | |-| | |-| | | | |

NAME	ADDRESS
Kristina Marshall	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT

3-B

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____	43	46
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☑ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

☐ OTHER (Explain) _____

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 12.14.22
HUMAN RESOURCES MANAGER	DATE 12/14/22

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3C

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
12-31-22		| | |-| | |-| | | | |

NAME	ADDRESS
James Brian Shockley	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____	N-5	Ø
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☑ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

☐ OTHER (Explain) Resignation

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 12-14-22
HUMAN RESOURCES MANAGER	DATE 12/14/2022

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3-D

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
1-3-23		| | |-| | |-| | | | |

NAME	ADDRESS
Christin Tomes	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☑ OTHER	0	4-6
☐ OTHER		

THE REASON FOR THE CHANGE(S):

- ☑ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

☑ OTHER (Explain) New Hire

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 1-14-23
HUMAN RESOURCES MANAGER	DATE 12/14/22

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3-E

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
12-31-22		| | | - | | - | | | |

NAME	ADDRESS
Tina McHenry	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____	47	Ø

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☒ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

☐ OTHER (Explain) Retirement

AUTHORIZATION:

EMPLOYEE SIGNATURE Tina McHenry	DATE 12/13/22
SUPERVISOR SIGNATURE	DATE 12-14-2022
HUMAN RESOURCES MANAGER	DATE 12/14/2022

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3-F

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO	
12.14.22			
NAME David Romano		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☒ OTHER _____		1,200.00
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

☐ OTHER (Explain) 2022 Contract Pay

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [signature]	DATE 12-14-22
HUMAN RESOURCES MANAGER [signature]	DATE 12/14/22

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3-G

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
DEC 15, 2022		| | |-| | |-| | | | |

NAME	ADDRESS
KERRI COE	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		CIRCUIT CLERK	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ☐ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☑ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

☑ OTHER (Explain) LAST WORKING DAY IS THURSDAY DECEMBER 15, 2022

PLEASE PAY HER FOR 12 DAYS VACATION TIME

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Albert F. Mauro	DATE 12/15/2022
HUMAN RESOURCES MANAGER	DATE

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PAYROLL CHANGE NOTICE

3-H.

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
1/4/2023		

NAME	ADDRESS
Bradley Pickens	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		L.E.	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ■ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

☐ OTHER (Explain) Effective 1/4/2023, Starting Salary $53,304.82

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Kate G. Mathy	DATE 12/20/2022
HUMAN RESOURCES MANAGER [signature]	DATE 12/20/2022

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3-I

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
1/4/2023		

NAME	ADDRESS
Shane Richardson	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		L.E.	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE		
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

- ■ HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)
- ☐ PROBATIONARY PERIOD COMPLETED
- ☐ LENGTH OF SERVICE INCREASE
- ☐ RE-EVALUATION OF EXISTING JOB
- ☐ RESIGNATION
- ☐ RETIREMENT
- ☐ LAYOFF
- ☐ DISCHARGE

TYPE OF LEAVE _____

☐ OTHER (Explain) Effective 1/4/2023, Starting Salary $53,304.82

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Kathy G. Matthys	DATE 12/20/2022
HUMAN RESOURCES MANAGER Laura Ryle	DATE 12/20/2022

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4-A

At the Legal Work Session of the County Commission of Harrison County held on Wednesday November 30, 2022, Commissioners Susan J. Thomas, David Hinkle and Patsy Trecost II were present. Also present were John Spires, County Clerk, Laura Pysz-Laulis, County Administrator, and Trey Simmerman. Commissioner Thomas opened the meeting at 3:30 pm

Update and discussion of current legal and planning matters related to County activities and projects including, among others, the following:

1. Acquisition of CSX parcels located in Harrison County, West Virginia related to expansion of the Harrison County Rail Trail System, including related infrastructure and impact on Harrison County stakeholders;

2. Discussion as to status of Harrison County TIF projects, financing and infrastructure;

3. Litigation update re: AJAZ Realty, LLC, et al. v. Harrison County Commission;

4. Review and discuss status and content of Parks & Recreation Memorandum of Understanding and Lease documents;

5. Review and discuss Green River GSA issues and demands for payment;

6. Review and discuss status of GSA project, and Change Directive Order related to generator completion;

Potential executive session pursuant to attorney-client privilege, see W.Va. Code 6-9A-4(b)(12) and pursuant to W.Va. Code 6-9A-4(b)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision.

Hinkle made a motion to go into executive session. Motion carried. Trecost left prior to adjournment. Hinkle made a motion to enter back into regular session at 05:34 pm. Thomas and Hinkle voted in favor. Hinkle made a motion to adjourn. Thomas and Hinkle voted in favor. Motion carried.

With no further business to come before the Commission, meeting adjourned at 5:34pm.

_____ _____

Susan J. Thomas, President Date

4-B

At the regular meeting of the County Commission of Harrison County held on Wednesday November 30, 2022, Commissioners Susan J. Thomas, David Hinkle, and Patsy Trecost II were present. Also present were John Spires, County Clerk, Laura Pysz-Laulis, County Administrator, and Trey Simmerman. Commissioner Thomas opened the meeting and led those present in prayer. Thomas led in the Pledge of Allegiance to the Flag. All motions passed unanimously unless otherwise noted.

Appointments:

9:00 A.M. --- Call to Order --- Invocation --- Pledge of Allegiance

NEW BUSINESS – Action Items for Consideration or Approval:

1. Public Comment Period - None
2. Consent Agenda – Trecost made a motion to approve. Motion carried.
3. Payroll Change Notices: – Trecost made a motion to approve. Motion carried.
   A. Kristopher Lanham --- FMLA --- L.E. – Per Sheriff's Office Policy
   B. Michelle Payton --- FMLA --- 911
   C. Alex Harclerode --- New Hire --- Prosecuting Attorney
4. Minutes and /or Amended Minutes of Previous Meeting: – Trecost made a motion to approve A-C. Motion carried.
   A. Regular Meeting Minutes 11-02-2022
   B. Regular Meeting Minutes 11-16-2022
   C. Regular Meeting Minutes 10-06-2022
5. Requisitions --- Purchase Orders --- Invoices– Trecost made a motion to approve A. Motion carried.
   A. Vendor Requisition List of Payments
6. Exonerations --- Corrective Tickets --- Joint Property Application: – Trecost made a motion to approve A and B. Motion carried.
   A. Exonerations --- Exhibit A
   B. Corrective Tickets --- Exhibit B

7. Consideration of approval of a Project Fund Requisition for the payment of costs associated with the project to be financed from proceeds of the Series 2019 Bonds issued for the Charles Pointe Economic Opportunity Development District, Series 2021 A & B (Development District No. 3 White Oaks Project No. 2) & Series 2008 A (Charles Pointe Project No. 2 – North Land Bay Improvements: – Trecost made a motion to approve A-D. Thomas and Trecost voted for. Hinkle voted against. Motion carried.
   A. Requisition for Payment No. 12 --- Steptoe & Johnson $4,480.00
   B. Requisition for Payment No. 18 --- Steptoe & Johnson $6,846.05
   C. Requisition for Payment No. (11/30/2022) --- UMB Bank $9,895.55
   D. Requisition for Payment No.61 (11/30/2022) ---Steptoe & Johnson $1,203.75
8. Review – Discuss - Consider GSA Update --- (Potential Executive Session Pursuant to 6-9A-4(b)(9) to Consider Matters Involving or Affecting the Purchase, Sale or Lease of Property, Advance Construction Planning, the Investment of Public Funds or Other Matters Involving Commercial Competition, which if Made Public, Might Adversely Affect the Financial or Other Interest of The County)- (NONE)
9. Consideration of Approval of Project Fund Requisitions for the payment of costs associated with the General Services Administration Building Project to be financed from proceeds of the Series 2020 Bonds issued for the Harrison County Building Commission: – Trecost made a motion to approve. Motion carried.
   A. Requisition Number: #77 --- Rycon Construction, Inc. $167,822.69
10. Consideration of Approval of Project Fund Requisitions for the Payment of Costs Associated with the Project Fund Agreement for Payment of Cost Associated with the Master Equipment Lease for Cruisers, 08-10-2022, between Harrison County Commission and Country Roads Leasing, LLC: (NONE)
11. Review – Discuss - Consider Greater Harrison County PSD --- Board Member appointment --- Gary Auvil to Replace the Late Edward Ray Vanhorn – Trecost made a motion to approve. Motion carried.
12. Review – Discuss – Approve Transfer of Ending Sick Leave balance for Cecilia Wilcox from the Sheriff's Tax Office to the City of Clarksburg– Trecost made a motion to approve. Motion carried.
13. Review - Discuss – Consider Certificate of Apportionment of Real Property Taxes– Trecost made a motion to approve. Motion carried.
14. Review - Discuss – Consider Request --- Sun Valley PSD Reappointment of Sandra J. Patterson --- Term Expires on January 17, 2023– Trecost made a motion to approve. Motion carried.
15. Review – Discuss – Consider an ARPA requisition from Greater Harrison PSD for their Locust Heights Booster Pump Station Project. (2nd requisition for payment on this project.) – Trecost made a motion to approve. Motion carried.
16. Review – Discuss – Consider an ARPA Request from the Town of West Milford in the Amount of $11,594.50 for the Master Meter Replacement Project– Trecost made a motion to approve. Motion carried.

17. Review – Discuss – Consider A Resolution Accepting Funds from the WV Courthouse Facilities Improvement Funds – Trecost made a motion to approve. Motion carried.
18. Review – Discuss – Consider Certification of Election Results for the General Election of November 8, 2022 – Trecost made a motion to approve and affix signatures. Motion carried.
19. Review – Discuss – Consider the Agreement for the Harrison County Regional Farm Recreation Complex– Trecost made a motion to approve A and B as stated by county attorney. Hinkle asked why we are using short form. Simmerman suggested using short form. Hinkle wants to table discussion for 2 weeks to review and revise contract. Thomas and Hinkle voted for. Trecost voted against. Motion carried.
    A. Short Form of Agreement between owner and Engineer for professional Services
    B. Exhibit A – Scope of Services
20. Review – Discuss – Consider Shinnston North Bend Rail Trail Connector
    A. Exhibit A – Task Order 2– Trecost made a motion to approve. Hinkle asked about guarantee. Pysz-Laulis states there is no guarantee. Hinkle thinks we are out of scope on initial plan. Hinkle wants to table until property is owned. Hinkle and Thomas voted for. Trecost voted against. Motion carried.
21. Review – Discuss – Consider requesting that HCDA pursue funding avenues, grants etc., for construction and completion of bridge connection Wilsonburg section of Harrison County Rail Trail to Northern section of Harrison County Rail Trail, contingent upon acquisition of title from CSX, in conjunction with Harrison County Commission– Trecost made a motion to approve. Thomas and Trecost voted for. Hinkle voted against. Motion carried.
22. Review – Discuss – Consider requesting that HCDA pursue funding avenues, loans, grants, etc., for construction and completion of Harrison County /Harrison County Youth Regional Farm Facility in conjunction with Harrison County Commission– Trecost made a motion to approve. Thomas and Trecost voted for. Hinkle voted against. Motion carried.
23. Administrator's Report
24. Commissioner Comments – Questions

Trecost made a motion to adjourn. Motion carried.

With no further business to come before the Commission, meeting adjourned.

_____ _____

Susan J. Thomas, President Date

CHECK STATUS	VOID POSTDATE	CHECK NUMBER	CASH CODE	VENDOR NUMBER	VENDOR NAME	CHECK DATE	CHECK POST	RETURN DATE	CHECK AMOUNT
O		115328	01C01	4677	JOHN SPIRES	11/29/2022	11/2022		163.13
					BANK ID 01	00001 CHECKS TO 00001 VENDORS FOR			163.13
O		004956	07C07	16013	GENERAL COUNTY FUND	11/29/2022	11/2022		2261.82
					BANK ID 07	00001 CHECKS TO 00001 VENDORS FOR			2261.82
O		005137	72C72	16013	GENERAL COUNTY FUND	11/29/2022	11/2022		12498.66
					BANK ID 72	00001 CHECKS TO 00001 VENDORS FOR			12498.66
					FINAL REPORT	00003 CHECKS TO 00003 VENDORS FOR			14923.61

Date of Meeting	December 28, 2022	Invoice - Quote							
Work Order Number	Vendor Name	Description Note	General County Fund	E-911	Vital Services Levy Fund	Community Corrections	Community Improvement Fund	ARPA Fund	Other as Needed
41891	Appalachian Tire	Tires for Pickup Truck			$527.52				
41922	Alere Toxicology Services	Urine analysis lab confirmations				$54,644.10			
41930	Carolina Recording Systems LLC	License Update-Radio System			$18,490.00				
41933	Amchar Wholesale Inc.	Swat Rifle w/ Trade in Allow	$692.24						
41935	Casto Technical Services	PK Tower Site			$68.00				
41944	Frontier	Data Path Access			$79.25				
41957	Lowes	Replacement Water Filters			$45.60				
41958	JBG Services, LLC	Replacement Key Lock Assemblies							$167.44
41974	Waste Management	Waste Collection Services			$180.92				
41975	Frontier	Internet Access 911/OEM			$210.00				
41976	Frontier	Voice/Data Circuit Usage		$391.65					
41978	Frontier	Voice/Data Circuit Usage		$1,624.32					$121.43
41979	Julius P. Colletta	Radio Freq. Coordination -Grafton Tow							$2,355.00
41981	Skasks Cleaners	Dry Cleaning	$53.55						
41982	Skasks Cleaners	Dry Cleaning	$287.05						
41983	Skasks Cleaners	Dry Cleaning	$636.20						
41984	Truist	Credit Card	$216.46						
41986	Trapuzzino's	Academy Clothes	$609.46						
41987	Greater Harrison County PSD	Quieat Dell School	$38.30						
41988	Liberty Distributors	Cleaning Supplies	$601.35						
41989	US Cellular	Phone - Animal control			$243.40				
41990	US Cellular	Cell Service - Commission	$1,308.58						
41991	RD Wilson Sons & Co.	Cleaning Supplies for Cage	$387.23						
41993	A-1 Exterminator	Courthouse, Corr Center, PSB	$173.25						
41994	US Cellular	Tablets & Modem Rental	$1,797.60						
41995	US Cellular	Sheriff Dept	$176.27						
41996	Curt Diaz	Reimbursement	$10.00						
41997	US Cellular	Sheriff Dept	$3,216.20						
41998	Trapuzzino's	Uniform Shirt & Pants	$877.54						
41999	WV DHHR --Enviromental Health	Radiographic Machine Inspection			$140.00				
42000	Mon Power	Fire Fighters Training Bldg	$121.43						
42001	Mon Power	229 South 3rd St.	$11,536.75						
42002	Hart Office Supply	Copier Rental- County Clerk	$127.43						
42003	WVCorp	Quarterly - Workers Comp	$40,502.00						
42004	State Electrical Supply	Fluor Lamps-Maintenance	$473.40						
42005	WVCorp	Workers Comp	$3,779.00						
42006	Dell Midwestern Higher Education	Domain Controler Replacement	$4,308.56						
42016	Sandy's True Value	Maintenance Supplies			$50.46				
42017	Mid Atlantic Customer Charges	Family Program		.	$101.88				
42018	Ace Hardware-Salem	Rakes - Maintenance	$41.98						
42019	Ace Hardware-Salem	Gal Woodcutter- Maintenance	$15.99						
42020	James & Law	Office Supplies			$43.96				
42021	True Value	Nylon Rope-Maintenance	$22.50						
42022	APCO Interantional	Re-Certification		$30.00					

42026	Language Line Services Inc.	Interpreter Number		$40.95						
42028	Sharon L. Vincent, CCR	Transcript	$154.00							
42030	True Value	Starting Fluid	$5.99							
42034	Hart Office Supply	Duplex Module	$149.18							
42035	JD Power	Renewal -CONNRV/CPNNMarine	$2,800.00							
42037	Truist	At a glance calendar	$22.46							
42038	SHI	Wireless Combo - Keyboard & Mouse	$170.00							
42042	Advantage Technology	Upgrades & Extensions Server	$1,498.32							
42044	Advantage Technology	Upgrades & Extensions Server	$10,695.68							
42047	Southern Area Library	Contribution --Lift Chair					$8,000.00			
42051	HiTouch	Copy Paper	$1,520.00							
42052	Kalkreuth Roofing	Main Roof -Courthouse	$1,000.00							
42055	Lowe's	Material fir 220 Washington office				$65.79				
42056	Alcohol Monitoring Systems	Daily monitoring fees				$1,839.10				
42057	Uline, Inc.	Products for HCCC group use				$63.00				
42058	MPB Print & Sign store	Letterhead, business cards,				$2,354.00				
42059	Unisafe, Inc.	Exam gloves for screening				$1,068.90				
42060	West Virginia DMV	Safety and Treatment prog.				$1,000.00				
42062	Mon Power	Courthouse/Annex	$23,531.02							
42063	Hope Gas	Public Safety Building	$879.09							
42064	Hope Gas	Quiet Dell School	$411.03							
42065	Pace Shredding	Shredding Service	$427.35							
42068	Alere Toxicology Services	Urine analysis supplies				$2,750.00				
42069	Micro Distributing II LDT	Hair Follicle testing				$725.00				
42070	James R. Leonard	reimbursement for testing	$230.00							
42071	Hazelden Publishing	Materials for drug court				$362.88				
42072	Alcohol Monitoring System	Inventory for SCRAM				$190.03				
42075	SHI	black ink cartridge	$53.00							
42077	Amazon.com	bond paper for Plotters	$64.95							
42079	Mon Power	Spelter ballfield lights			$25.43					
42080	Scalise Industries (Emcor)	Furnace repair labor			$431.47					
42084	Truist Bank	credit card		$1,862.49						
42085	Axon Enterprise Inc.	Body cameras and tasers		$57,595.08						
42086	Fubar Enterprises	Lightbar and Antenna Installation		$487.83						
42087	Schwaab Inc.	Robey Notary Stamp		$41.15						
42088	Trapuzzano's Uniforms	Mags case, Duty Belt, pants		$693.36						
42089	Trapuzzano's Uniforms	Uniform pants &name tag			$88.87					
42090	Continental Coffee & Water	coffee and supplies		$110.85						
42091	Town of Nutter Fort	ARPA fund request						$29, 823.96		
42093	SHI	yellow toner cartridge	$189.00							
42094	Hope Gas	Extension Office	$318.88							
42095	Hope Gas	Animal Control			$523.47					
42096	Hart Office Solutions	Copier Rental 911		$175.74						
42097	Clarksburg Water Board	633 W. Pike Street	$75.52							
42098	MCM	Copier Rental--Planning Commission	$229.00							
42099	MCM	Copier Rental Pros Attorney	$358.75							

County Clerk	Hart Office	Blk Toner	$900.00							
County Clerk	The Water Shop	Water	$31.50							
County Clerk	Champion Industries	Receipt Paper	$89.22							
County Clerk	Exponent Telegram	Legal Advertisemant	$600.31							
			$116,793.54	$63,053.42	$21,250.23	$65,062.80	$8,000.00	$29,823.96	$2,643.87	
					Grand Total :	$306,627.82				

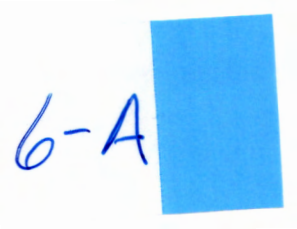

Exhibit A Exonerations

PP 274 Zakery & Kale Bart
PP 275 Salvatore M Bombardiere Sr
PP 276 Salvatore M Bombardiere Sr
PP 277 James A Cumpston
PP 278 Joyce A Hawkins
PP 279 Helen B Mangelo
PP 280 Richard P Riley

PP 274

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 28th day of December, 2022 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **BART ZAKERY D & KALE N** whose address is, 223 MEADOWLARK LN LUMBERPORT, WV 26386, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **8760** on **2012 Jeep Patriot**, Class **3/4** in **EAGLE-LUMBERPORT**, Harrison County, West Virginia, which should have been assessed at **5850**, Class **3/4** in and for the year **2021**, resulting in a difference in assessed value of **2910**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2021**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error reported the 2012 Jeep, the vehilce was traded for a 2019 Toyota that is leased. Exonerate a value of 2910 at a class 3 rate of levy to correct the overcharge. Please remove the 12 Jeep Patr from the vehicle description.

District: **10 - EAGLE-LUMBERPORT**
Account No. **2046425**
Ticket No. **914683**
Tax Year **2021**

Amount Exonerated: $82.32

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

PP275

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 28th day of December, 2022 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **BOMBARDIERE SALVATORE M SR S** whose address is, 1515 HOFFMAN AVE CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **2250** on **2006 Chevy Express**, Class **3/4** in **COAL-CLARKSBURG**, Harrison County, West Virginia, which should have been assessed at **0**, Class **3/4** in and for the year **2020**, resulting in a difference in assessed value of **2250**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2020**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error reported the 2006 Chevy, the vehicle was assessed and paid on the business account # 3072217. Cancel this ticket and mark improper for the 2020 tax year.

District: **08 - COAL-CLARKSBURG**
Account No. **3035933**
Ticket No. **800000619 -5**
Tax Year **2020**

Amount Exonerated: $68.77

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

PP276

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 28th day of December, 2022 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **BOMBARDIERE SALVATORE M SR** whose address is, 1515 HOFFMAN AVE CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **9182** on **06 Chevy Van**, Class **3/4** in **CLARK-CLARKSBURG**, Harrison County, West Virginia, which should have been assessed at **7037**, Class **3/4** in and for the year **2022**, resulting in a difference in assessed value of **2145**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2022**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error reported the 2006 Chevy, the vehicle is paid and assessed to the business account # 3072217. Exonerate a value of 2145 at a class 4 rate of levy to correct the overcharge. Please remove the 06 Chev Medi (2145) from the vehicle description.

District: **03 - CLARK-CLARKSBURG**
Account No. **3035933**
Ticket No. **502588**
Tax Year **2022**

Amount Exonerated: $66.64

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

PP277

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 28th day of December, 2022 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **CUMPSTON JAMES A** whose address is, 87 RANDOLPH ST SALEM, WV 26426, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **14398** on **vehicles**, Class **3/4** in **TENMILE-SALEM**, Harrison County, West Virginia, which should have been assessed at **0**, Class **3/4** in and for the year **2021**, resulting in a difference in assessed value of **14398**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2021**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error was assessed with ex wifes vehicle, she is assessed on account # 3082537. Cancel this ticket and mark improper for the 2021 tax year.

District: **19 - TENMILE-SALEM**
Account No. **3051066**
Ticket No. **927138**
Tax Year **2021**

Amount Exonerated: $407.29

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EXONERATIONS

PP278

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 28th day of December, 2022 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **HAWKINS JOYCE A** whose address is, 132 BRIDGEWATER DR ENTERPRISE, WV 26568, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **11730** on **2016 Honda HRV**, Class **3/4** in **CLAY-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **4050**, Class **3/4** in and for the year **2021**, resulting in a difference in assessed value of **7680**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2021**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error reported the 2016 Honda, the vehicle was totaled June 2020. Exonerate a value of 7680 at a class 3 rate of levy to correct the overcharge. Please remove the 16 Hons HR-V (7680) from the vehicle description.

District: **05 - CLAY-OUTSIDE**
Account No. **3040829**
Ticket No. **907095**
Tax Year **2021**

Amount Exonerated: $178.85

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

PP279

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 28th day of December, 2022 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **MANGELO HELEN B** whose address is, 239 JOHNSON AVE BRIDGEPORT, WV 26330, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **11928** on **1989 Mobile Home**, Class **3/4** in **SIMPSON-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **5982**, Class **3/4** in and for the year **2022**, resulting in a difference in assessed value of **5946**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2022**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error was assessed at a class 3 on the mobile home, should have been tax exempt. Exonerate a value of 5946 at a class 3 rate of levy to correct the overcharge.

District: **15 - SIMPSON-OUTSIDE**
Account No. **1526352**
Ticket No. **520402**
Tax Year **2022**

Amount Exonerated: $140.14

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

PP280

EXONERATIONS

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Personal Property

At a regular term of the County Commission of Harrison County, West Virginia, held at the Courthouse of said County, Commissioners

David Hinkle **Susan J. Thomas** **Patsy Trecost II**

On the 28th day of December, 2022 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **RILEY RICHARD P** whose address is, 516 BROADWAY AVE BRIDGEPORT, WV 26330, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **23100** on **2018 Ford Mustang**, Class **3/4** in **SIMPSON-BRIDGEPORT**, Harrison County, West Virginia, which should have been assessed at **12885**, Class **3/4** in and for the year **2022**, resulting in a difference in assessed value of **10215**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2022**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

The commission certifies the following facts upon which it grants said relief:

The above mentioned taxpayer in error was assessed at an incorrect value for his 2018 ford. Exonerate a value of 10215 at a class 4 rate of levy to correct the overcharge.

District: **16 - SIMPSON-BRIDGEPORT**
Account No. **3061965**
Ticket No. **524470**
Tax Year **2022**

Amount Exonerated: $313.97

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR Joseph A Romano

Construction Services Group

October 12, 2022

Danielle Ault
Rycon Construction, Inc.
2501 Smallman Street, Suite 100
Pittsburgh, PA 15222

Re:	Type of Bond:	Consent of Surety to Reduce Retainage
	Performance and Payment	
	Bond Number:	09356375
	Obligee:	Harrison County Commission
	Description:	Reduce Retainage to $125,000
	Rycon Job Number:	4013

Danielle,

Enclosed please find the above referenced Consent(s) of Surety.

Please do not hesitate to contact us should you have any questions.

Sincerely,

Andrew Bly

Enclosures

Cc: Zurich American Insurance Company

CONSENT OF SURETY TO REDUCTION IN OR PARTIAL RELEASE OF RETAINAGE

AIA DOCUMENT G707 A Bond No. 09356375

OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
SURETY ☐
OTHER

PROJECT: (name, address) Harrison County General Services Building

TO (Owner)

Harrison County Commission
301 West Main Street
Clarksburg, WV 26301

ARCHITECT'S PROJECT NO:

CONTRACT FOR:

CONTRACT DATE: September 29, 2020

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the (here insert name and address of Surety as it appears in the bond.)

Fidelity and Deposit Company of Maryland
1299 Zurich Way, 5th Floor . Schaumburg, IL 60196-1056
, SURETY,

on bond of (here insert name and address of Contractor as it appears in the bond)

Rycon Construction, Inc.
2501 Smallman Street, Suite 100, Pittsburgh, PA 15222
, CONTRACTOR,

hereby approves the reduction in or partial release of retainage to the Contractor as follows:

Reduce Retainage to $125,000.00

The Surety agrees that such reduction in or partial release of retainage to the Contractor shall not relieve the Surety of any of its obligations to (here insert the name and address of Owner)

Harrison County Commission
301 West Main Street, Clarksburg, WV 26301
, OWNER,

as set forth in the said Surety's bond.

IN WITNESS WHEREOF,
the Surety has hereunto set its hand this 12th day of October, 2022

Fidelity and Deposit Company of Maryland
Surety

By:
Signature of Authorized Representative

Andrew Bly, Attorney-in-Fact
Title

Witness
~~Attest:~~
(Seal): Geno DiMillo, Witness

Bond Number 09356375

Obligee Harrison County Commission

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President,** in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Andrew Bly, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND,** this 19th day of June, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

SEAL

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 19th day of June, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 12th day of October, 2022.



Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

TO OWNER:	PROJECT:	APPLICATION NO:	22	Distribution to:
Harrison County Commision	**Harrison County GSB**			☐ OWNER
301 West Main Street	Clarksburg, WV			☐ ARCHITECT
Clarksburg, WV 26301	General Services Administration Building	PERIOD FROM:	09/01/22	☐ CONTRACTOR
		PERIOD TO:	09/30/22	☐
FROM CONTRACTOR:	VIA ARCHITECT:			☐
Rycon Construction, Inc.	**Sillings Associates, Inc**			
2501 Smallman Street	405 Capitol Street, Upper Atrium	PROJECT NOS:	4013	
Pittsburgh, PA 15222	Charleston, WV 25301			

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM		$	15,458,000.00
2. Net change by Change Orders		$	375,085.00
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$	15,833,085.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$	15,833,085.00
5. RETAINAGE:			
a. 1% of Completed Work (Column D + E on G703)	$ 125,000.00		
b. 0 % of Stored Material (Column F on G703)	$		
Total Retainage (Lines 5a + 5b or Total in Column I of G703)		$	125,000.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)		$	15,708,085.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$	14,910,300.87
8. CURRENT PAYMENT DUE		$	797,784.13
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		$	125,000.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$375,085.00	$0.00
Total approved this Month	$0.00	$0.00
TOTALS	$375,085.00	$0.00
NET CHANGES by Change Order	$375,085.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR

By: Joseph Dunlap, Controller Date: 10/21 2022

State of: Pennsylvania County of: Allegheny
Subscribed and sworn to before me this 12th day of October ,2022
Notary Public: Shannon B. Balego
My Commission expires: 8/23/26

Commonwealth of Pennsylvania - Notary Seal
Shannon B. Balego, Notary Public
Allegheny County
My commission expires August 23, 2026
Commission number 1424021
Member, Pennsylvania Association of Notaries

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... $ 797,784.13

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: Date: 10-17-2022

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

AIA DOCUMENT G702 · APPLICATION AND CERTIFICATION FOR PAYMENT · 1992 EDITION · AIA · ©1992 THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVE., N.W., WASHINGTON, DC 20006-5292

Users may obtain validation of this document by requesting a completed AIA Document D401 - Certification of Document's Authenticity from the Licensee.

CONTINUATION SHEET

AIA DOCUMENT G703

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APPLICATION NO: 22
APPLICATION DATE: 09/01/22
PERIOD TO: 09/30/22
ARCHITECT'S PROJECT NO: 4013

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
01	Building Permit	$30,000.00	$30,000.00	$0.00		$30,000.00	100.00%	$0.00	$270.00
02	P&P Bond	$149,524.00	$149,524.00	$0.00		$149,524.00	100.00%	$0.00	$942.00
03	Builders Risk Inurance	$16,447.00	$16,447.00	$0.00		$16,447.00	100.00%	$0.00	$148.02
04	General Liabilities Insurance	$46,370.00	$46,370.00	$0.00		$46,370.00	100.00%	$0.00	$292.13
05	General Conditions	$826,306.00	$826,306.00	$0.00		$826,306.00	100.00%	$0.00	$7,436.75
06	Earthwork/Utilities - Mobilization	$35,020.00	$35,020.00	$0.00		$35,020.00	100.00%	$0.00	$220.63
06a	Earthwork/Utilities - Demo Concrete/Asphalt	$21,130.00	$21,130.00	$0.00		$21,130.00	100.00%	$0.00	$190.17
06b	Earthwork/Utilities - Bulk Excavation/Backfill	$229,050.00	$229,050.00	$0.00		$229,050.00	100.00%	$0.00	$1,443.02
06c	Earthwork/Utilities - Demo Sanitary Lines	$12,390.00	$12,390.00	$0.00		$12,390.00	100.00%	$0.00	$111.51
06d	Earthwork/Utilities - Domestic/Fireline Service	$29,440.00	$29,440.00	$0.00		$29,440.00	100.00%	$0.00	$185.47
06e	Earthwork/Utilities - New Sanitary Lines	$263,725.00	$263,725.00	$0.00		$263,725.00	100.00%	$0.00	$2,373.53
06f	Earthwork/Utilities - Roof Drain Piping	$15,140.00	$15,140.00	$0.00		$15,140.00	100.00%	$0.00	$95.38
06g	Earthwork/Utilities - Relocate Storm Catch Basin	$10,000.00	$10,000.00	$0.00		$10,000.00	100.00%	$0.00	$90.00
06h	Earthwork/Utilities - Exc/Backfill UT&C Trench	$23,500.00	$23,500.00	$0.00		$23,500.00	100.00%	$0.00	$148.05
06i	Earthwork/Utilities - Allowance Overexcavation	$61,000.00	$61,000.00	$0.00		$61,000.00	100.00%	$0.00	$549.00
07	Termite Control	$5,000.00	$5,000.00	$0.00		$5,000.00	100.00%	$0.00	$31.50
08	Asphalt/Bumpers	$37,000.00	$37,000.00	$0.00		$37,000.00	100.00%	$0.00	$333.00
09	Building Concrete-Foundation Exc/Backfill	$25,000.00	$25,000.00	$0.00		$25,000.00	100.00%	$0.00	$157.50
09a	Concrete Footings/Grade Beams	$214,000.00	$214,000.00	$0.00		$214,000.00	100.00%	$0.00	$1,926.00
09b	Concrete Elevator Pit Slabs	$9,000.00	$9,000.00	$0.00		$9,000.00	100.00%	$0.00	$56.70
09c	Concrete Piers	$98,000.00	$98,000.00	$0.00		$98,000.00	100.00%	$0.00	$882.00
09d	Concrete Walls/Haunch	$459,100.00	$459,100.00	$0.00		$459,100.00	100.00%	$0.00	$2,892.33
09e	Concrete Slab on Grade	$146,000.00	$146,000.00	$0.00		$146,000.00	100.00%	$0.00	$1,314.00
09f	Concrete Slab on Deck - First Floor	$108,000.00	$108,000.00	$0.00		$108,000.00	100.00%	$0.00	$680.40
09g	Concrete Slab on Deck - Second Floor	$109,000.00	$109,000.00	$0.00		$109,000.00	100.00%	$0.00	$981.00
09h	Concrete Slab on Deck - Third Floor	$105,000.00	$105,000.00	$0.00		$105,000.00	100.00%	$0.00	$661.50
09i	Concrete Slab on Deck - Roof	$24,000.00	$24,000.00	$0.00		$24,000.00	100.00%	$0.00	$216.00
09j	Concrete Column Encasements	$6,500.00	$6,500.00	$0.00		$6,500.00	100.00%	$0.00	$40.95
09k	Concrete Frost Slabs	$8,400.00	$8,400.00	$0.00		$8,400.00	100.00%	$0.00	$75.60
09l	Concrete Pan Stair Infill	$23,000.00	$23,000.00	$0.00		$23,000.00	100.00%	$0.00	$144.90
09m	Concrete C.I.P. Stairs	$30,000.00	$30,000.00	$0.00		$30,000.00	100.00%	$0.00	$270.00
09n	Concrete Sidewalks/HC Ramps/Curbs	$80,000.00	$80,000.00	$0.00		$80,000.00	100.00%	$0.00	$504.00
09o	Concrete - Install Bollards	$6,000.00	$6,000.00	$0.00		$6,000.00	100.00%	$0.00	$54.00
09p	Concrete Seat Walls/Ftg	$17,000.00	$17,000.00	$0.00		$17,000.00	100.00%	$0.00	$107.10
09q	Concrete House Keeping Pads	$10,000.00	$10,000.00	$0.00		$10,000.00	100.00%	$0.00	$90.00
09r	Concrete B & O Tax	$28,000.00	$28,000.00	$0.00		$28,000.00	100.00%	$0.00	$176.40
10	Masonry/Stonework - Mobilize & Submittals	$27,500.00	$27,500.00	$0.00		$27,500.00	100.00%	$0.00	$247.50

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PERIOD TO: 09/30/22
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ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
10a	Masonry - Stair B CMU	$155,000.00	$155,000.00	$0.00		$155,000.00	100.00%	$0.00	$976.50
10b	Masonry - Interior CMU Walls	$226,000.00	$226,000.00	$0.00		$226,000.00	100.00%	$0.00	$2,034.00
10c	Masonry - Brick Veneer	$660,000.00	$660,000.00	$0.00		$660,000.00	100.00%	$0.00	$4,158.00
10d	Masonry - Precast Veneer	$723,500.00	$723,500.00	$0.00		$723,500.00	100.00%	$0.00	$6,511.50
10e	Masonry - Ramp @ Front Sidewalk	$48,000.00	$48,000.00	$0.00		$48,000.00	100.00%	$0.00	$302.40
11	Structural Steel Sequence # 1 Detailing	$14,690.00	$14,690.00	$0.00		$14,690.00	100.00%	$0.00	$132.21
11a	Structural Steel Sequence # 1 Structural Stl	$219,240.00	$219,240.00	$0.00		$219,240.00	100.00%	$0.00	$1,381.21
11b	Structural Steel Sequence # 1 Erection	$144,716.00	$144,716.00	$0.00		$144,716.00	100.00%	$0.00	$1,302.44
11c	Structural Steel Sequence # 1 Decking	$30,854.00	$30,854.00	$0.00		$30,854.00	100.00%	$0.00	$194.38
11d	Structural Steel Sequence # 2 Detailing	$14,690.00	$14,690.00	$0.00		$14,690.00	100.00%	$0.00	$132.21
11e	Structural Steel Sequence # 2 Structural Stl	$219,240.00	$219,240.00	$0.00		$219,240.00	100.00%	$0.00	$1,381.21
11f	Structural Steel Sequence # 2 Erection	$144,716.00	$144,716.00	$0.00		$144,716.00	100.00%	$0.00	$1,302.44
11g	Structural Steel Sequence # 2 Decking	$30,854.00	$30,854.00	$0.00		$30,854.00	100.00%	$0.00	$194.38
11h	Structural Steel Sequence # 3 Detailing	$14,690.00	$14,690.00	$0.00		$14,690.00	100.00%	$0.00	$132.21
11i	Structural Steel Sequence # 3 Structural Stl	$219,240.00	$219,240.00	$0.00		$219,240.00	100.00%	$0.00	$1,381.21
11j	Structural Steel Sequence # 3 Erection	$144,716.00	$144,716.00	$0.00		$144,716.00	100.00%	$0.00	$1,302.44
11k	Structural Steel Sequence # 3 Decking	$30,854.00	$30,854.00	$0.00		$30,854.00	100.00%	$0.00	$194.38
11l	Structural Steel Sequence # 4 Detailing	$14,690.00	$14,690.00	$0.00		$14,690.00	100.00%	$0.00	$132.21
11m	Structural Steel Sequence # 4 Structural Stl	$219,240.00	$219,240.00	$0.00		$219,240.00	100.00%	$0.00	$1,381.21
11n	Structural Steel Sequence # 4 Erection	$144,716.00	$144,716.00	$0.00		$144,716.00	100.00%	$0.00	$1,302.44
11o	Structural Steel Sequence # 4 Decking	$30,854.00	$30,854.00	$0.00		$30,854.00	100.00%	$0.00	$194.38
12	Misc Metals; SS1 Stairs	$23,484.00	$23,484.00	$0.00		$23,484.00	100.00%	$0.00	$211.36
12a	Misc Metals; PS1 Stairs	$34,359.00	$34,359.00	$0.00		$34,359.00	100.00%	$0.00	$216.46
12b	Misc Metals; PS2 Stairs	$56,110.00	$56,110.00	$0.00		$56,110.00	100.00%	$0.00	$504.99
12c	Misc Metals; Day Report Stair	$10,875.00	$10,875.00	$0.00		$10,875.00	100.00%	$0.00	$68.51
12d	Misc Metals; Misc Ladders	$8,000.00	$8,000.00	$0.00		$8,000.00	100.00%	$0.00	$72.00
12e	Misc Metals; Misc handrails	$5,000.00	$4,500.00	$0.00	$500.00	$5,000.00	100.00%	$0.00	$31.50
12f	Misc Metals Shop Drawings	$7,172.00	$7,172.00	$0.00		$7,172.00	100.00%	$0.00	$64.55
13	Rough Carpentry	$116,258.00	$116,258.00	$0.00		$116,258.00	100.00%	$0.00	$732.43
14	Finish Carpentry	$240,000.00	$240,000.00	$0.00		$240,000.00	100.00%	$0.00	$2,160.00
15	Water Proofing	$53,000.00	$53,000.00	$0.00		$53,000.00	100.00%	$0.00	$333.90
16	Spray Applied Insulation	$66,000.00	$66,000.00	$0.00		$66,000.00	100.00%	$0.00	$594.00
17	Fluid Applied Air Barrier	$84,000.00	$84,000.00	$0.00		$84,000.00	100.00%	$0.00	$529.20
18	EPDM Roofing	$180,000.00	$180,000.00	$0.00		$180,000.00	100.00%	$0.00	$1,620.00
19	Metal Composite Wall Panels	$37,000.00	$37,000.00	$0.00		$37,000.00	100.00%	$0.00	$233.10
20	Spray on Fire Proofing	$29,000.00	$29,000.00	$0.00		$29,000.00	100.00%	$0.00	$261.00
21	Caulking & Sealants	$14,500.00	$14,500.00	$0.00		$14,500.00	100.00%	$0.00	$91.35

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ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
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22	Doors/Frames/Hardware - Material	$270,000.00	$270,000.00	$0.00		$270,000.00	100.00%	$0.00	$2,430.00
22a	Doors/Frames/Hardware - Labor	$88,000.00	$88,000.00	$0.00		$88,000.00	100.00%	$0.00	$554.40
23	Rolling Grilles	$27,000.00	$27,000.00	$0.00		$27,000.00	100.00%	$0.00	$243.00
24	Accordian Partitions	$8,000.00	$8,000.00	$0.00		$8,000.00	100.00%	$0.00	$50.40
25	Accordian Firedoors	$60,000.00	$60,000.00	$0.00		$60,000.00	100.00%	$0.00	$540.00
26	Aluminum Storefronts & Glass	$496,000.00	$496,000.00	$0.00		$496,000.00	100.00%	$0.00	$3,124.80
27	Drwyall & ACT - Mobilization	$45,195.00	$45,195.00	$0.00		$45,195.00	100.00%	$0.00	$406.76
27a	Drywall & ACT - Shop Drawings	$16,720.00	$16,720.00	$0.00		$16,720.00	100.00%	$0.00	$105.34
27b	Drywall - Basement Interior Framing (L)	$6,013.00	$6,013.00	$0.00		$6,013.00	100.00%	$0.00	$54.12
27b1	Drywall - Basement Interior Framing (M)	$4,347.00	$4,347.00	$0.00		$4,347.00	100.00%	$0.00	$27.39
27b2	Drywall - Basement Insulation/Drywall Hang (L)	$9,480.00	$9,480.00	$0.00		$9,480.00	100.00%	$0.00	$85.32
27b3	Drywall - Basement Insulation/Drywall Hang (M)	$7,482.00	$7,482.00	$0.00		$7,482.00	100.00%	$0.00	$47.14
27b4	Drywall - Basement Drywall Finish (L)	$7,538.00	$7,538.00	$0.00		$7,538.00	100.00%	$0.00	$67.84
27b5	Drywall - Basement Drywall Finish (M)	$529.00	$529.00	$0.00		$529.00	100.00%	$0.00	$3.33
27b6	Drywall - Basement ACT Ceilings (L)	$3,816.00	$3,816.00	$0.00		$3,816.00	100.00%	$0.00	$34.34
27b7	Drywall - Basement ACT Ceiling (M)	$5,362.00	$5,362.00	$0.00		$5,362.00	100.00%	$0.00	$33.78
27c	Drywall - 1st Floor Interior Framing (L)	$53,486.00	$53,486.00	$0.00		$53,486.00	100.00%	$0.00	$481.37
27c1	Drywall - 1st Floor Interior Framing (M)	$25,864.00	$25,864.00	$0.00		$25,864.00	100.00%	$0.00	$162.94
27c2	Drywall - 1st Floor Insulation/Drywall Hang (L)	$83,686.00	$83,686.00	$0.00		$83,686.00	100.00%	$0.00	$753.17
27c3	Drywall - 1st Floor Insulation/Drywall Hang (M)	$55,478.00	$55,478.00	$0.00		$55,478.00	100.00%	$0.00	$349.51
27c4	Drywall - 1st Floor Drywall Finish (L)	$60,670.00	$60,670.00	$0.00		$60,670.00	100.00%	$0.00	$546.03
27c5	Drywall - 1st Floor Drywall Finish (M)	$5,060.00	$5,060.00	$0.00		$5,060.00	100.00%	$0.00	$31.88
27c6	Drywall - 1st Floor ACT Ceiling (L)	$29,900.00	$29,900.00	$0.00		$29,900.00	100.00%	$0.00	$269.10
27c7	Drywall - 1st Floor ACT Ceiling (M)	$49,024.00	$49,024.00	$0.00		$49,024.00	100.00%	$0.00	$308.85
27d	Drywall - 2nd Floor Interior Framing (L)	$59,567.00	$59,567.00	$0.00		$59,567.00	100.00%	$0.00	$536.10
27d1	Drywall - 2nd Floor Interior Framing (M)	$26,694.00	$26,694.00	$0.00		$26,694.00	100.00%	$0.00	$168.17
27d2	Drywall - 2nd Floor Insulation/Drywall Hang (L)	$86,354.00	$86,354.00	$0.00		$86,354.00	100.00%	$0.00	$777.19
27d3	Drywall - 2nd Floor Insulation/Drywall Hang (M)	$52,512.00	$52,512.00	$0.00		$52,512.00	100.00%	$0.00	$330.83
27d4	Drywall - 2nd Floor Drywall Finish (L)	$60,063.00	$60,063.00	$0.00		$60,063.00	100.00%	$0.00	$540.57
27d5	Drywall - 2nd Floor Drywall Finish (M)	$5,230.00	$5,230.00	$0.00		$5,230.00	100.00%	$0.00	$32.95
27d6	Drywall - 2nd Floor ACT Ceiling (L)	$31,948.00	$31,948.00	$0.00		$31,948.00	100.00%	$0.00	$287.53
27d7	Drywall - 2nd Floor ACT Ceiling (M)	$50,048.00	$50,048.00	$0.00		$50,048.00	100.00%	$0.00	$315.30
27e	Drywall - 3ed Floor Interior Framing (L)	$46,538.00	$46,538.00	$0.00		$46,538.00	100.00%	$0.00	$418.84
27e1	Drywall - 3rd Floor Interior Framing (M)	$22,829.00	$22,829.00	$0.00		$22,829.00	100.00%	$0.00	$143.82
27e2	Drywall - 3rd Floor Insulation/Drywall Hang (L)	$80,746.00	$80,746.00	$0.00		$80,746.00	100.00%	$0.00	$726.71
27e3	Drywall - 3rd Floor Insulation/Drywall Hang (M)	$55,669.00	$55,669.00	$0.00		$55,669.00	100.00%	$0.00	$350.71
27e4	Drywall - 3rd Floor Drywall Finish (L)	$65,130.00	$65,130.00	$0.00		$65,130.00	100.00%	$0.00	$586.17

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27e5	Drywall - 3rd Floor Drywall Finish (M)	$4,725.00	$4,725.00	$0.00		$4,725.00	100.00%	$0.00	$29.77
27e6	Drywall - 3rd Floor ACT Ceiling (L)	$25,356.00	$25,356.00	$0.00		$25,356.00	100.00%	$0.00	$228.20
27e7	Drywall - 3rd Floor ACT Ceiling (M)	$50,438.00	$50,438.00	$0.00		$50,438.00	100.00%	$0.00	$317.76
27f	Drywall - Exterior Framing (L)	$123,395.00	$123,395.00	$0.00		$123,395.00	100.00%	$0.00	$1,110.56
27f1	Drywall - Exterior Framing (M)	$112,108.00	$112,108.00	$0.00		$112,108.00	100.00%	$0.00	$706.28
28	Ceramic Tile	$293,000.00	$293,000.00	$0.00		$293,000.00	100.00%	$0.00	$2,637.00
29	Carpet/VCT	$280,000.00	$280,000.00	$0.00		$280,000.00	100.00%	$0.00	$1,764.00
30	Painting	$140,000.00	$140,000.00	$0.00		$140,000.00	100.00%	$0.00	$1,260.00
31	Signage and Plaques	$79,000.00	$79,000.00	$0.00		$79,000.00	100.00%	$0.00	$497.70
32	Toilet Partitions	$12,000.00	$12,000.00	$0.00		$12,000.00	100.00%	$0.00	$108.00
33	Wal/Door Protection	$13,000.00	$13,000.00	$0.00		$13,000.00	100.00%	$0.00	$81.90
34	Toilet Accessories	$17,000.00	$17,000.00	$0.00		$17,000.00	100.00%	$0.00	$153.00
35	Fire Extinguishers & Cabinets	$6,500.00	$6,500.00	$0.00		$6,500.00	100.00%	$0.00	$40.95
36	Metal Lockers	$8,000.00	$8,000.00	$0.00		$8,000.00	100.00%	$0.00	$72.00
37	Flag Pole	$2,900.00	$2,900.00	$0.00		$2,900.00	100.00%	$0.00	$18.27
38	Window Shades	$30,000.00	$30,000.00	$0.00		$30,000.00	100.00%	$0.00	$270.00
39	Pews	$12,000.00	$12,000.00	$0.00		$12,000.00	100.00%	$0.00	$75.60
40	Elevators	$183,000.00	$183,000.00	$0.00		$183,000.00	100.00%	$0.00	$1,647.00
41	Vertical Platform Lift	$28,000.00	$28,000.00	$0.00		$28,000.00	100.00%	$0.00	$176.40
42	Fire Protection - Design	$24,000.00	$24,000.00	$0.00		$24,000.00	100.00%	$0.00	$216.00
42a	Fire Protection - Permits	$3,000.00	$3,000.00	$0.00		$3,000.00	100.00%	$0.00	$18.90
42b	Fire Protection - Mobilization	$10,500.00	$10,500.00	$0.00		$10,500.00	100.00%	$0.00	$94.50
42c	Fire Protection - Basement	$41,125.00	$41,125.00	$0.00		$41,125.00	100.00%	$0.00	$259.09
42d	Fire Protection - First Floor	$41,125.00	$41,125.00	$0.00		$41,125.00	100.00%	$0.00	$370.13
42e	Fire Protection - Second Floor	$41,125.00	$41,125.00	$0.00		$41,125.00	100.00%	$0.00	$259.09
42f	Fire Protection - Third Floor	$41,125.00	$41,125.00	$0.00		$41,125.00	100.00%	$0.00	$370.13
42g	Fire Protection - Riser	$6,500.00	$6,500.00	$0.00		$6,500.00	100.00%	$0.00	$40.95
42h	Fire Protection - Test	$1,500.00	$1,500.00	$0.00		$1,500.00	100.00%	$0.00	$13.50
43	Plumbing - Mobilization	$7,225.00	$7,225.00	$0.00		$7,225.00	100.00%	$0.00	$45.52
43a	Plumbing - B&O Tax	$8,640.00	$8,640.00	$0.00		$8,640.00	100.00%	$0.00	$77.76
43b	Plumbing - Supervision	$15,030.00	$15,030.00	$0.00		$15,030.00	100.00%	$0.00	$94.69
43c	Plumbing - Domestic Water Piping Materials	$30,255.00	$30,255.00	$0.00		$30,255.00	100.00%	$0.00	$272.30
43d	Plumbing - Domestic Water Piping Labor	$35,430.00	$35,430.00	$0.00		$35,430.00	100.00%	$0.00	$223.21
43e	Plumbing - Sanitary/Storm Piping Materials	$96,620.00	$96,620.00	$0.00		$96,620.00	100.00%	$0.00	$869.58
43f	Plumbing - Sanitary/Storm Piping Labor	$71,105.00	$71,105.00	$0.00		$71,105.00	100.00%	$0.00	$447.96
43g	Plumbing - Gas Piping Materials	$10,450.00	$10,450.00	$0.00		$10,450.00	100.00%	$0.00	$94.05
43h	Plumbing - Gas Piping Labor	$12,505.00	$12,505.00	$0.00		$12,505.00	100.00%	$0.00	$78.78

CONTINUATION SHEET

AIA DOCUMENT G703

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing
Contractor's signed certification is attached.
In tabulations below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 22
APPLICATION DATE: 09/01/22
PERIOD TO: 09/30/22
ARCHITECT'S PROJECT NO: 4013

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
43i	Plumbing - Plumbing Fixtures Material	$91,365.00	$91,365.00	$0.00		$91,365.00	100.00%	$0.00	$822.29
43j	Plumbing - Plumbing Fixtures Labor	$11,975.00	$11,975.00	$0.00		$11,975.00	100.00%	$0.00	$75.44
43k	Plumbing - Piping Insulation Installation	$41,400.00	$41,400.00	$0.00		$41,400.00	100.00%	$0.00	$372.60
44	HVAC - Mobilization	$17,500.00	$17,500.00	$0.00		$17,500.00	100.00%	$0.00	$110.25
44a	HVAC - Dafting/Coordination	$38,250.00	$38,250.00	$0.00		$38,250.00	100.00%	$0.00	$344.25
44b	HVAC - Basement - Ductwork/Pipe Mtl	$19,350.00	$19,350.00	$0.00		$19,350.00	100.00%	$0.00	$121.91
44b1	HVAC - Basement - Ductwork/Piping Labor	$24,325.00	$24,325.00	$0.00		$24,325.00	100.00%	$0.00	$218.93
44b2	HVAC - Basement - HVAC Equipment Mtl	$30,650.00	$30,650.00	$0.00		$30,650.00	100.00%	$0.00	$193.10
44b3	HVAC - Basement - HVAC Equipment Labor	$10,613.00	$10,613.00	$0.00		$10,613.00	100.00%	$0.00	$95.52
44b4	HVAC - Basement - HVAC Insulation M/L	$26,850.00	$26,850.00	$0.00		$26,850.00	100.00%	$0.00	$169.16
44b5	HVAC - Basement - HVAC Temp Controls	$21,450.00	$21,450.00	$0.00		$21,450.00	100.00%	$0.00	$193.05
44c	HVAC - First Floor - Ductwork/Pipe Mtl	$48,600.00	$48,600.00	$0.00		$48,600.00	100.00%	$0.00	$306.18
44c1	HVAC - First Floor - Ductwork/Piping Labor	$57,444.00	$57,444.00	$0.00		$57,444.00	100.00%	$0.00	$517.00
44c2	HVAC - First Floor - HVAC Equipment Mtl	$30,650.00	$30,650.00	$0.00		$30,650.00	100.00%	$0.00	$193.10
44c3	HVAC - First Floor - HVAC Equipment Labor	$14,150.00	$14,150.00	$0.00		$14,150.00	100.00%	$0.00	$127.35
44c4	HVAC - First Floor - HVAC Insulation M/L	$44,750.00	$44,750.00	$0.00		$44,750.00	100.00%	$0.00	$281.93
44c5	HVAC - First Floor - HVAC Temp Controls	$28,600.00	$28,600.00	$0.00		$28,600.00	100.00%	$0.00	$257.40
44d	HVAC - Second Floor- Ductwork/Pipe Mtl	$57,250.00	$57,250.00	$0.00		$57,250.00	100.00%	$0.00	$360.68
44d1	HVAC - Second Floor - Ductwork/Piping Lab	$67,506.00	$67,506.00	$0.00		$67,506.00	100.00%	$0.00	$607.55
44d2	HVAC - Second Floor - HVAC Equip Mtl	$38,312.00	$38,312.00	$0.00		$38,312.00	100.00%	$0.00	$241.37
44d3	HVAC - Second Floor - HVAC Equip Lab	$14,150.00	$14,150.00	$0.00		$14,150.00	100.00%	$0.00	$127.35
44d4	HVAC - Second Floor - HVAC Insulation M/L	$44,750.00	$44,750.00	$0.00		$44,750.00	100.00%	$0.00	$281.93
44d5	HVAC - Second Floor - HVAC Temp Controls	$28,600.00	$28,600.00	$0.00		$28,600.00	100.00%	$0.00	$257.40
44e	HVAc - Third Floor - Ductwork/Pipe Mtl	$55,488.00	$55,488.00	$0.00		$55,488.00	100.00%	$0.00	$349.57
44e1	HVAC - Third Floor - Ductwork/Piping Labor	$67,725.00	$67,725.00	$0.00		$67,725.00	100.00%	$0.00	$609.53
44e2	HVAC - Third Floor - HVAC Equipment Mtl	$53,637.00	$53,637.00	$0.00		$53,637.00	100.00%	$0.00	$337.91
44e3	HVAC - Third Floor - HVAC Equipment Labor	$14,150.00	$14,150.00	$0.00		$14,150.00	100.00%	$0.00	$127.35
44e4	HVAC - Third Floor - HVAC Insulation M/L	$53,700.00	$53,700.00	$0.00		$53,700.00	100.00%	$0.00	$338.31
44e5	HVAC - Third Floor - HVAC Temp Controls	$28,600.00	$28,600.00	$0.00		$28,600.00	100.00%	$0.00	$257.40
44f	HVAC - Roof- Piping M/L	$8,713.00	$8,713.00	$0.00		$8,713.00	100.00%	$0.00	$54.89
44f1	HVAC - Roof - HVAC Equipment Mtl	$430,000.00	$430,000.00	$0.00		$430,000.00	100.00%	$0.00	$3,870.00
44f2	HVAC - Roof - HVAC Equipment Labor	$17,687.00	$17,687.00	$0.00		$17,687.00	100.00%	$0.00	$111.43
44f3	HVAC - Roof - HVAC Insulation M/L	$8,050.00	$8,050.00	$0.00		$8,050.00	100.00%	$0.00	$72.45
44f4	HVAC - Roof - HVAC Temp Controls	$35,750.00	$35,750.00	$0.00		$35,750.00	100.00%	$0.00	$225.23
44g	HVAC - Testing & Balancing	$27,750.00	$13,875.00	$0.00	$13,875.00	$27,750.00	100.00%	$0.00	$249.75
45	Electrical - Mobilization/Temporary	$41,355.00	$41,355.00	$0.00		$41,355.00	100.00%	$0.00	$260.54
45a	Electrical - Underground UT&C Duct Bank	$34,368.00	$34,368.00	$0.00		$34,368.00	100.00%	$0.00	$409.31

CONTINUATION SHEET

AIA DOCUMENT G703

AIA Document G702, APPLICATION AND CERTIFICATION FOR PAYMENT, containing
Contractor's signed certification is attached.
In tabulations below, amounts are stated to the nearest dollar.
Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO: 22
APPLICATION DATE: 09/01/22
PERIOD TO: 09/30/22
ARCHITECT'S PROJECT NO: 4013

A	B	C	D	E	F	G		H	I
ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE	WORK COMPLETED		MATERIALS PRESENTLY STORED (NOT IN D OR E)	TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G ÷ C)	BALANCE TO FINISH (C - G)	RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
45b	Electrical - Lighting Fixtures Package (M)	$254,072.00	$254,072.00	$0.00		$254,072.00	100.00%	$0.00	$1,600.65
45c	Electrical - Lighting Fixtures Package (L)	$181,177.00	$181,177.00	$0.00		$181,177.00	100.00%	$0.00	$1,630.59
45d	Electrical - Switchgear Package (M)	$180,805.00	$180,805.00	$0.00		$180,805.00	100.00%	$0.00	$1,139.07
45e	Electrical - Switchgear Package (L)	$108,563.00	$108,563.00	$0.00		$108,563.00	100.00%	$0.00	$977.07
45f	Electrical - Emergency Generator Package	$170,845.00	$170,845.00	$0.00		$170,845.00	100.00%	$0.00	$1,076.32
45g	Electrical - Fire Alarm Package (M)	$91,621.00	$91,621.00	$0.00		$91,621.00	100.00%	$0.00	$824.59
45h	Electrical - Fire Alearm Package (L)	$58,440.00	$58,440.00	$0.00		$58,440.00	100.00%	$0.00	$368.17
45i	Electrical - Data/CCTV Package (M)	$309,499.00	$309,499.00	$0.00		$309,499.00	100.00%	$0.00	$2,785.49
45j	Electrical - Data/CCTV Package (L)	$56,717.00	$56,717.00	$0.00		$56,717.00	100.00%	$0.00	$457.32
45k	Electrical - Door Access Package (M)	$62,887.00	$62,887.00	$0.00		$62,887.00	100.00%	$0.00	$597.43
45l	Electrical - Door Access Package (L)	$17,105.00	$17,105.00	$0.00		$17,105.00	100.00%	$0.00	$116.31
45m	Electrical - Branch Power (M)	$25,590.00	$25,590.00	$0.00		$25,590.00	100.00%	$0.00	$430.31
45n	Electrical - Branch Power (L)	$93,183.00	$93,183.00	$0.00		$93,183.00	100.00%	$0.00	$587.05
45o	Electrical - Mechanical Equip Power Wiring (M)	$25,590.00	$25,590.00	$0.00		$25,590.00	100.00%	$0.00	$230.31
45p	Electrical - Mechanical Equip Power Wiring (L)	$93,183.00	$93,183.00	$0.00		$93,183.00	100.00%	$0.00	$1,025.01
46	B&O Tax	$303,800.00	$303,800.00	$0.00		$303,800.00	100.00%	$0.00	$3,038.00
47	CO #01 - Sitework, Electrical	$50,800.00	$50,800.00	$0.00		$50,800.00	100.00%	$0.00	$508.00
48	CO #02 - Sitework Unsuitable	$136,975.00	$136,975.00	$0.00		$136,975.00	100.00%	$0.00	$1,232.78
49	CO #03 - UT&C, Temp. Under Drain Waterproofing	$9,876.00	$9,876.00	$0.00		$9,876.00	100.00%	$0.00	$107.45
50	CO #04 - Refrigerated Bottle Fillers	$9,540.00	$9,540.00	$0.00		$9,540.00	100.00%	$0.00	$85.86
51	CO #05 - Extend UT&C Conduits & Fiber	$26,762.00	$26,762.00	$0.00		$26,762.00	100.00%	$0.00	$267.62
52	CO #06 - Suitable Sols Exc.	$51,291.00	$51,291.00	$0.00		$51,291.00	100.00%	$0.00	$461.62
53	CO #07 - Add Camera's & TV/Data Outlets	$15,865.00	$15,865.00	$0.00		$15,865.00	100.00%	$0.00	$158.65
54	CO #08 - Camera R.I., Add Casework & Door	$27,201.00	$27,201.00	$0.00		$27,201.00	100.00%	$0.00	$272.01
55	CO #09 - Misc Electrical & G.C. Work	$46,775.00	$46,775.00	$0.00		$46,775.00	100.00%	$0.00	$420.98
	GRAND TOTALS	$15,833,085.00	$15,818,710.00	$0.00	$14,375.00	$15,833,085.00	100.00%	$0.00	$125,000.00

s may obtain validation of this document by requesting of the licensa a completed AIA Document D401 - Certification of Document's Authenticity

PARTIAL WAIVER AND RELEASE OF LIENS
AND INDEMNITY AGREEMENT – CONTRACTOR

State of Pennsylvania
County of Allegheny

The undersigned is Controller (title) of Rycon Construction Inc. (Contractor") which has a contract with Harrison County GSB the owner ("Owner") of a project known and commonly referred Harrison County Commission ("Project") the date of execution of this Partial Waiver and Release, Contractor warrants and represents the following to accurate:

Total Contract Value	$ 15,833,085.00
Total Previous Certificates for Payment	$ 14,910,300.87
Total Amount Claimed due in Pending Application	$ 797,784.13

Contingent upon payment of the amount claimed due of $ 797,784.13 to, or for the benefit of Contractor, Contractor does hereby release Owner, the Project and the premises upon which the Project is located and any and all improvements thereon ("Property") from any and all claims, liens and/or rights to lien up to the amount paid to date, including the amount claimed due herein.

Contractor further represents and warrants that the individual executing this Partial Waiver is duly authorized and empowered to sign and execute this waiver on Contractor's behalf; that Contractor has properly performed all of the work pursuant to the plans and specifications and/or Contractor's agreement with Owner, and that Contractor has paid for any labor, materials, equipment and services that Contractor used or supplied to the above premises through the date of said payment application or invoice or that such materials or equipment were fully-paid open stock.

Contractor further agrees to indemnify, defend and hold harmless Owner from and against any and all suits, claims, damages, losses, costs, settlements, arbitration awards and expenses including, but not limited to mechanics' or materialmens' liens and any other similar such liens asserted against the Project, the Property or any existing improvements on the Property, or any part thereof arising out of the work or for any losses or expenses should any such claim, lien or right to a lien be asserted, either by Contractor or by any subcontractor, supplier, laborer, materialman or sub-subcontractor of Contractor.

Contractor further accepts and acknowledges the receipt of the aforesaid sums in full accord and satisfaction for the work performed or supplied to date and in full and final satisfaction of any and all claims as of the date hereof, with full knowledge that Owner (and its successors and assigns) are relying on such representations in making the payment.

In addition, for and in consideration of the amounts and sums received, Contractor hereby waives, releases and relinquishes any and all claims, rights or causes of action whatsoever arising out of or in the course of the work performed on the Project prior to the date hereof, excepting those specific claims listed below, if any, for unapproved change orders or other disputed amounts claimed due. Those claims, if any exist, are limited to the following. (Include description of any claim, disputed change order, and amount claimed due).

Signed and delivered this 12th day of October, 2022.

Signed: _____

Print: Joseph Duplan, Controller

PARTIAL WAIVER AND RELEASE OF LIENS
AND INDEMNITY AGREEMENT – CONTRACTOR

State of Pennsylvania
County of Allegheny

The undersigned is Controller (title) of Rycon Construction Inc. (Contractor") which has a contract with Harrison County GSB the owner ("Owner") of a project known and commonly referred Harrison County Commission ("Project") the date of execution of this Partial Waiver and Release, Contractor warrants and represents the following to accurate:

Total Contract Value	$ 15,833,085.00
Total Previous Certificates for Payment	$ 14,910,300.87
Total Amount Claimed due in Pending Application	$ 797,784.13

Contingent upon payment of the amount claimed due of $ 797,784.13 to, or for the benefit of Contractor, Contractor does hereby release Owner, the Project and the premises upon which the Project is located and any and all improvements thereon ("Property") from any and all claims, liens and/or rights to lien up to the amount paid to date, including the amount claimed due herein.

Contractor further represents and warrants that the individual executing this Partial Waiver is duly authorized and empowered to sign and execute this waiver on Contractor's behalf; that Contractor has properly performed all of the work pursuant to the plans and specifications and/or Contractor's agreement with Owner, and that Contractor has paid for any labor, materials, equipment and services that Contractor used or supplied to the above premises through the date of said payment application or invoice or that such materials or equipment were fully-paid open stock.

Contractor further agrees to indemnify, defend and hold harmless Owner from and against any and all suits, claims, damages, losses, costs, settlements, arbitration awards and expenses including, but not limited to mechanics' or materialmens' liens and any other similar such liens asserted against the Project, the Property or any existing improvements on the Property, or any part thereof arising out of the work or for any losses or expenses should any such claim, lien or right to a lien be asserted, either by Contractor or by any subcontractor, supplier, laborer, materialman or sub-subcontractor of Contractor.

Contractor further accepts and acknowledges the receipt of the aforesaid sums in full accord and satisfaction for the work performed or supplied to date and in full and final satisfaction of any and all claims as of the date hereof, with full knowledge that Owner (and its successors and assigns) are relying on such representations in making the payment.

In addition, for and in consideration of the amounts and sums received, Contractor hereby waives, releases and relinquishes any and all claims, rights or causes of action whatsoever arising out of or in the course of the work performed on the Project prior to the date hereof, excepting those specific claims listed below, if any, for unapproved change orders or other disputed amounts claimed due. Those claims, if any exist, are limited to the following. (Include description of any claim, disputed change order, and amount claimed due).

Signed and delivered this 12th day of October, 2022.

Signed: Joseph Dunlap

Print: Joseph Dunlap, Controller

ACKNOWLEDGEMENT

State of Pennsylvania
County of Allegheny

Before me, the undersigned Notary Public in and for the said 12th day of October, 2022.

Notary Public: Shannan B Balego

SEAL

Printed Name: Shannan B. Balego

Commonwealth of Pennsylvania - Notary Seal
Shannan B. Balego, Notary Public
Allegheny County
My commission expires August 23, 2026
Commission number 1424021
Member, Pennsylvania Association

{20291 01/384558:}

Construction Services Group

October 12, 2022

Danielle Ault
Rycon Construction, Inc.
2501 Smallman Street, Suite 100
Pittsburgh, PA 15222

Re:	Type of Bond:	Consent of Surety to Reduce Retainage
	Performance and Payment	
	Bond Number:	09356375
	Obligee:	Harrison County Commission
	Description:	Reduce Retainage to $125,000
	Rycon Job Number:	4013

Danielle,

Enclosed please find the above referenced Consent(s) of Surety.

Please do not hesitate to contact us should you have any questions.

Sincerely,

Andrew Bly

Enclosures

Cc: Zurich American Insurance Company

CONSENT OF SURETY TO REDUCTION IN OR PARTIAL RELEASE OF RETAINAGE

OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
SURETY ☐
OTHER

AIA DOCUMENT G707 A Bond No. 09356375

PROJECT: (name, address) Harrison County General Services Building

TO (Owner)

Harrison County Commission
301 West Main Street
Clarksburg, WV 26301

ARCHITECT'S PROJECT NO:

CONTRACT FOR:

CONTRACT DATE: September 29, 2020

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the (here insert name and address of Surety as it appears in the bond.)

Fidelity and Deposit Company of Maryland
1299 Zurich Way, 5th Floor Schaumburg, IL 60196-1056
, SURETY,

on bond of (here insert name and address of Contractor as it appears in the bond)

Rycon Construction, Inc.
2501 Smallman Street, Suite 100, Pittsburgh, PA 15222
, CONTRACTOR,

hereby approves the reduction in or partial release of retainage to the Contractor as follows:

Reduce Retainage to $125,000.00

The Surety agrees that such reduction in or partial release of retainage to the Contractor shall not relieve the Surety of any of its obligations to (here insert the name and address of Owner)

Harrison County Commission
301 West Main Street, Clarksburg, WV 26301
, OWNER,

as set forth in the said Surety's bond.

IN WITNESS WHEREOF,
the Surety has hereunto set its hand this 12th day of October, 2022

Fidelity and Deposit Company of Maryland
Surety

By:
Signature of Authorized Representative

Andrew Bly, Attorney-in-Fact
Title

Witness.
~~Attest:~~
(Seal): Geno DiMillo, Witness

Bond Number 09356375

Obligee Harrison County Commission

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Andrew Bly, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 19th day of June, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

SEAL

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 19th day of June, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 12th day of October, 2022.



Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

Construction Services Group

Alliant

October 12, 2022

Danielle Ault
Rycon Construction, Inc.
2501 Smallman Street, Suite 100
Pittsburgh, PA 15222

Re:	Type of Bond:	Consent of Surety to Reduce Retainage
	Performance and Payment	
	Bond Number:	09356375
	Obligee:	Harrison County Commission
	Description:	Reduce Retainage to $125,000
	Rycon Job Number:	4013

Danielle,

Enclosed please find the above referenced Consent(s) of Surety.

Please do not hesitate to contact us should you have any questions.

Sincerely,

Andrew Bly

Enclosures

Cc: Zurich American Insurance Company

CONSENT OF SURETY TO REDUCTION IN OR PARTIAL RELEASE OF RETAINAGE

OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
SURETY ☐
OTHER

AIA DOCUMENT G707 A Bond No. 09356375

PROJECT: (name, address) Harrison County General Services Building

TO (Owner)

Harrison County Commission
301 West Main Street
Clarksburg, WV 26301

ARCHITECT'S PROJECT NO:

CONTRACT FOR:

CONTRACT DATE: September 29, 2020

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the (here insert name and address of Surety as it appears in the bond.)

Fidelity and Deposit Company of Maryland
1299 Zurich Way, 5th Floor Schaumburg, IL 60196-1056
, SURETY,

on bond of (here insert name and address of Contractor as it appears in the bond)

Rycon Construction, Inc.
2501 Smallman Street, Suite 100, Pittsburgh, PA 15222
, CONTRACTOR,

hereby approves the reduction in or partial release of retainage to the Contractor as follows:

Reduce Retainage to $125,000.00

The Surety agrees that such reduction in or partial release of retainage to the Contractor shall not relieve the Surety of any of its obligations to (here insert the name and address of Owner)

Harrison County Commission
301 West Main Street, Clarksburg, WV 26301
, OWNER,

as set forth in the said Surety's bond.

IN WITNESS WHEREOF,
the Surety has hereunto set its hand this 12th day of October, 2022

Fidelity and Deposit Company of Maryland
Surety

By:
Signature of Authorized Representative

Andrew Bly, Attorney-in-Fact
Title

Witness.
~~Attest:~~
(Seal): Geno DiMillo, Witness

Bond Number 09356375

Obligee Harrison County Commission

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Andrew Bly, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 19th day of June, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

SEAL

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 19th day of June, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn
Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

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Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

Construction Services Group

October 12, 2022

Danielle Ault
Rycon Construction, Inc.
2501 Smallman Street, Suite 100
Pittsburgh, PA 15222

Re:	Type of Bond:	Consent of Surety to Reduce Retainage
	Performance and Payment	
	Bond Number:	09356375
	Obligee:	Harrison County Commission
	Description:	Reduce Retainage to $125,000
	Rycon Job Number:	4013

Danielle,

Enclosed please find the above referenced Consent(s) of Surety.

Please do not hesitate to contact us should you have any questions.

Sincerely,

Andrew Bly

Enclosures

Cc: Zurich American Insurance Company

CONSENT OF SURETY TO REDUCTION IN OR PARTIAL RELEASE OF RETAINAGE

OWNER ☐
ARCHITECT ☐
CONTRACTOR ☐
SURETY ☐
OTHER

AIA DOCUMENT G707 A Bond No. 09356375

PROJECT: (name, address) Harrison County General Services Building

TO (Owner)

Harrison County Commission
301 West Main Street
Clarksburg, WV 26301

ARCHITECT'S PROJECT NO:

CONTRACT FOR:

CONTRACT DATE: September 29, 2020

In accordance with the provisions of the Contract between the Owner and the Contractor as indicated above, the (here insert name and address of Surety as it appears in the bond.)

Fidelity and Deposit Company of Maryland
1299 Zurich Way, 5th Floor Schaumburg, IL 60196-1056
, SURETY,

on bond of (here insert name and address of Contractor as it appears in the bond)

Rycon Construction, Inc.
2501 Smallman Street, Suite 100, Pittsburgh, PA 15222
, CONTRACTOR,

hereby approves the reduction in or partial release of retainage to the Contractor as follows:

Reduce Retainage to $125,000.00

The Surety agrees that such reduction in or partial release of retainage to the Contractor shall not relieve the Surety of any of its obligations to (here insert the name and address of Owner)

Harrison County Commission
301 West Main Street, Clarksburg, WV 26301
, OWNER,

as set forth in the said Surety's bond.

IN WITNESS WHEREOF,
the Surety has hereunto set its hand this 12th day of October, 2022

Fidelity and Deposit Company of Maryland
Surety

By:
Signature of Authorized Representative

Andrew Bly, Attorney-in-Fact
Title

Witness
~~Attest:~~
(Seal): Geno DiMillo, Witness

Bond Number 09356375

Obligee Harrison County Commission

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

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FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

SEAL

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

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Constance A. Dunn
Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

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Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

11.

CITY OF CLARKSBURG
WEST VIRGINIA

OFFICE OF
CITY MANAGER

To: Harrison County Commission
From: Mark Kiddy, Interim City Manager, City of Clarksburg
Date: 12/14/22

Ref: ARPA funds allocation

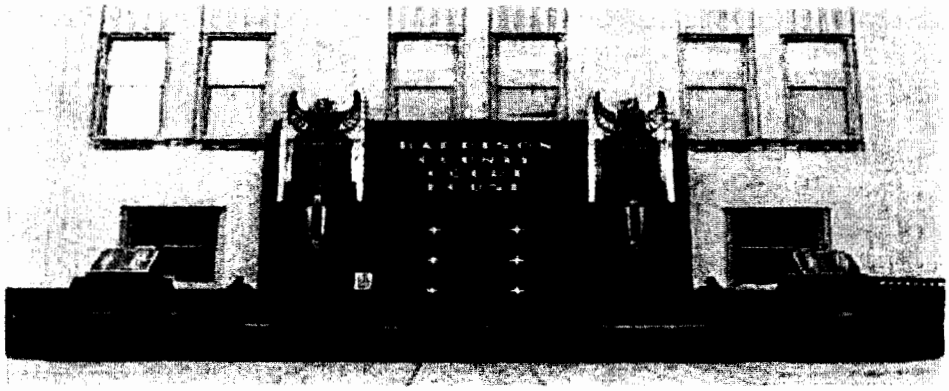
It is the intention of the City of Clarksburg to provide excellent service and infrastructure upgrades to the citizens of Clarksburg within Harrison County. As part of the City of Clarksburg's infrastructure upgrade plan we work towards projects to enhance the efficiency of our sanitary collection system and towards the minimization of stormwater inflow.

At this time, the City of Clarksburg would like to request the distribution of the previously determined $300,000.00 in American Rescue Plan Act funding, which the Harrison County Commission had allocated for our infrastructure improvements. The contribution will be used to replace 220 foot of broken sanitary/storm water combination lines from Temple Terrace to Milford Street and 270 foot of broken sanitary/storm water combination lines from Milford Street to Sampson Street. Please find the attached cost estimate for this project.

The City of Clarksburg appreciates your consideration and action in granting the ARPA funds to enhance our sanitary/stormwater system. Please feel free to contact me or City Engineer Tom Brown with any questions or concerns regarding this request.

Sincerely,

Mark Kiddy
Interim City Manager



American Rescue Plan Act (ARPA) Funding Request

1. Name of Project: Milford Street Storm & Sanitary Projects

2. Organization Name: City of Clarksburg

3. Address: 222 W. Main St. Clarksburg, WV 26301

4. Authorized Contact Person: Tom Brown

5. Title: Engineer City of Clarksburg Phone: 304 624 1607

6. E-mail: tbrown@cityofclarksburg.com

7. Federal Tax Identification Number: 55-6000128

8. DUNS number: 835876087 Unique Entity Identifier (UEI): TM1446DBCME3

9. Project Summary: (In your response, please consider including the following: a brief description of the project including specific use of ARPA funds, location, community need, timelines, and all deliverables. Also, include collaboration with other agencies on this project (if applicable). Please attach additional pages if necessary. If there are multiple projects, please provide separate narratives and budget information on each one.)

The project consists of 2 seperate replacement of existing systems off Milford St. A) 220 foot 12" Ster in drain from Tony to Terrace to Milford B) Replacement of 270' San. Sewer & 250' Strm Drain along Milford & parallel to Sampson

10. Total Project Cost: Engineers Estimate $425,000.00 (Thrasher) Attached

11. Project Start date (estimated): 1/15/2023

12. Project End Date (estimated): 6/15/2023

13: Name and Contact Information of Project Engineer and Project Administrator if different from authorized contact above.

Anthony Urgo/ Dan Farrel (Thrasher Engineering)
304/290/1607/ 304/288/7735

CITY OF CLARKSBURG
MILFORD STREET PROBLEM AREAS
STORMWATER AND COMBINED SEWER ISSUES

November 2022

ENGINEER'S OPINION OF PROBABLE CONSTRUCTION COSTS

DESCRIPTION	QUANTITY		UNIT PRICE		TOTAL PRICE
TEMPLE TERRACE STORM REROUTE					
Mobilization/Demobilization	1	LS@	7,500.00	/LS	$7,500.00
Erosion & Sediment Control Measures	1	LS@	2,500.00	/LS	$2,500.00
12" HDPE DR-11 Horizontal Directional Drill	150	LF@	425.00	/LF	$63,750.00
12" HDPE Gravity Storm Sewer (0'-6')	70	LF@	105.00	/LF	$7,350.00
Wingwall Inlet Structure for Overland Collection	1	EA@	15,000.00	/EA	$15,000.00
Tie-in to Existing Structure	2	EA@	2,500.00	/EA	$5,000.00
HMA Driveway Repair	70	LF@	110.00	/LF	$7,700.00
Temple Terrace Storm Reroute Sub-Total					$108,800.00
SAMPSON STREET SANITARY AND STORM SEWER REROUTE					
Mobilization/Demobilization	1	LS@	10,000.00	/LS	$10,000.00
Erosion & Sediment Control Measures	1	LS@	5,000.00	/LS	$5,000.00
24" PVC Gravity Sanitary Sewer (6'-9')	210	LF@	125.00	/LF	$26,250.00
24" PVC Gravity Sanitary Sewer (9'-12')	60	LF@	135.00	/LF	$8,100.00
New 48" Diameter Manhole with Cone, Frame, and Cover	4	EA@	3,800.00	/EA	$15,200.00
48" Diameter Manhole Riser	12	VF@	200.00	/VF	$2,400.00
Tie-in to Existing Manhole	2	EA@	4,000.00	/EA	$8,000.00
Fill Existing Pipe and Structure with Flowable Fill	30	CY@	250.00	/CY	$7,500.00
12" HDPE Gravity Storm Sewer (0'-6')	20	LF@	100.00	/LF	$2,000.00
12" HDPE Gravity Storm Sewer (6'-12')	80	LF@	105.00	/LF	$8,400.00
24" HDPE Gravity Storm Sewer (6'-9')	180	LF@	120.00	/LF	$21,600.00
New Precast Concrete Drop Inlet with Cover	2	EA@	3,500.00	/EA	$7,000.00
Remove and Replace Existing Drop Inlet	2	EA@	4,000.00	/EA	$8,000.00
WVDOH Type "B" Trench Repair	75	LF@	150.00	/LF	$11,250.00
HMA Road Repair	290	LF@	110.00	/LF	$31,900.00
Concrete Sidewalk Repair	60	LF@	120.00	/LF	$7,200.00
1 1/2" HMA Overlay including Roto-Milling and Pavement Markings	250	LF@	150.00	/LF	$37,500.00
Reclamation of Disturbed Areas	75	LF@	2.00	/LF	$150.00
Sampson Street Sanitary And Storm Sewer Reroute Sub-Total					$217,450.00
Milford Area Construction Sub-Total					$326,250.00
Construction Contingency (±10%)					$32,625.00
Construction Total					**$359,000.00**
Professional Fees (Assume ±18% Construction Costs)					**$ 66,000.00**
Total Project Cost					**$ 425,000.00**

12

APPOINTMENT DATA
BOARDS AND/OR COMMISSIONS

Last Name Sprouse-McIntyre

First Name Paula

Middle Name Ann

Home Address *(If PO Box, give street address)*

2037 Beech Street

City Clarksburg

State WV

Zip Code 26301

Employer Name

Kupec & Associates, PLLC Attorneys at Law

Employer Address

228 Court Street

City Clarksburg

State WV

Zip Code 26301

Home Phone 304-203-1188

Business Phone 304-623-6678

Position Sought

Board Member of Summit Park Public Service District

Prior service on City or County Boards N/A

Years Served

Qualifications

Hours available per month

Education Background

I will serve if appointed (•) YES ( ) NO

Paula A. Sprouse-McIntyre

Reset Print Submit

Michelle Tonkin

13

From: Michelle Tonkin
Sent: Tuesday, December 20, 2022 9:00 AM
To: County Administrator
Cc: Laura Pysz; Gina Jones
Subject: Item for agenda 12-28-22

Importance: High

Good Morning,

I have an item for the agenda.

Review Discuss Consider - - Town of Nutter Fort ARPA request for ARPA funds for Fort Street Sewer and Storm repairs. This is requisition #2 - amount is $29,823.96

There will also be a payable requisition for approval, but I will submit that separately.

Please let me know if you have any questions.

Thank you!

Michelle Tonkin
Deputy Director of Grants
Harrison County Commission
301 W. Main Street, 5th Floor
Clarksburg, WV 26301
mtonkin@harrisoncountywv.com
P: 304-326-0213
F: 304-624-8723

Michelle Tonkin

From: lcummings@townofnutterfort.com
Sent: Monday, December 19, 2022 8:39 AM
To: Michelle Tonkin
Subject: ARPA Funds Request

CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning Michelle!

Below is requisition #2 of our ARPA Funding. It will be on the Sanitary Board Agenda for approval on 12/27/2022. Could this be put on your agenda for your 12/28/2022 meeting?

https://www.dropbox.com/s/j4l7thkatpc24fw/Town%20of%20Nutter%20Fort-Requisition%202-Fort%20Street%20Sewer%20%26%20Storm%20Repair-12-28-2022.pdf?dl=0

Thanks,

Leslie Cummings
Treasurer
Town of Nutter Fort
1415 Buckhannon Pike
Nutter Fort, WV 26301
304-622-7713 x102 Office Phone
304-841-8826 Cell Phone
304-623-0288 Fax

Town of Nutter Fort
Fort Street Sewer and Storm Repairs
REQUISITION #02

Payee	Harrison County Commission-ARPA Funds	Total
	$100,000.00	*$100,000.00*
Construction		$ 29,823.96
Construction-Reimbursement to the Town-Documentation is enclosed.	$ 29,823.96	
Construction Contingency	$ -	
Engineering		$ -
Study & Report Phase	$ -	
Design	$ -	
Bidding	$ -	
Engineering during Construction	$ -	
Inspection	$ -	
Special Services		
a. Engineering Surveys & Topo	$ -	
b. I&I Investigation	$ -	
c. Pre-Construction Video	$ -	
Administration		$ -
	$ -	
Lands & ROWs		$ -
	$ -	
	$ -	
	$ -	
	$ -	
	$ -	
Legal		$ -
	$ -	
	$ -	
Miscellaneous		$ -
	$ -	
	$ -	$ -
		$ -
	$ -	
	$ -	
TOTAL THIS REQUEST	**$ 29,823.96**	**$ 29,823.96**
PRIOR REQUEST	$ 63,527.37	**$ 63,527.37**
TOTAL REQUESTED TO DATE	$ 93,351.33	**$ 93,351.33**
REMAINING FUNDS	**$ 6,648.67**	**$ 6,648.67**

Submitted By: The Town of Nutter Fort **Date:** 12/28/22

RESOLUTION

WHEREAS, the Town of Nutter Fort has reviewed the attached invoices in relation to its proposed Fort Street Sewer and Storm Repair project and finds as follows:

1. That none of the items for which payment is proposed under this requisition has formed the basis for any disbursement heretofore made.
2. That each item for which the payment is proposed to be made is or was necessary in connection with the Project and constitutes a cost of the Project.
3. That each of such costs has been otherwise properly incurred; and
4. That payment for each of the items proposed is then due and owing.

NOW, THEREFORE, BE IT RESOLVED by the Town of Nutter Fort that payment of the attached invoices as summarized above is hereby authorized and directed for payment.

APPROVED by the Town of Nutter Fort on this 28th day of December 2022.

By: _____

Sam Maxson, Mayor

Town of Nutter Fort

Fort Street Sewer and Storm Repairs

EXPENDITURES PROGRESS REPORT #02

12/28/2022

Description ***Harrison County Commission ARPA Funds***	**1** ***As Per Budget (w/ Prior Revisions)***	***Revisions***	***Revised Budget***	**2** ***Prior Request to this Draw***	**3** ***Requested This Draw***	**4** ***Requested to Date***	**5** ***Remaining Funds***
1a) Construction	$ 100,000.00	$ -	$ 100,000.00	$ 63,527.37	$ 29,823.96	$ 93,351.33	$ 6,648.67
A) Professional Services							
1) Engineering							
a) Planning: Study and Report	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b) Preliminary Design	$ -	$ -	$ -	$ -	$ -	$ -	$ -
c) Final Design	$ -	$ -	$ -	$ -	$ -	$ -	$ -
d) Special Services							
1) Application Preparation (Fac.)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2) Environmental Study	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3) Eng. & Topo Survey	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4) I & I Investigation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4) Survey Lands & ROWs	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5) Construction Stakeout	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
B) Legal							
1) Attorney							
a) PSC	$ -	$ -	$ -	$ -	$ -	$ -	$ -
b) General / Rights-of-Way	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2) Publications	$ -	$ -	$ -	$ -	$ -	$ -	$ -
D) Accountant	$ -	$ -	$ -	$ -	$ -	$ -	$ -
E) Lands & Rights-of-Way							
1) Land Acquisitions	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2) Easements/ROWS/Appraisals	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3) ROW Meetings	$ -	$ -	$ -	$ -	$ -	$ -	$ -
F) Permits	$ -	$ -	$ -	$ -	$ -	$ -	$ -
G) Administrative (Region VI)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
H) Miscellaneous							
1)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
I) Financial Costs							
1) Capitalized Interest	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2) WDA Fee	$ -		$ -	$ -	$ -	$ -	$ -
3) Bond Counsel	$ -	$ -	$ -	$ -	$ -	$ -	$ -
J) Other							
1) Project Contingency	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTALS	$ 100,000.00	$ -	$ 100,000.00	$ 63,527.37	$ 29,823.96	$ 93,351.33	$ 6,648.67

Invoice Summary-Construction Services & Materials

Town of Nutter Fort-Fort Street Sewer & Storm Repair

	Vendor	Invoice #	Description	Inv Date	$
1.	Utility Services Group	17594	Construction Materials	10-3-2022	$ 918.75
2.	John Deere Financial	1141779	Construction Materials	9-29-2022	$ 749.80
3.	Jacobs Hucthinson Hardware	275297	Construction Materials	8-17-2022	$ 899.26
4.	Jacobs Hucthinson Hardware	275932	Construction Materials	9-28-2022	$ 161.77
5.	Jacobs Hucthinson Hardware	275658	Construction Materials	9-13-2022	$ 212.57
6.	Koval Building Supply	G057454	Tracer Dye	9-19-2022	$ 73.93
7.	Koval Building Supply	G057497	Concrete Basin	9-20-2022	$ 608.27
8.	Koval Building Supply	G057409	Concrete Basin	9-20-2022	$ 2,626.16
9.	Koval Building Supply	G057549	Concrete Basin	9-21-2022	$ 1,230.76
10.	Ferguson Water Works	0777475	Construction Materials	9-13-2022	$ 1,870.50
11.	Ferguson Water Works	0779080	Construction Materials	9-15-2022	$ 345.00
12.	Ferguson Water Works	0762320-3	Construction Materials	10-24-2022	$ 650.00
13.	True Value	Customer #14700	Construction Materials	9-21-2022	$ 50.97
14.	Brian Vandevender Contracting	1359	Construction	9-22-2022	$ 8,900.00
15.	Brian Vandevender Contracting	1360	Construction	9-22-2022	$ 8,900.00
16.	Greer Industries	661093	Construction Materials	9-23-2022	$ 1,626.22
17.					$ -
18.					$ -
19					$ -
20.					$ -
				ENGINEERING TOTAL	**$ 29,823.96**

LIST OF DELINQUENT OR UNPROGRESSED ESTATES
REPORT OF THE COUNTY CLERK DATED December 30, 2022
PURSUANT TO WEST VIRGINIA CODE 44-2-19a

DECEDENT'S NAME	PERSONAL REPRESENTATIVE	DATE OF DEATH	DATE OF APPOINTMENT
Alexander, Karen	Katrina A. Llaneza	03/03/2019	06/27/2019
Belcastro, Samuel	John J. Belcastro	07/28/2019	08/30/2019
Brelsford, James Alan	Donald Reed Brelsford	04/05/2019	03/23/2019
Gary L. Brown	Charlotte Mechelle Brown	02/27/2017	04/18/2017
Buck, Stephanie	Fred Michael Buck	10/24/2019	11/08/2019
Butcher, Roy Stephen	Michael T. Butcher	09/03/2019	09/27/2019
Chandler, Jerryl A.	Robert Matheny, Sheriff	11/06/2017	06/04/2019
Davis, Barbara Ann	Rebecca Jane Davis	05/16/2019	09/03/2019
Davis, Madge Treclare	Tracey Cokeley	11/07/2019	11/22/2019
Denman, Daniel	Jamie Denman	01/08/2018	01/11/2018
Drain, Terry Lynn	Nathaniel Scott Drain	04/10/2019	05/02/2019
Dye, Debra	Brian Scott Mitchell	09/06/2019	12/18/2019
Dye, Jeffrey A.	Nancy A. Dye	06/01/2019	07/09/2019
Fisher, June	David W. Bolyard	03/07/2019	04/11/2019
Goff, Teresa Inez	Danielle M. Johnson & Samantha L. Fuller	03/24/2019	03/26/2019
Hardman, Zackery Michael	Wendy & Donnie Hardman	05/13/2018	05/24/2018
Harris, Ilona P.	Travis L. Strader	10/14/2019	10/29/2019
Horner, Brittney Mae	Donna May Hughes	05/19/2019	07/12/2019
Howard, Elsie Lorna	Sharon Christenson	06/26/2015	07/02/2015
Iquinto, Louis Anthony	Jessica Marie Iquinto	03/19/2019	04/19/2019
Kennedy, Scott	Heidi J. Kennedy	11/22/2019	12/18/2019
Kirkpatrick, Glenn Joel	Charles A. Kirkpatrick	02/25/2019	03/28/2019
Langford, James Edwin	Julie Noelle Langford Garvin	05/21/2019	10/18/2019
Lindsay, Charles Rodney	Racquel Ann Buffey	09/14/2019	10/08/2019
Lockwood, Larry L.	Shirley C. Oliverio	05/05/2019	06/07/2019
McFadden, Judith Ann	Eric Hensil	09/28/2019	10/29/2019

Male, Pete Joseph	Precious Sampson	06/08/2019	08/20/2019
Meadows, Steven Michael	James Meadows	10/03/2019	10/16/2019
Murray, Ralph Raymond	Elva Jean Murray	04/18/2019	04/26/2019
Palmer, Louis Carroll	John P. Rappold	09/17/2019	10/25/2019
Pillo, Paul David	Barbara Louise Pillo	04/29/2019	07/12/2019
Posey, William Harold	Harold David Posey	10/10/2019	10/24/2019
Rardin, Nina	Karl Lee Rardin, II	04/23/2019	08/01/2019
Robinson, Teresa	James Lee Robinson Jr.	01/18/2017	04/27/2017
Shipley, Leslie Robin	Elizabeth Donley & Michael Frankenberger	08/05/2019	09/05/2019
Sigler, William James	James Ryan Sigler	05/31/2019	07/03/2019
Snyder, Bertha L.	Janete Sponaugle & Lois Wright	09/25/2018	10/01/2018
Starcher, Christine M.	Wendy Bullock	06/17/2019	11/07/2019
Walls Jerry Wayne	Eric Hensil	11/03/2018	09/12/2019
Watson, Margaret Louise	Edward Allen Steele	04/11/2019	08/06/2019
White, Joyce Ann	Dixie Smith	07/24/2019	08/22/2019
Yost, Joe Alan	Michael T. Yost	09/02/2019	10/04/2019

IN THE COUNTY COMMISSION OF Harrison COUNTY, WEST VIRGINIA

GENERAL
ORDER TO SHOW CAUSE
AGAINST
DELINQUENT OR UNPROGRESSED ESTATES

Pursuant to the provisions of West Virginia Code § 44-2-19a, the County Commission, having received on the 30th day of December, 20 22 the Report of the Clerk of the County Commission in due form concerning estates in which the filing of any paper is delinquent or estates which have not been duly closed within a period of three years from the opening of such estate and in which no progress, or in the opinion of the Clerk of the County Commission unsatisfactory progress, has been made toward the settlement of such estate, does hereby **ORDER** that the appointed personal representatives appearing on the attached List are directed to file a statement to show cause why the County Commission should not find the personal representative delinquent in his or her administration of the respective estate and why the County Commission should not remove the personal representative from office, administratively close the estate, or take such other action against the personal representative as may be proper as allowed by the laws of the State of West Virginia.

The Clerk of the County Commission is directed as provided by law to mail a certified copy of this Order specific to each such personal representative at the last known address appearing in the records of the County Clerk and to mail a copy thereof to the heirs at law, beneficiaries under the will, any creditors who have filed claims which are not released, any surety on any bond, and any other person interested in the respective estate at their last known addresses appearing in the records of the County Clerk.

Each such personal representative is hereby **DIRECTED and NOTIFIED** that he or she shall have thirty (30) days after the mailing of the specific Order to Show Cause to file properly any delinquent documents required for the administration of the estate or to file a verified statement under oath with the Clerk of the County Commission stating why he or she should not be found delinquent in the administration of the respective estate and should not be removed from office or the estate administratively closed as allowed by law.

All of which is accordingly ADJUDGED, ORDERED, and DECREED this _____ day of _____, 20__.

County Commissioner, President

County Commissioner

County Commissioner

ATTACHMENT: List of Estates

15

Zoning Form

(Original copy must be submitted to the WVABCA Licensing Department)

Note: If an establishment's location is not situated within a municipality, this office will need a letter from the County Commission stating that the establishment location is zoned properly. All applicants must complete the obverse (front) portion of the form.

To: Municipal Clerk or Recorder

Under the requirements set forth in 60-7-4a and/or 11-16-8(a)(5) of the W. Va. State Code, a person intending to apply for a license to operate an ABCA licensed Private Club, Private Wine Restaurant or Tavern at any location within a municipality **must file a notice of such intention with the Clerk or Recorder of such municipality at least ten (10) days prior** to filing an application for such license with the Alcohol Beverage Control Administration. Pursuant to this requirement, **notice** is herein given that the following intends to apply to the WVABCA for a license to operate a Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern issued pursuant to the provisions of §§ Chapter 60, Article 7 and Article 8 and/or Chapter 11, Article 16 of the W.Va. State Code.

Entity Name: RLC West Virginia LLC

DBA (Doing Business As): Cox's Cabaret

Address of Establishment: 1434 East Pike Street (Street/Route) Clarksburg (City) WV (State) 26301 (Zip Code)

Applicant's Name(s): Cox (Last) Richard (First) Lee (Middle)

(Last) (First) (Middle)

General Description of Premises: private club selling beer, wine and liquor with adult entertainment.

Food Services to be Offered: yes, we will have a menu of items for purchase

Patron Capacity: 60

This Notice has been filed with the Clerk or Recorder of the City/Town of

_____ **on this** 20 **day of** December, 2022.

Applicant's Signature(s): Richard L Cox III Date: 12/19/22

_____ Date: _____

(Municipality to fill out reverse side of form)

ABCA-Lic.Z.2

(FOR USE BY MUNICIPAL AUTHORITIES ONLY)

Is the proposed location for the Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern described consistent with the zoning ordinances or your Municipality as either a permitted use or a conditional use of such premises?

Yes _____ No _____

If the answer to the first question was "no," does your Municipality provide within its business zones suitable alternative locations for Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern?

Yes _____ No _____

Is the proposed location for the Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern herein described situated in an area designated for the use of community development block grant funds in the municipality?

Yes _____ No _____

If yes, is the planned use of the premises at the location herein described consistent with any plan adopted by the governing body of the municipality for revitalization of the area wherein the premises are situated?

Yes _____ No _____

Does the municipality have any restrictions or regulations prohibiting Limited Video Lottery?

Yes _____ No _____

Does the municipality have any restrictions or regulations prohibiting Exotic Dancing establishments?

Yes _____ No _____

Additional comments to the Alcohol Beverage Control Administration:

_____

_____

_____

_____

_____

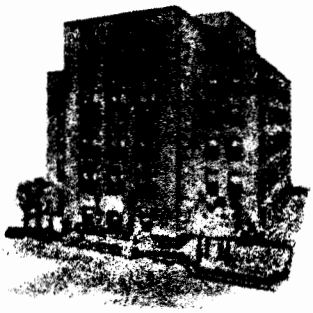
Approved By: Authorized Official Signature and Title

_____

City/Town

Date:_____

Return Original To: **WVABCA**
Licensing Division
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302



HARRISON COUNTY COURT HOUSE

Harrison County Commission

301 WEST MAIN STREET
CLARKSBURG, WEST VIRGINIA 26301
304-624-8500
FAX 304-624-8673

COMMISSIONERS
DAVID L. HINKLE
SUSAN J. THOMAS
PATSY TRECOST II

December 28, 2022

WVABCA
Attention: Licensing DIVISION
900 Pennsylvania Avenue, 4th Floor
Charleston, West Virginia 25302

Dear Commissioner:

This letter is to advise you that the Harrison County Commission has no objection to a license being issued to Richard Lee Cox for the establishment, Coxs Cabaret, 1434 East Pike Street, Clarksburg, West Virginia 26301, who is applying for an ABCA License. This is zoned as county property not city property. The Harrison County Commission discussed this at the meeting held on December28, 2022 and it was approved.

If further information is needed, please advise.

Sincerely,

Susan J. Thomas, President
Harrison County Commission

17

ORDER

AN ORDER PROVIDING FOR THE TERMINATION OF THE TAX INCREMENT FINANCING DISTRICT IN HARRISON COUNTY, WEST VIRGINIA, KNOWN AS "THE COUNTY COMMISSION OF HARRISON COUNTY DEVELOPMENT DISTRICT NO. 7"; CLOSING THE TAX INCREMENT FINANCING FUND ESTABLISHED FOR SUCH TIF DISTRICT AND PROVIDING FOR THE DISTRIBUTION OF THE MONEYS ON DEPOSIT THEREIN AND PROVIDING FOR OTHER MATTERS IN CONNECTION THEREWITH

WHEREAS, The County Commission of Harrison County (the "County Commission"), a public corporation and governing body of Harrison County, West Virginia (the "County") is authorized by the West Virginia Tax Increment Financing Act, Chapter 7, Article 11B of the Code of West Virginia, 1931, as amended (the "Act") to create development or redevelopment districts, approve project plans, issue tax increment financing obligations and take other actions necessary or desirable to facilitate the orderly development and economic stability of County, all as more fully set forth in the Act;

WHEREAS, at the request of Ronald Lane, Inc. d/b/a North Central Crossroads, a West Virginia corporation (the "Developer") the County Commission, following a public hearing and the taking of all other official action required by the Act, and the receipt of all necessary approvals, including the approval of the Director of the West Virginia Development Office as required by the Act, entered an order on January 21, 2021 (the "District Creation Order") which (i) created a development district comprised of approximately 506.52 acres of real property generally located southwest of the intersection of Interstate 79 and U.S. Route 50, at or near Interstate 79, Exit 119 in Harrison County, West Virginia (the "TIF District"), (ii) approved a project plan for the TIF District designated as "North Central Crossroads Project Plan No. 1" (the "Project Plan"), and (iii) established a tax increment financing fund (the "TIF Fund") for the TIF District;

WHEREAS, there has been little or no development of the Project Plan for the TIF District since the time of its creation and the projects set forth and described in the Project Plan have not commenced, with the Developer demonstrating no apparent intention to pursue the development or completion of the same; and

WHEREAS, due to the inactivity in the development of the Project Plan, the unlikelihood of further development thereunder and the administrative costs borne by the County Commission in maintaining records and filing reports for the TIF District and maintaining the TIF Fund for the TIF District, the County Commission desires to terminate the TIF District and

distribute all moneys on deposit in the TIF Fund, if any, to the levying bodies entitled thereto in accordance with the Act.

NOW THEREFORE BE IT ORDERED BY THE COUNTY COMMISSION OF HARRISON COUNTY AS FOLLOWS:

1. Approval of Termination of TIF District. The County Commission hereby (i) repeals in its entirety the District Creation Order adopted and entered of record by it on January 21, 2021, creating the TIF District, approving the Project Plan and establishing the TIF Fund, (ii) orders the immediate termination of the TIF District, and (iii) orders the termination and closing of the TIF Fund established for the TIF District.

2. Distribution of Moneys on Deposit in TIF Fund. The moneys on deposit in the TIF Fund, if any, on the date of entry of this Order shall be distributed to the County Commission, The Board of Education of the County of Harrison and the State of West Virginia in amounts equal to the proportion of regular real and personal property tax levies received by each such levying body in the year in which the distribution is made. Following such distribution to the County Commission, The Board of Education of the County of Harrison and the State of West Virginia, the TIF Fund shall be immediately terminated and closed by the County Commission.

3. No Outstanding Debt for TIF District. The County Commission has issued no tax increment financing bonds or other obligations for the TIF District and there are no tax increment financing obligations or other indebtedness outstanding and unpaid for the TIF District as of the date hereof.

4. Distribution of Property Tax Revenues. From and after the date of entry of this Order, the real and personal property taxes attributable to the real and personal property located in the TIF District shall be collected by the Sheriff of Harrison County and allocated to the County Commission, The Board of Education of the County of Harrison, the State of West Virginia and any other levying body hereafter entitled thereto pursuant to applicable law, in the same manner and amount as though the TIF District had never been created.

5. Severability of Invalid Provisions. If any section, paragraph, clause or provision of this Order should be held invalid by any court of competent jurisdiction, the invalidity of such section, paragraph, clause or provision shall not affect any of the remaining provisions of this Order.

6. Headings, Etc. The headings and catchlines of the articles, sections and subsections hereof are for convenience of reference only, and shall not affect in any way the meaning or interpretation of any provision hereof.

7. Conflicting Provision Repealed. All ordinances, resolutions, indentures or orders, or parts thereof, in conflict with the provisions of this Order are, to the extent of such conflict, hereby repealed.

8. Covenant of Due Procedure. The County Commission covenants that all acts, conditions, things and procedures required to exist, to happen, to be performed or to be taken precedent to and in the adoption and entry of this Order do exist, have happened, have been performed and have been taken in regular and due time, form and manner as required by and in full compliance with the laws and Constitution of the State of West Virginia applicable thereto; and that the President, Clerk and members of the County Commission were at all times when any actions in connection with this Order occurred and are duly in office and duly qualified for such office.

9. Effective Date. This Order shall take effect immediately upon entry.

Adopted and entered of record this December __, 2022.

THE COUNTY COMMISSION OF HARRISON COUNTY

By:_____
President

CERTIFICATION

The undersigned, being the duly qualified, elected and acting Clerk of The County Commission of Harrison County does hereby certify that the foregoing Order was duly adopted and entered of record by members of The County Commission of Harrison County at a regular meeting duly held, pursuant to proper notice thereof, on December __, 2022, a quorum being present and acting throughout, and which Order has not been modified, amended or revoked and is a true, correct and complete copy thereof as of this December __, 2022.

By: _____
County Clerk

A-1

United States of America

State of West Virginia

County of Harrison, ss:

Clerk's Fiduciary Report

Estate from Wednesday, December 7, 2022, through Tuesday, December 13, 2022

The County Commission of Harrison County this day proceeded to examine the report of the Clerk of the Commission of the Fiduciary and Probate matters had before his during the vacation of the Commission, and it appearing to the Commission that all of the proceedings had therefore ordered that the said report and matters thereto contained be and the same is hereby ratified and confirmed. Said report is in words and figures as follows, to -wit:

On, Monday, December 12, 2022, the following matters were disposed of in the presence of the Clerk:

A duly certified copy of the last will and testament of **STELLA C HICKMAN**, deceased, late a resident of PLEASANTS COUNTY, WEST VIRGINIA, was admitted to record.

A duly certified copy of the last will and testament of **CHESTER K HICKMAN**, deceased, late a resident of PLEASANTS COUNTY, WEST VIRGINIA, was admitted to record.

A duly certified copy of the last will and testament of **GENEVIEVE FLORENCE TEKIELI**, deceased, late a resident of MARION COUNTY, WEST VIRGINIA, was admitted to record.

On, Tuesday, December 13, 2022, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **CHARLES SAMUELS OZALAS**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

JOE OZALAS, who was named in the last will and testament of **CHARLES SAMUELS OZALAS**, deceased, as CO EXECUTOR thereof, qualified as such. Bond was 650,000.00.
JENNIFER FITTRO, who was named in the last will and testament of **CHARLES SAMUELS OZALAS**, deceased, as CO EXECUTRIX thereof, qualified as such. Bond was 650,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **EVA LOUISE COSTA** was appointed and qualified as ADMINISTRATRIX of the estate of **VINCENT JOSEPH COSTA II**, deceased. Bond was 145,000.00.

John R Spires
Clerk of the Harrison County Commission

Wednesday, December 28, 2022

Confirmed

Estate: 10914

A-2

United States of America

State of West Virginia

County of Harrison, ss:

Clerk's Fiduciary Report

Estate from Wednesday, December 14, 2022, through Tuesday, December 20, 2022

The County Commission of Harrison County this day proceeded to examine the report of the Clerk of the Commission of the Fiduciary and Probate matters had before his during the vacation of the Commission, and it appearing to the Commission that all of the proceedings had therefore ordered that the said report and matters thereto contained be and the same is hereby ratified and confirmed. Said report is in words and figures as follows, to -wit:

On, Wednesday, December 14, 2022, the following matters were disposed of in the presence of the Clerk:

The said estate of **TIMOTHY JAMES ASPY**, deceased was referred to **NORMAN T FARLEY**, a FIDUCIARY COMMISSIONER for the Harrison County, for settlement thereof.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **DENZIL RAY SKIDMORE SR**, deceased. Bond was 1,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **KAYLA JEAN MOORE**, deceased. Bond was 1,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **CHARLES JUNIOR HARTER**, deceased. Bond was 1,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **MICHAEL ANTHONY COLE**, deceased. Bond was 1,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **FLORA ELIZABETH BAILEY**, deceased. Bond was 1,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **MICHAEL JOSEPH SHAHAN**, deceased. Bond was 1,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **KATHLEEN KAWSKAY**, deceased. Bond was 1,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **ORPHUS LEROY MATHENY SR**, deceased. Bond was 1,000. 00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **RONALD LEE ALLEN**, deceased. Bond was 1,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAVID ARTHUR TAYLOR** was appointed and qualified as ADMINISTRATOR of the estate of **GUY PERCY KEMP II**, deceased. Bond was 1,000.00.

The last will and testament of **KAREN ANNETTE PHELAN**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

LINDSAY S BOWMAN, who was named in the last will and testament of **KAREN ANNETTE PHELAN**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.

On, Thursday, December 15, 2022, the following matters were disposed of in the presence of the Clerk:

A duly certified copy of the last will and testament of **EDNA DELORES RILEY**, deceased, late a resident of TAYLOR, WEST VIRGINIA, was admitted to record.

A duly certified copy of the last will and testament of **ANNA LEE NEWHOUSE**, deceased, late a resident of TAYLOR, WEST VIRGINIA, was admitted to record.

On, Friday, December 16, 2022, the following matters were disposed of in the presence of the Clerk:

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **GARY E THAYER** was appointed and qualified as ADMINISTRATOR of the estate of **STEVEN DALE THAYER**, deceased. No bond was required.

On, Monday, December 19, 2022, the following matters were disposed of in the presence of the Clerk:

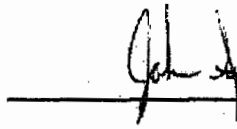
More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **JASON FREEMAN** was appointed and qualified as ADMINISTRATOR of the estate of **BRADLEY ENOC FREEMAN**, deceased. No bond was required.

A duly exemplified copy of the last will and testament of **RUTH JEAN SANDERS**, deceased, late a resident of LLANO, TEXAS, was admitted to record.

On, Tuesday, December 20, 2022, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **FREDERICK TERRENCE NEALIS**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

SARAH NEALIS MOORE, who was named in the last will and testament of **FREDERICK TERRENCE NEALIS**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.



John R Spires
Clerk of the Harrison County Commission

Wednesday, December 28, 2022

Confirmed

C-1

GHCPSD - WATER DIVISION
INCOME STATEMENT
FOR THE PERIOD
11/01/2022 - 11/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	174,328.05	207,153.33	(32,825.28)	97.38%
FACILITIES CHARGE	-	-	-	0.00%
INTEREST INCOME	34.35	38.33	(3.98)	0.02%
MISCELLANEOUS/RECONNECT FEES	4,152.49	111.67	4,040.82	2.32%
QUIET DELL LEASE	500.00	500.00	-	0.28%
TAP FEES	-	487.50	(487.50)	0.00%
UNUSUAL CHARGE	-	-	-	0.00%
TOTAL INCOME	179,014.89	208,290.83	(29,275.94)	
EXPENSES				
ACCT, BILLING, & COLLECTING	3,264.81	6,147.50	(2,882.69)	1.80%
BRIDGEPORT SANITARY BOARD	-	-	-	0.00%
TOWN OF WORTHINGTON	-	-	-	0.00%
CHEMICALS	-	222.50	(222.50)	0.00%
CLARKSBURG SANITARY BOARD	-	-	-	0.00%
DEBT SERVICE	24,610.85	27,929.33	(3,318.48)	13.59%
DIRECTORS FEES	331.01	489.58	(158.57)	0.18%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	6,591.53	6,176.25	415.28	3.64%
LAB SERVICE	1,541.69	953.33	588.36	0.85%
LABOR	27,985.50	31,048.58	(3,063.08)	15.45%
MAINTENANCE	8,004.78	14,513.33	(6,508.55)	4.42%
MISCELLANEOUS EXPENSE	0.35	841.67	(841.32)	0.00%
OFFICE SUPPLIES & EXPENSE	-	256.67	(256.67)	0.00%
OUTSIDE SERVICES/CONTRACT LABOR	3,010.95	5,728.33	(2,717.38)	1.66%
POWER PURCHASED	3,982.74	4,091.67	(108.93)	2.20%
PROPERTY/LIABILITY & INJURIES INSURANCE	930.12	2,057.50	(1,127.38)	0.51%
REGULATORY COMMISSION	-	875.00	(875.00)	0.00%
RENEWAL & REPLACEMENT	21,129.20	5,194.17	15,935.03	11.66%
RENT EXPENSE	2,500.00	2,500.00	-	1.38%
TAXES	2,420.74	2,412.67	8.07	1.34%
TRANSPORTATION	2,654.50	4,394.17	(1,739.67)	1.47%
UTILITIES	1,290.39	824.17	466.22	0.71%
WATER PURCHASED	70,900.43	85,862.58	(14,962.15)	39.14%
TOTAL EXPENSES	181,149.59	202,519.00	(21,369.41)	
NET SURPLUS (DEFICIT)	(2,134.70)	5,771.83	(7,906.53)	

GHCPSD - SEWER DIVISION
INCOME STATEMENT
FOR THE PERIOD
11/01/2022 - 11/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	213,911.21	229,330.00	(15,418.79)	92.14%
FACILITIES CHARGE	2,500.00	2,500.00	-	1.08%
INTEREST INCOME	68.97	64.17	4.80	0.03%
MISCELLANEOUS/RECONNECT FEES	-	-	-	0.00%
QUIET DELL LEASE	-	-	-	0.00%
TAP FEES	3,800.00	1,850.00	1,950.00	1.64%
UNUSUAL CHARGE	11,890.77	17,990.00	(6,099.23)	5.12%
TOTAL INCOME	232,170.95	251,734.17	(19,563.22)	
EXPENSES				
ACCT, BILLING, & COLLECTING	-	1,459.92	(1,459.92)	0.00%
BRIDGEPORT SANITARY BOARD	5,825.62	6,030.83	(205.21)	2.71%
TOWN OF WORTHINGTON	-	12,500.00	(12,500.00)	0.00%
CHEMICALS	4,175.50	457.50	3,718.00	1.94%
CLARKSBURG SANITARY BOARD	1,547.00	2,378.33	(831.33)	0.72%
DEBT SERVICE	112,379.86	112,119.92	259.94	52.34%
DIRECTORS FEES	268.99	293.75	(24.76)	0.13%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	5,356.68	8,179.67	(2,822.99)	2.50%
LAB SERVICE	387.70	594.17	(206.47)	0.18%
LABOR	18,282.46	22,163.42	(3,880.96)	8.52%
MAINTENANCE	26,287.33	15,617.08	10,670.25	12.24%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	1,371.73	1,358.33	13.40	0.64%
OUTSIDE SERVICES/CONTRACT LABOR	12,074.98	16,211.67	(4,136.69)	5.62%
POWER PURCHASED	13,673.76	15,188.25	(1,514.49)	6.37%
PROPERTY/LIABILITY & INJURIES INSURANCE	755.88	1,454.50	(698.62)	0.35%
REGULATORY COMMISSION	75.00	1,351.42	(1,276.42)	0.03%
RENEWAL & REPLACEMENT	7,322.76	12,540.17	(5,217.41)	3.41%
RENT EXPENSE	-	-	-	0.00%
TAXES	926.56	1,937.08	(1,010.52)	0.43%
TRANSPORTATION	2,157.21	2,951.75	(794.54)	1.00%
UTILITIES	1,821.95	1,176.67	645.28	0.85%
WATER PURCHASED	-	-	-	0.00%
TOTAL EXPENSES	214,690.97	235,964.42	(21,273.45)	
NET SURPLUS (DEFICIT)	17,479.98	15,769.75	1,710.23	

GHCPSD - COMBINED
INCOME STATEMENT
FOR THE PERIOD
11/01/2022 - 11/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	388,239.26	436,483.33	(48,244.07)	94.42%
FACILITIES CHARGE	2,500.00	2,500.00	-	0.61%
INTEREST INCOME	103.32	102.50	0.82	0.03%
MISCELLANEOUS/RECONNECT FEES	4,152.49	111.67	4,040.82	1.01%
QUIET DELL LEASE	500.00	500.00	-	0.12%
TAP FEES	3,800.00	2,337.50	1,462.50	0.92%
UNUSUAL CHARGE	11,890.77	17,990.00	(6,099.23)	2.89%
TOTAL INCOME	411,185.84	460,025.00	(48,839.16)	
EXPENSES				
ACCT, BILLING, & COLLECTING	3,264.81	7,607.42	(4,342.61)	0.82%
BRIDGEPORT SANITARY BOARD	5,825.62	6,030.83	(205.21)	1.47%
TOWN OF WORTHINGTON	-	12,500.00	(12,500.00)	0.00%
CHEMICALS	4,175.50	680.00	3,495.50	1.05%
CLARKSBURG SANITARY BOARD	1,547.00	2,378.33	(831.33)	0.39%
DEBT SERVICE	136,990.71	140,049.25	(3,058.54)	34.61%
DIRECTORS FEES	600.00	783.33	(183.33)	0.15%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	11,948.21	14,355.92	(2,407.71)	3.02%
LAB SERVICE	1,929.39	1,547.50	381.89	0.49%
LABOR	46,267.96	53,212.00	(6,944.04)	11.69%
MAINTENANCE	34,292.11	30,130.42	4,161.69	8.66%
MISCELLANEOUS EXPENSE	0.35	841.67	(841.32)	0.00%
OFFICE SUPPLIES & EXPENSE	1,371.73	1,615.00	(243.27)	0.35%
OUTSIDE SERVICES/CONTRACT LABOR	15,085.93	21,940.00	(6,854.07)	3.81%
POWER PURCHASED	17,656.50	19,279.92	(1,623.42)	4.46%
PROPERTY/LIABILITY & INJURIES INSURANCE	1,686.00	3,512.00	(1,826.00)	0.43%
REGULATORY COMMISSION	75.00	2,226.42	(2,151.42)	0.02%
RENEWAL & REPLACEMENT	28,451.96	17,734.33	10,717.63	7.19%
RENT EXPENSE	2,500.00	2,500.00	-	0.63%
TAXES	3,347.30	4,349.75	(1,002.45)	0.85%
TRANSPORTATION	4,811.71	7,345.92	(2,534.21)	1.22%
UTILITIES	3,112.34	2,000.83	1,111.51	0.79%
WATER PURCHASED	70,900.43	85,862.58	(14,962.15)	17.91%
TOTAL EXPENSES	395,840.56	438,483.42	(42,642.86)	
NET SURPLUS (DEFICIT)	15,345.28	21,541.58	(6,196.30)	

GHCPSD - WATER DIVISION
INCOME STATEMENT
FOR THE PERIOD
07/01/2022 - 11/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	913,642.96	1,035,766.67	(122,123.71)	95.61%
FACILITIES CHARGE	-	-	-	0.00%
INTEREST INCOME	171.08	191.67	(20.59)	0.02%
MISCELLANEOUS/RECONNECT FEES	33,727.71	558.33	33,169.38	3.53%
QUIET DELL LEASE	2,000.00	2,500.00	(500.00)	0.21%
TAP FEES	6,100.00	2,437.50	3,662.50	0.64%
UNUSUAL CHARGE	-	-	-	0.00%
TOTAL INCOME	955,641.75	1,041,454.17	(85,812.42)	100.00%
EXPENSES				
ACCT, BILLING, & COLLECTING	24,354.77	30,737.50	(6,382.73)	2.61%
BRIDGEPORT SANITARY BOARD	-	-	-	0.00%
TOWN OF WORTHINGTON	-	-	-	0.00%
CHEMICALS	1,374.51	1,112.50	262.01	0.15%
CLARKSBURG SANITARY BOARD	-	-	-	0.00%
DEBT SERVICE	123,054.25	139,646.67	(16,592.42)	13.18%
DIRECTORS FEES	2,096.22	2,447.92	(351.70)	0.22%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	32,950.81	30,881.25	2,069.56	3.53%
LAB SERVICE	4,264.11	4,766.67	(502.56)	0.46%
LABOR	150,183.57	155,242.92	(5,059.35)	16.08%
MAINTENANCE	53,263.58	72,566.67	(19,303.09)	5.70%
MISCELLANEOUS EXPENSE	0.35	4,208.33	(4,207.98)	0.00%
OFFICE SUPPLIES & EXPENSE	264.80	1,283.33	(1,018.53)	0.03%
OUTSIDE SERVICES/CONTRACT LABOR	25,703.05	28,641.67	(2,938.62)	2.75%
POWER PURCHASED	16,888.57	20,458.33	(3,569.76)	1.81%
PROPERTY/LIABILITY & INJURIES INSURANCE	13,427.99	10,287.50	3,140.49	1.44%
REGULATORY COMMISSION	7,619.29	4,375.00	3,244.29	0.82%
RENEWAL & REPLACEMENT	55,483.69	25,970.83	29,512.86	5.94%
RENT EXPENSE	12,500.00	12,500.00	-	1.34%
TAXES	12,990.88	12,063.33	927.55	1.39%
TRANSPORTATION	17,321.59	21,970.83	(4,649.24)	1.86%
UTILITIES	3,409.16	4,120.83	(711.67)	0.37%
WATER PURCHASED	376,560.03	429,312.92	(52,752.89)	40.33%
TOTAL EXPENSES	933,711.22	1,012,595.00	(78,883.78)	100.00%
NET SURPLUS (DEFICIT)	21,930.53	28,859.17	(6,928.64)	

GHCPSD - SEWER DIVISION
INCOME STATEMENT
FOR THE PERIOD
07/01/2022 -11/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	1,104,270.91	1,146,650.00	(42,379.09)	88.86%
FACILITIES CHARGE	12,500.00	12,500.00	-	1.01%
INTEREST INCOME	365.01	320.83	44.18	0.03%
MISCELLANEOUS/RECONNECT FEES	100.00	-	100.00	0.01%
QUIET DELL LEASE	-	-	-	0.00%
TAP FEES	8,200.00	9,250.00	(1,050.00)	0.66%
UNUSUAL CHARGE	117,218.70	89,950.00	27,268.70	9.43%
TOTAL INCOME	1,242,654.62	1,258,670.83	(16,016.21)	100.00%
EXPENSES				
ACCT, BILLING, & COLLECTING	7,711.25	7,299.58	411.67	0.67%
BRIDGEPORT SANITARY BOARD	28,680.30	30,154.17	(1,473.87)	2.50%
TOWN OF WORTHINGTON	-	62,500.00	(62,500.00)	0.00%
CHEMICALS	8,542.50	2,287.50	6,255.00	0.74%
CLARKSBURG SANITARY BOARD	8,527.20	11,891.67	(3,364.47)	0.74%
DEBT SERVICE	561,899.30	560,599.58	1,299.72	48.95%
DIRECTORS FEES	2,103.78	1,468.75	635.03	0.18%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	26,784.43	40,898.33	(14,113.90)	2.33%
LAB SERVICE	3,654.57	2,970.83	683.74	0.32%
LABOR	102,523.47	110,817.08	(8,293.61)	8.93%
MAINTENANCE	95,237.33	78,085.42	17,151.91	8.30%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	6,582.64	6,791.67	(209.03)	0.57%
OUTSIDE SERVICES/CONTRACT LABOR	71,002.40	81,058.33	(10,055.93)	6.18%
POWER PURCHASED	68,519.97	75,941.25	(7,421.28)	5.97%
PROPERTY/LIABILITY & INJURIES INSURANCE	10,926.51	7,272.50	3,654.01	0.95%
REGULATORY COMMISSION	9,241.39	6,757.08	2,484.31	0.81%
RENEWAL & REPLACEMENT	110,564.18	62,700.83	47,863.35	9.63%
RENT EXPENSE	-	-	-	0.00%
TAXES	5,353.05	9,685.42	(4,332.37)	0.47%
TRANSPORTATION	14,243.76	14,758.75	(514.99)	1.24%
UTILITIES	5,892.70	5,883.33	9.37	0.51%
WATER PURCHASED	-	-	-	0.00%
TOTAL EXPENSES	1,147,990.73	1,179,822.08	(31,831.35)	100.00%
NET SURPLUS (DEFICIT)	94,663.89	78,848.75	15,815.14	

GHCPSD - COMBINED
INCOME STATEMENT
FOR THE PERIOD
07/01/2022 -11/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	2,017,913.87	2,182,416.67	(164,502.80)	91.79%
FACILITIES CHARGE	12,500.00	12,500.00	-	0.57%
INTEREST INCOME	536.09	512.50	23.59	0.02%
MISCELLANEOUS/RECONNECT FEES	33,827.71	558.33	33,269.38	1.54%
QUIET DELL LEASE	2,000.00	2,500.00	(500.00)	0.09%
TAP FEES	14,300.00	11,687.50	2,612.50	0.65%
UNUSUAL CHARGE	117,218.70	89,950.00	27,268.70	5.33%
TOTAL INCOME	2,198,296.37	2,300,125.00	(101,828.63)	100.00%
EXPENSES				
ACCT, BILLING, & COLLECTING	32,066.02	38,037.08	(5,971.06)	1.54%
BRIDGEPORT SANITARY BOARD	28,680.30	30,154.17	(1,473.87)	1.38%
TOWN OF WORTHINGTON	-	62,500.00	(62,500.00)	0.00%
CHEMICALS	9,917.01	3,400.00	6,517.01	0.48%
CLARKSBURG SANITARY BOARD	8,527.20	11,891.67	(3,364.47)	0.41%
DEBT SERVICE	684,953.55	700,246.25	(15,292.70)	32.90%
DIRECTORS FEES	4,200.00	3,916.67	283.33	0.20%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	59,735.24	71,779.58	(12,044.34)	2.87%
LAB SERVICE	7,918.68	7,737.50	181.18	0.38%
LABOR	252,707.04	266,060.00	(13,352.96)	12.14%
MAINTENANCE	148,500.91	150,652.08	(2,151.17)	7.13%
MISCELLANEOUS EXPENSE	0.35	4,208.33	(4,207.98)	0.00%
OFFICE SUPPLIES & EXPENSE	6,847.44	8,075.00	(1,227.56)	0.33%
OUTSIDE SERVICES/CONTRACT LABOR	96,705.45	109,700.00	(12,994.55)	4.65%
POWER PURCHASED	85,408.54	96,399.58	(10,991.04)	4.10%
PROPERTY/LIABILITY & INJURIES INSURANCE	24,354.50	17,560.00	6,794.50	1.17%
REGULATORY COMMISSION	16,860.68	11,132.08	5,728.60	0.81%
RENEWAL & REPLACEMENT	166,047.87	88,671.67	77,376.20	7.98%
RENT EXPENSE	12,500.00	12,500.00	-	0.60%
TAXES	18,343.93	21,748.75	(3,404.82)	0.88%
TRANSPORTATION	31,565.35	36,729.58	(5,164.23)	1.52%
UTILITIES	9,301.86	10,004.17	(702.31)	0.45%
WATER PURCHASED	376,560.03	429,312.92	(52,752.89)	18.09%
TOTAL EXPENSES	2,081,701.95	2,192,417.08	(110,715.13)	100.00%
NET SURPLUS (DEFICIT)	116,594.42	107,707.92	8,886.50	

GREATER HARRISON COUNTY PSD - SEWER
Statement of Cash Flows
November 2022

OPERATING ACTIVITIES		
Net Income (Loss)	$	17,479.98
Adjustments to reconcile Net Income		
to net cash provided by operations:		
Accounts Payable	$	18,512.55
Customer Deposits	$	6,722.65
Payroll Liabilities	$	(6,715.62)
Due (From) To Water Fund	$	2,541.64
Net cash provided by Operating Activities	$	38,541.20
INVESTING ACTIVITIES		
1450 · WORK IN PROGRESS:Row's & Land	$	-
Fixed Assets Project	$	-
Net cash provided by Investing Activities	$	-
FINANCING ACTIVITIES		
	$	-
Sinking Fund Transfers	$	-
Draw on Bond & Grants	$	11,672.20
Net cash provided by Financing Activities	$	11,672.20
Net cash increase (decrease) for period	$	50,213.40
Cash at beginning of period	$	2,243,102.56
Cash at end of period	**$**	**2,293,315.96**
Unrestricted Cash	$	1,007,691.45
Restricted Cash		
Construction Account	$	1,686.10
Depreciation Reserve	$	919,392.20
Rural Development Reserve	$	25,285.73
Bond Commission Sweep	$	74,157.88
ARPA	$	64,087.00
SB 234	$	65,000.00
Customer Deposits	$	136,015.60
Total Restricted Cash	$	1,285,624.51
Total Unrestricted & Restricted Cash	**$**	**2,293,315.96**
	$	-

GREATER HARRISON COUNTY PSD - WATER
Statement of Cash Flows
November 2022

OPERATING ACTIVITIES		
Net Income (Loss)	$	(2,134.70)
Adjustments to reconcile Net Income		
to net cash provided by operations:		
Accounts Receivable	$	1,922.04
Accounts Payable	$	49,819.51
Customer Deposits	$	1,406.52
Due (From) To Sewer Fund	$	(2,541.64)
Net cash provided by Operating Activities	$	48,471.73
INVESTING ACTIVITIES		
Fixed Assets Projects	$	(291,528.93)
	$	-
Net cash provided by Investing Activities	$	(291,528.93)
FINANCING ACTIVITIES		
5.5 Agreement	$	-
Grants	$	291,528.93
Net cash provided by Financing Activities	$	291,528.93
Net cash increase (decrease)for period	$	48,471.73
Cash at beginning of period	$	1,148,197.93
Cash at end of period	**$**	**1,196,669.66**
Unrestricted Cash	$	634,161.99
Restricted Cash		
Depreciation Reserve	$	366,524.06
Bond Commission Sweep	$	26,503.00
Construction	$	45.00
ARPA	$	26,222.45
SB 234	$	65,000.00
Customer Deposits	$	78,213.16
Total Restricted Cash	$	562,507.67
Total Unrestricted & Restricted Cash	**$**	**1,196,669.66**
	$	-

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 22

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to *www.irs.gov/Form8879TE* for the latest information.**

OMB No. 1545-0047

2021

Name of filer

NUTTER FORT VOLUNTEER FIRE DEP

EIN or SSN

91-1910069

Name and title of officer or person subject to tax NATALIE HADDIX
PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶	[X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	201,080
2a	**Form 990-EZ** check here ▶	[ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ▶	[ ]	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ▶	[ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a	**Form 8868** check here ▶	[ ]	**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here ▶	[ ]	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ▶	[ ]	**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ▶	[ ]	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ▶	[ ]	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ▶	[ ]	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize BENNETT & DOBBINS PLLC to enter my PIN 10069 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Date ▶ 11/18/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

****

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ZACHARY D. DOBBINS Date ▶ 11/17/22

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/21 , and ending 06/30/22

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NUTTER FORT VOLUNTEER FIRE DEP

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1415 BUCHANNON PIKE

City or town, state or province, country, and ZIP or foreign postal code
NUTTER FORT WV 26301

D Employer identification number
91-1910069

E Telephone number

G Gross receipts$ 378,043

F Name and address of principal officer:
NATALIE HADDIX
1415 BUCKHANNON PIKE
NUTTER FORT WV 26301

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NUTTERFORTFIRE.COM

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1945

M State of legal domicile: WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
VOLUNTEER FIRE FIGHTING SERVICE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Client Copy

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	123,372	203,614
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45	54
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,149	-2,588
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,566	201,080
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	83,089	240,970
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	83,089	240,970
19 Revenue less expenses. Subtract line 18 from line 12	61,477	-39,890

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	206,107	166,217
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	206,107	166,217

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ NATALIE HADDIX PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ZACHARY D. DOBBINS	ZACHARY D. DOBBINS	11/17/22		P01214233

Firm's name ▶ BENNETT & DOBBINS PLLC — Firm's EIN ▶ 26-0383872

Firm's address ▶ 317 CLEVELAND AVE FAIRMONT, WV 26554-1604 — Phone no. 304-366-4295

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

Part 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:

OUR MISSION IS TO PROTECT THE CITIZENS WE SERVE FROM HARM, EDUCATE TO REDUCE THREATS AGAINST LIFE AND PROPERTY, AND TRAIN TO INCREASE SKILL AND KNOWLEDGE, WHILE SHOWING PRIDE, DEDICATION, COURAGE AND RESPECT.

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 $ 240,970 including grants of $) (Revenue $)

NUTTER FORT VOLUNTEER FIRE DEPARTMENT IS LOCATED IN CENTRAL HARRISON COUNTY, MINUTES AWAY FROM DOWNTOWN CLARKSBURG & BRIDGEPORT. WE SERVE AN AREA OF 88 SQ MILES COVERING A PORTION OF I-79, US RT 20 AND US RT 87 THROUGH THE COMMUNITIES OF NUTTER FORT, QUIET DELL, CENTER BRANCH, ROMINIES MILL, AND BISETOWN. WE PROVIDE MUTUAL AID TO ALL HARRISON COUNTY FIRE DEPARTMENTS AN AGENCIES. OUR MISSION IS TO PROTECT THE CITIZENS FROM HARM, EDUCATE AND REDUCE THREATS TO LIFE AND PROPERTY, DEVELOP, TRAIN AND INCREASE KNOWLEDGE AND SKILL.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 240,970

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
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*	11b		X
c	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*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	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		X
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		X
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		X
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		X
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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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		X
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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		X
29	Did the organization receive more than $25,000 in non-cash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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		X
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
38	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		X

Part 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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	28		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X

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 Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
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, 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 on 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?	10a		X
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?	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	X	
b	Describe on 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*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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	15a		X
b	Other officers or key employees of the organization	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		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

TREASURER 1415 BUCKHANNON PIKE

NUTTER FORT WV 26301 304-622-7713

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, 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.

☒ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(1) FRANK FERRARI	2.00									
BOARD MEMBER	0.00	X						0	0	0
(2) TAYLOR KEITH	2.00									
BOARD MEMBER	0.00	X						0	0	0
(3) WADE KEITH	2.00									
BOARD MEMBER	0.00	X						0	0	0
(4) STEVEN RICHARD	2.00									
BOARD MEMBER	0.00	X						0	0	0
(5) JEREMY HADDIX	2.00									
CHIEF	0.00			X				0	0	0
(6) NATALIE HADDIX	2.00									
PRESIDENT	0.00			X				0	0	0
(7) REZIN HUDKINS	2.00									
VICE PRESIDENT	0.00			X				0	0	0
(8) KEVIN KIMBLE	2.00									
TREASURER	0.00			X				0	0	0
(9) HEATHER RICHARD	2.00									
SECRETARY	0.00			X				0	0	0
(10) BRIAN RICHARDS	2.00									
ASSISTANT CHIEF	0.00			X				0	0	0
(11) NATHAN ROHRBOU	2.00									
DEPUTY CHIEF	0.00			X				0	0	0

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 20 22

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to *www.irs.gov/Form8879TE* for the latest information.**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

Name of filer

NUTTER FORT VOLUNTEER FIRE DEP

EIN or SSN

91-1910069

Name and title of officer or person subject to tax **NATALIE HADDIX**
PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶	☒	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b** 201,080
2a	**Form 990-EZ** check here ▶	☐	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here ▶	☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here ▶	☐	**b**	**Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**
5a	**Form 8868** check here ▶	☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here ▶	☐	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**
7a	**Form 4720** check here ▶	☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here ▶	☐	**b**	**FMV of assets at end of tax year** (Form 5227, Item D)	**8b**
9a	**Form 5330** check here ▶	☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here ▶	☐	**b**	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	**10b**

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **BENNETT & DOBBINS PLLC** to enter my PIN **10069** as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Date ▶ **11/18/22**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. **************

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ **ZACHARY D. DOBBINS** Date ▶ **11/17/22**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/21 , and ending 06/30/22

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NUTTER FORT VOLUNTEER FIRE DEP

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1415 BUCHANNON PIKE

City or town, state or province, country, and ZIP or foreign postal code
NUTTER FORT WV 26301

D Employer identification number
91-1910069

E Telephone number

G Gross receipts$ 378,043

F Name and address of principal officer:
NATALIE HADDIX
1415 BUCKHANNON PIKE
NUTTER FORT WV 26301

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.NUTTERFORTFIRE.COM

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1945

M State of legal domicile: WV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
VOLUNTEER FIRE FIGHTING SERVICE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Client Copy

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	123,372	203,614
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45	54
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,149	-2,588
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,566	201,080
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	83,089	240,970
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	83,089	240,970
19 Revenue less expenses. Subtract line 18 from line 12	61,477	-39,890

	Beginning of Current Year	End of Year
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	206,107	166,217
21 Total liabilities (Part X, line 26)	0	0
22 Net assets or fund balances. Subtract line 21 from line 20	206,107	166,217

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ NATALIE HADDIX PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ZACHARY D. DOBBINS	ZACHARY D. DOBBINS	11/17/22		P01214233

Firm's name ▶ BENNETT & DOBBINS PLLC — Firm's EIN ▶ 26-0383872

Firm's address ▶ 317 CLEVELAND AVE FAIRMONT, WV 26554-1604 — Phone no. 304-366-4295

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

Part 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:

OUR MISSION IS TO PROTECT THE CITIZENS WE SERVE FROM HARM, EDUCATE TO REDUCE THREATS AGAINST LIFE AND PROPERTY, AND TRAIN TO INCREASE SKILL AND KNOWLEDGE, WHILE SHOWING PRIDE, DEDICATION, COURAGE AND RESPECT.

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 $ 240,970 including grants of $) (Revenue $)

NUTTER FORT VOLUNTEER FIRE DEPARTMENT IS LOCATED IN CENTRAL HARRISON COUNTY, MINUTES AWAY FROM DOWNTOWN CLARKSBURG & BRIDGEPORT. WE SERVE AN AREA OF 88 SQ MILES COVERING A PORTION OF I-79, US RT 20 AND US RT 87 THROUGH THE COMMUNITIES OF NUTTER FORT, QUIET DELL, CENTER BRANCH, ROMINIES MILL, AND BISETOWN. WE PROVIDE MUTUAL AID TO ALL HARRISON COUNTY FIRE DEPARTMENTS AN AGENCIES. OUR MISSION IS TO PROTECT THE CITIZENS FROM HARM, EDUCATE AND REDUCE THREATS TO LIFE AND PROPERTY, DEVELOP, TRAIN AND INCREASE KNOWLEDGE AND SKILL.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4c (Code:) (Expenses $ including grants of $) (Revenue $)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 240,970

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
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*	11b		X
c	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*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	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		X
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		X
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		X
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		X
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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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		X
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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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		X
29	Did the organization receive more than $25,000 in non-cash 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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		X
34	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
38	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		X

Part 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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	28		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X

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 Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. See instructions.			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10		
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, 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 on 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?	10a		X
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?	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	X	
b	Describe on 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*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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	15a		X
b	Other officers or key employees of the organization	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		X
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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

TREASURER 1415 BUCKHANNON PIKE
NUTTER FORT WV 26301 304-622-7713

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, 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.

☒ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
(1) FRANK FERRARI	2.00									
BOARD MEMBER	0.00	X						0	0	0
(2) TAYLOR KEITH	2.00									
BOARD MEMBER	0.00	X						0	0	0
(3) WADE KEITH	2.00									
BOARD MEMBER	0.00	X						0	0	0
(4) STEVEN RICHARD	2.00									
BOARD MEMBER	0.00	X						0	0	0
(5) JEREMY HADDIX	2.00									
CHIEF	0.00			X				0	0	0
(6) NATALIE HADDIX	2.00									
PRESIDENT	0.00			X				0	0	0
(7) REZIN HUDKINS	2.00									
VICE PRESIDENT	0.00			X				0	0	0
(8) KEVIN KIMBLE	2.00									
TREASURER	0.00			X				0	0	0
(9) HEATHER RICHARD	2.00									
SECRETARY	0.00			X				0	0	0
(10) BRIAN RICHARDS	2.00									
ASSISTANT CHIEF	0.00			X				0	0	0
(11) NATHAN ROHRBOU	2.00									
DEPUTY CHIEF	0.00			X				0	0	0

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
1b Subtotal ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		**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*		**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*		**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

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 ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	203,614			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a–1f ▶		203,614			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		54	54		
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental inc. or (loss) 6c					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales exps. 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a	162,950			
	b Less: direct expenses	8b	176,963			
	c Net income or (loss) from fundraising events ▶		-14,013			
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue		Business Code				
	11a OTHER REVENUES		5,315	5,315		
	b REIMBURSED EXPENSES		4,813	4,813		
	c VENDING		1,297	1,297		
	d All other revenue					
	e **Total.** Add lines 11a–11d ▶		11,425			
	12 **Total revenue.** See instructions ▶		201,080	11,479	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 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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	400	400		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,015	2,015		
12 Advertising and promotion				
13 Office expenses	1,132	1,132		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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				
23 Insurance				
24 Other expenses. Itemize expenses not 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.)				
a FIRE EXPENSES	217,149	217,149		
b MAINTENANCE	13,524	13,524		
c BENEFITS FOR MEMBERS	5,874	5,874		
d DUES AND SUBSCRIPTIONS	686	686		
e All other expenses	190	190		
25 **Total functional expenses.** Add lines 1 through 24e	240,970	240,970	0	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	206,107	1	166,217
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	206,107	16	166,217
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶☒ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds	206,107	31	166,217
	32	Total net assets or fund balances	206,107	32	166,217
	33	Total liabilities and net assets/fund balances	206,107	33	166,217

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	201,080
2	Total expenses (must equal Part IX, column (A), line 25)	2	240,970
3	Revenue less expenses. Subtract line 2 from line 1	3	-39,890
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	206,107
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)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	166,217

Part 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: ☒ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization	Employer identification number
NUTTER FORT VOLUNTEER FIRE DEP	91-1910069

Part I 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.)

1 ☐ 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).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college 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 331/3% 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).**

12 ☐ 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.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	74,199	83,378	297,611	103,372	203,614	762,174
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,389	155				1,544
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	75,588	83,533	297,611	103,372	203,614	763,718
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						763,718

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	75,588	83,533	297,611	103,372	203,614	763,718
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5		45	45	54	149
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						763,867

12 Gross receipts from related activities, etc. (see instructions) 12 203,901

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 99.98 %

15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2021.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *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* ***Part VI*** *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		
b	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* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	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* ***Part VI*** *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* ***Part VI,*** *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* ***Part VI.***	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* ***Part VI.***	9b		
c	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* ***Part VI.***	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		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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		

Section 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.*	1		
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		

Section 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* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
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		
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		

Section 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 instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
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		
b	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.***			
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		
b	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* ***Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (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		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (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		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **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		

Section 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 **Distributable Amount.** 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 integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	
6	Other distributions (*describe in* ***Part VI***). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	
9	Distributable amount for 2021 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Part VI **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 B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2021

Name of the organization

NUTTER FORT VOLUNTEER FIRE DEP

Employer identification number

91-1910069

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ▶ $

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization
NUTTER FORT VOLUNTEER FIRE DEP

Employer identification number
91-1910069

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WV STATE TREASURER'S OFFICE 1900 KANAWHA BLVD E #145 CHARLESTON WV 25305	$ 54,533	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	HARRISON COUNTY SHERIFF & TREASURER 301 W. MAIN STREET CLARKSBURG WV 26301	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	TOWN OF NUTTER FORT 1415 BUCKHANNON PIKE NUTTER FORT WV 26301	$ 90,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

NUTTER FORT VOLUNTEER FIRE DEP

Employer identification number

91-1910069

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GUN BASH (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	162,390			162,390
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	162,390			162,390
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	175,991			175,991
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				175,991
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-13,601

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization

NUTTER FORT VOLUNTEER FIRE DEP

Employer identification number

91-1910069

Form 990, Part VI, Line 2 - Related Party Information Among Officers

NATLIE HADDIX

PRESIDENT

MARRIED

JEREMY HADDIX

CHIEF

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

THE ORGANIZATION CONSISTS OF MEMBERS. MEMBERS INCLUDE THE BOARD AND VOLUNTEERS.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

BOARD MEMBERS VOTE TO ELECT NEW BOARD MEMBERS AS NEEDED. THE BOARD VOTES TO DETERMINE BOARD OFFICERS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

AS A COMPONENT UNIT OF THE TOWN OF NUTTER FORT, FINANCIAL STATEMENTS ARE AVAILABLE TO BE VIEWED.

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
:SO FIREHOUSE SOFTWARE	$ 2,015	$ 2,015	$	$
Total	$ 2,015	$ 2,015	$ 0	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
.ICENSES & PERMITS	$ 190	$ 190	$	$
Total	$ 190	$ 190	$ 0	$ 0

Schedule A, Part II, Line 1(e)

Description	Amount
)THER CONTRIBUTIONS	$ 29,081
IV STATE TREASURER'S OFFICE	
Cash Contribution	54,533
IARRISON COUNTY SHERIFF & TREASURER	
Cash Contribution	30,000
'OWN OF NUTTER FORT	
Cash Contribution	90,000
Total	$ 203,614

Schedule A, Part II, Line 12 - Current year

Description	Amount
'axable Interest on Savings and Temporary Cash Investments	$ 54
REIMBURSED EXPENSES	4,813
'ENDING	1,297
)THER REVENUES	5,315
GUN BASH	162,390
'UND DRIVE	560
Total	$ 174,429

Enlarged Hepzibah PSD

Regular Board Meeting

Monday, November 14, 2022

With due notice published and a quorum present, Darlene Swiger called the meeting to order: ROLL CALL

Present	**Employees**	**Also Present**
Darlene Swiger	Kevin Short	Logan Alastanos
Fred Martin		Kylea Radcliff
Sharon Hamilton		

1. **Approval of Minutes**
   Fred Martin made a motion to approve the minutes for October 6, 2022 as read. Sharon Hamilton seconded the motion. All in favor, none opposed and none abstained.

2. **Signing of Checks**
   Fred Martin made a motion to approve the Checks Signed Document dated 10/01/2022 through 10/31/2022. Sharon Hamilton seconded the motion. All in favor, none opposed and none abstained.

3. **Hepzibah Water Project**
   Logan Alastanos and Kylea Radcliff were present to update the Board on the water project. They discussed the up coming special Board meeting on December 1, 2022 with John Stump from Steptoe and Johnson. The Board meeting is for the signing loan documents and bond documents.
   Logan let them know the pre close of the loan is December 14, 2022 and the closing of loan is December 15, 2022. Logan, Kylea and Kevin discussed the water project in detail with the Board.

4. **Hepzibah Sewer Project**
   Logan Alastanos and Kevin Short updated the Board on the Sewer project. They informed the Board that the $80,000.00 donation from the County's General Fund can be transferred from the water project to the sewer project when the water project is complete and we came under bid. Logan, Kevin and the Board discussed in detail.

5. **Manager's Report**

A. Kevin discussed with the Board the Crystal Metz case and her parole hearing, she is ordered to still pay restitution or there will be repercussions. Kevin and the Board discussed.

B. Kevin discussed with the Board a motion needed to allow Ogal "Tarzan" Cain the property owner to have the water & sewer service put in his name. The tenant Rocky Tate has an outstanding bill of $2,033.82 which Tarzan will pay $1,388.08 plus the water and sewer deposit of $111.92. That leaves a balance of $645.74 that will stay written off unless Rocky Tate would happen to move and need service with Hepzibah PSD then he would be responsible to pay the remaining balance. Kevin and the Board discussed.
   Sharon Hamilton made a motion to approve that the property owner, of Route 19,

Meadowbrook, Ogal "Tarzan" Cain to pay $1,388.08 of his tenant, Rocky Tate's written off accounts and put the water & sewer service at this premise into his name. Tarzan Cain is also responsible for paying the water & sewer deposits of $111.92 and future monthly bills. With Hepzibah PSD agreeing to leave the remaining $645.74 of Mr. Tate's unpaid balances written off. However, if Mr. Tate applies for service in his name in the future, he will still be responsible to pay the remaining balance. Fred Martin seconded the motion. All in favor, none opposed and none abstained.

C. Kevin provided the Board with photos of what was done on Jim Finch's property. They moved the Water line and replaced the meter and they seeded and laid straw down. With the cost of $2,500.00 which also includes stone and 4 blocks. Kevin and the Board discussed in detail.

D. Kevin discussed with the Board the Lead and Copper rule, and discussed the procedures that will be needed in the future. Kevin discussed the need for a motion to except the water distribution system Lead & Copper Rule engineer's opinion of probable cost. The total cost being $29,425.00. Kevin and the Board discussed.
Sharon Hamilton made a motion to except the Lead & Copper Rule Engineers opinion of probable cost. Fred Martin seconded the motion. All in favor, none opposed and none abstained.

E. Kevin provided the Board with a copy of the A/P Aging Summary as of October 31, 2022. Kevin also provided the Board with the Profit & Loss for October, 2022, and the Statement of Cash Flows for October, 2022, and discussed in detail.

F. Kevin provided the Board with a copy of the Accounts Payable by Aging Period as of October 31, 2022. He provided the Profit & Loss from July through October, 2022 and the Income and Expense by statement for October, 2022. Kevin discussed in detail with the Board.

G. Kevin provided the Board with a copy of the Hepzibah Water Loss Report for July, 2022 through July, 2023 per CWB read dates. Kevin said the Water Loss YTD is 34.28%. Kevin and the Board discussed.

H. Kevin provided the Board with a copy of the November and December 2022 calendars and discussed.

6. <u>Employee Issues</u>

1. Kevin and the Board had a discussion regarding the Christmas and New Year's Holiday. After discussion, **Sharon Hamilton made a motion for the office to be closed the full day on December 23, 2022, for the Christmas Holiday and the full day on December 30, 2023 for New Year's Holiday. Employees must use ½ day vacation or personal time for 12/23/22 and ½ day vacation or personal time for 12/30/22, since the office will be closed full days for both dates. Fred Martin seconded the motion. All in favor, none opposed and none abstained.**
2. **Sharon Hamilton made a motion to go into Executive Session regarding employee issues. Fred Martin seconded the motion. All in favor, none opposed and none abstained.** Darlene Swiger announced that the meeting was back in session. **Sharon Hamilton made a motion to give Hepzibah PSD employee's yearly enhancements, and a gift card for Donnie Menendez for 30 years of service, both totaling $2,500.00.**

7. <u>Next Board Meeting</u>

Fred Martin announced the next Board meeting will be December 12, 2022

8. Adjournment

There being no further business, **Sharon Hamilton made a motion to adjourn the meeting. Fred Martin seconded the motion. All in favor, none opposed and none abstained.**

Chairman

Treasurer

Secretary

jd

Enlarged Hepzibah PSD
Profit & Loss
November 2022

		Nov 22
Income		
1500 · Late Fees		795.52
1501 · Metered Sales		29,389.50
1505 · Misc Income		200.00
4610 · Metered Water Sales		69,140.36
4700 · Water Late Fees		724.84
4741 · Reconnect Fees		100.00
4744 · Misc Water Income		200.00
4746 · Credit Card Charges		90.61
Total Income		100,640.83
Gross Profit		100,640.83
Expense		
Water Construction Project		1,800.00
1704 · Utilities - Sewer Plant		98.49
1743 · Transportation Expense		1,015.24
1781 · Accounting & Legal		7,876.88
1790 · Postage		533.27
1793 · Supplies		4,309.31
1794 · Uniforms		109.38
1795 · Telephone		269.79
1796 · Outside Services		11,688.22
1798 · Property Insurance		5,718.00
6020 · Purchased Water		23,289.14
66000 · Payroll Expenses		19,008.85
6661 · Water Testing		550.99
6662 · Power & Fuel		
6662.1 · HREA	1,156.52	
6662.2 · Mon Power	1,460.98	
Total 6662 · Power & Fuel		2,617.50
9210 · Office Supplies		691.21
9260 · Pensions & Benefits		9,170.97
9302 · Misc Expenses Water		500.00
Total Expense		89,247.24
Net Income		**11,393.59**

Enlarged Hepzibah PSD
A/P Aging Summary
As of November 30, 2022

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL
Ace Hardware	35.28	0.00	0.00	0.00	0.00	35.28
Advance Auto Parts	55.37	0.00	0.00	0.00	0.00	55.37
Advantage Computer	1,650.00	0.00	0.00	0.00	0.00	1,650.00
Applied Industrial Technologies	45.20	0.00	0.00	0.00	0.00	45.20
B&M Environmental LLC	2,435.10	0.00	0.00	0.00	0.00	2,435.10
Bennett & Dobbins PLLC	7,051.88	0.00	0.00	0.00	46,259.08	53,310.96
CINTAS	0.00	0.00	0.00	0.00	-48.30	-48.30
CITCO	685.80	0.00	0.00	0.00	0.00	685.80
City of Shinnston	24.03	0.00	0.00	0.00	0.00	24.03
Clarksburg Water Board	17,931.36	0.00	0.00	0.00	33,754.48	51,685.84
Core & Main LP	20.00	0.00	0.00	0.00	0.00	20.00
Enlarged Hepzibah PSD	143.34	0.00	0.00	0.00	0.00	143.34
Enterprise Sanitation	102.81	0.00	0.00	0.00	0.00	102.81
ENVIRODYNE SYSTEMS, INC	2,847.24	0.00	0.00	0.00	0.00	2,847.24
FASTENER SOLUTIONS, INC	29.31	0.00	0.00	0.00	0.00	29.31
Hart Office Solutions	30.00	0.00	0.00	0.00	0.00	30.00
HAYES INSURANCE AGENCY	5,718.00	0.00	0.00	0.00	0.00	5,718.00
M & M Septic Pumping	4,083.12	0.00	0.00	0.00	0.00	4,083.12
Mine Belt Service, Inc.	312.23	0.00	0.00	0.00	0.00	312.23
Miss Utility of WV, Inc.	46.30	0.00	0.00	0.00	0.00	46.30
Mon Power	1,209.75	0.00	0.00	0.00	0.00	1,209.75
PACE ANALYTICAL	504.99	0.00	0.00	0.00	0.00	504.99
Sun Valley Public Service District	4,360.00	0.00	0.00	0.00	19,152.90	23,512.90
TUCK'S WELDING	140.00	0.00	0.00	0.00	0.00	140.00
TOTAL	**49,461.11**	**0.00**	**0.00**	**0.00**	**99,118.16**	**148,579.27**

Enlarged Hepzibah PSD

Regular Board Meeting

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Treasurer

Secretary

jd

Enlarged Hepzibah PSD
Profit & Loss
November 2022

C-5

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Enlarged Hepzibah PSD
A/P Aging Summary
As of November 30, 2022

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Advantage Computer	1,650.00	0.00	0.00	0.00	0.00	1,650.00
Applied Industrial Technologies	45.20	0.00	0.00	0.00	0.00	45.20
B&M Environmental LLC	2,435.10	0.00	0.00	0.00	0.00	2,435.10
Bennett & Dobbins PLLC	7,051.88	0.00	0.00	0.00	46,259.08	53,310.96
CINTAS	0.00	0.00	0.00	0.00	-48.30	-48.30
CITCO	685.80	0.00	0.00	0.00	0.00	685.80
City of Shinnston	24.03	0.00	0.00	0.00	0.00	24.03
Clarksburg Water Board	17,931.36	0.00	0.00	0.00	33,754.48	51,685.84
Core & Main LP	20.00	0.00	0.00	0.00	0.00	20.00
Enlarged Hepzibah PSD	143.34	0.00	0.00	0.00	0.00	143.34
Enterprise Sanitation	102.81	0.00	0.00	0.00	0.00	102.81
ENVIRODYNE SYSTEMS, INC	2,847.24	0.00	0.00	0.00	0.00	2,847.24
FASTENER SOLUTIONS, INC	29.31	0.00	0.00	0.00	0.00	29.31
Hart Office Solutions	30.00	0.00	0.00	0.00	0.00	30.00
HAYES INSURANCE AGENCY	5,718.00	0.00	0.00	0.00	0.00	5,718.00
M & M Septic Pumping	4,083.12	0.00	0.00	0.00	0.00	4,083.12
Mine Belt Service, Inc.	312.23	0.00	0.00	0.00	0.00	312.23
Miss Utility of WV, Inc.	46.30	0.00	0.00	0.00	0.00	46.30
Mon Power	1,209.75	0.00	0.00	0.00	0.00	1,209.75
PACE ANALYTICAL	504.99	0.00	0.00	0.00	0.00	504.99
Sun Valley Public Service District	4,360.00	0.00	0.00	0.00	19,152.90	23,512.90
TUCK'S WELDING	140.00	0.00	0.00	0.00	0.00	140.00
TOTAL	**49,461.11**	**0.00**	**0.00**	**0.00**	**99,118.16**	**148,579.27**

Sun Valley Public Service District

Regular Board Meeting

Tuesday, November 15, 2022

With due notice published and a quorum present, Chairman Dale called the meeting to order: ROLL CALL

Present	Employees	Also Present
Gregg Dale	Kevin Short	Logan Alastanos
Connor Thompson		
Sandra Patterson		

1. **Approval of Minutes**
   Sandra Patterson made a motion to approve the Regular Board meeting on Tuesday, October 11, 2022, as read. Connor Thompson seconded the motion. All in favor, none opposed and none abstained.

2. **Signing of Checks**
   Sandra Patterson made a motion to approve the Checks Signed Document dated 10/13/22 through 11/15/22. Connor Thompson seconded the motion. All in favor, none opposed and none abstained.

3. **2019 Water Project**

1. Kevin said the black topping is finished at Lake Floyd. They are just waiting on the invoice to submit to Mid Atlantic so they can do a payment request.
2. Kevin said he met with the fence crew last week and they are supposed to start this week, but the rain has held them back. Kevin said they estimated it taking three to five days to get this completed. Kevin said hopefully, next month, we will have a final payment request on the water project and be finished.

4. **Phase III Sewer Project**

1. Logan informed the Board that they were working on the Phase III "A" design and he had to get a couple of questions answered today, so they should now be able to move forward. Logan said on Phase III "B", they are getting the facility plans put together and then sent to the DEP. They will end up having a public meeting come the first of the year. Logan said they will get started on Phase III "B" design once the Phase III "A" design is done and get approval through IJDC.

5. **Manager's Report**

A. Kevin informed the Board that he, Logan and Zack Dobbins attended a meeting that the Clarksburg Water Board had on the synopsis of their rate study considerations. Kevin and the Board discussed this in detail.

B. Kevin provided the Board with a copy of a proposal from Thrasher Engineering for lead and copper. Kevin said this is regarding the rules and regulations and the requirements per the new lead and copper rules that Clarksburg is under. Kevin and the Board discussed this in great detail. After discussion, **Connor Thompson made a motion to accept the proposal**

agreement for the lead and copper inventory rule and plan from Thrasher Engineering in the amount of $32,050.00 and this is to cover the next 2 (two) years through October 1, 2024. Sandra Patterson seconded the motion. All in favor, none opposed and none abstained.

C. Kevin informed the Board that Sandra Patterson's term for SVPSD's Secretary is due to expire on January 17, 2023. Kevin presented the Board with a letter addressed to the Harrison County Commission for her reappointment as Secretary for another term. The Board reviewed the letter and then signed.

D. Kevin provided the Board with a copy of a letter that was written November 2, 2022 from Thrasher Engineering concerning a slip that occurred in October, 2022. Kevin said it was a slip that happened on the slopes of the existing North Bend Rail-Trail behind the residence located at 3745 Wilsonburg Road (Alex Pitcock) in Reynoldsville, WV. Kevin and the Board discussed this in detail.

E. Kevin provided the Board with copies of the Water and Sewer Bond Payment Schedule and advised the Board that all of the Bond payments are paid to date.

F. Kevin provided the Board with a copy of the Aged Trial Balance sheet and informed them that it was printed before charges were created on October 26, 2022 and discussed.

G. Kevin provided the Board with a copy of the Water Loss Report for July, 2022 through June, 2023, with a water loss of 20.17% for the month of October, and with a year to date adjusted water loss of 24.04%. Kevin and the Board discussed in detail.

H. Kevin provided the Board with a copy of the Water and Sewer Spreadsheets that show the total amount billed compared to the total amount purchased for the month of October, 2022 and the total outstanding when the disconnects are mailed each month. Kevin and the Board discussed this in detail.

I. Kevin provided the Board with copies of the Vendor Invoice Report for Water & Sewer that is outstanding as of 10/31/22 and discussed.

J. Kevin provided the Board with a copy of the CWCR (Current Cash Working Capital Reserve), Water Capital Reserve Savings, and Water to Water Working Capital Reserve Savings Account for FY 2022-2023. This is based on Total Monthly Collections of Sales, Forfeited Discounts & CWCR Increment. New rates not implemented until August, 2022 per PSC start with September, 2022 collections. Kevin and the Board discussed this in detail.

K. Kevin provided the Board with a copy of the CWCR (Current Cash Working Capital Reserve), Sewer Capital Reserve Savings, Sewer to Sewer Working Capital Reserve Savings Account for FY 2022-2023. This is based on Total Monthly Collections of Sales, Forfeited Discounts & CWCR Increment. New rates not implemented until August, 2022 per PSC start with September, 2022 collections. Kevin and the Board discussed this in detail

L. Kevin provided the Board with a copy of the final accounts that are over 60 days past due. Kevin and the Board discussed this in detail. After discussion, **Connor Thompson made a motion to write off $4,743.53 in bad debt. Sandra Patterson seconded the motion. All in favor, none opposed and none abstained.**

M. Kevin informed the Board that they had to replace one pump at Route 98 that went bad. They had to put a new starter contact in Lift Station #2, plus replace a pump there, so we had to replace 2 (two) pumps last month. One of the pumps that was rebuilt is already back and installed. Kevin and the Board discussed further.

N. Kevin informed the Board that he and Cathy discussed the situation of transferring banks. After reviewing, they feel it is best to transfer everything from Chase to Huntington Bank. Kevin said the only thing they wanted to leave at Chase Bank is the account with the Water

Project, which hopefully, if we get this last payment request done next month, we will be finished with the Project and can close it out. Kevin asked the Board if we should start the process now or wait until the first of January, 2023. After discussion, they decided to check with WesBanco and possibly City National Bank before making the final decision.

O. Kevin informed the Board in our last rate increase, we had a truck and water meters. When we did our price quote that we sent to the PSC on 10/29/21, the price for 850 water meters was $232,510.00. Kevin said when we got our rate increase approved this included $35,000.00 for a new truck and we all know that this price has went up. Kevin said for the exact same 850 meters the price now is $323,917.00 which is a $91,407.00 difference. Kevin said we have to do something because the meters we have, have a 10 year warranty with full replacement, 15 (fifteen) prorated and our meters are 13 (thirteen) years old. Kevin said he needs to place an order as they are telling me that it is going to be 10 months before we receive them. Kevin said he has to order them now to get locked in for the price they are charging. Kevin said he is looking to cut the order down to 618 meters and that will get us to the $232,000.00 which will be on a 10 year loan. Kevin and the Board discussed this in greater detail.

P. Kevin provided the Board with a copy of the December, 2022 calendar and discussed.

6. <u>Employee Issues</u>

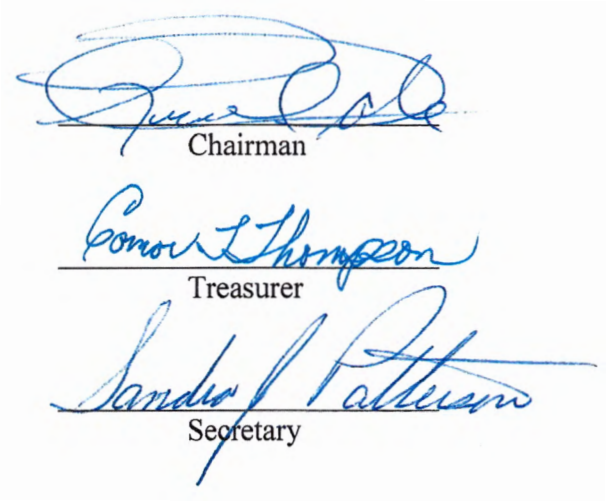
1. Kevin informed the Board that Dave Barnett turned in his letter of resignation on Monday, November 14, 2022 as he took a job with Clarksburg Water Board. He put in a two week notice and his last day of employment will be November 25, 2022. Kevin and the Board discussed.
2. Kevin and the Board had discussion regarding the Christmas and New Year's Holiday. After discussion, **Connor Thompson made a motion for the office to be closed the full day on December 26, 2022 for the Christmas Holiday and the full day on January 2, 2023 for New Year's Holiday. Employees must use ½ day vacation or personal time for 12/23/22 and ½ day vacation time for 12/30/22, since the office will be closed full days for both dates. Sandra Patterson seconded the motion. All in favor, none opposed and none abstained.**
3. **Sandra Patterson made a motion to go into Executive Session regarding employee issues. Connor Thompson seconded the motion. All in favor, none opposed and none abstained.** Gregg Dale announced that the meeting was back in session. **Sandra Patterson made a motion to give Sun Valley PSD employees' yearly enhancements to the following; Kevin Short, $2,000.00; Cathy Sparks, $600.00; Joyce Amos, $400.00; Rodney Miller, $600.00; Zach Barnett, $400.00; Zach Hayes, $400.00, and James Allen, $300.00, for a total of $4,700.00. Connor Thompson seconded the motion. All in favor, none opposed and none abstained.**

7. <u>Next Board Meeting</u>

Sandra Patterson announced that the next Board meeting will be December 13, 2022.

8. **Adjournment**

There being no further business, **Connor Thompson made a motion to adjourn the meeting. Sandra Patterson seconded the motion. All in favor, none opposed and none abstained.**



Chairman

Treasurer

Secretary

aja

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V E N D O R I N V O I C E R E P O R T

** OPEN INVOICES ** DUE DATE: 11/30/22 ** BANK:ALL **

** BEGINNING DATE: 1/01/62 - ENDING DATE: 11/30/22 **

** PAY-TO VENDOR **

ALL FUNDS

	ACCOUNT #	TITLE	QUAN	AMOUNTS	QUAN	BALANCES
B	80 651 100 00	MAINTENANCE OF MAINS	4	3,817.03	4	3,817.03
B	80 651 175 00	MAINTENANCE OF MAINS	2	260.88	2	260.88
B	80 651 200 00	MAINTENANCE OF MAINS-HYDRANTS	1	253.44	1	253.44
B	80 653 000 00	MAINTENANCE OF METERS	1	72.00	1	72.00
B	80 905 000 00	SUPPLIES AND EXPENSES	1	22.05	1	22.05
B	80 921 100 00	OFFICE SUPPLIES & OTHER EXPENS	6	443.56	6	443.56
B	80 923 400 00	OUTSIDE SERVICES-ACCOUNTING	6	14,655.00	6	14,655.00
B	80 928 000 00	REGULATORY COMMISSION EXPENSE	2	5,537.72	2	5,537.72
B	80 933 000 00	TRANSPORTATION	1	169.28	1	169.28
	FUND# 80	WATER FUND	24	25,230.96	24	25,230.96
B	81 271 300 00	5.5 SEWER LINE EXT CONTRIBUT	9	2,063.34	9	2,063.34
B	81 725 000 00	PUMPING MAINTENANCE	1	1,604.00	1	1,604.00
B	81 781 000 00	BILLING & COLLECTING	1	9.45	1	9.45
B	81 793 000 00	GENERAL & MISC SUPPLIES & EXP	6	190.07	6	190.07
B	81 795 100 00	OUTSIDE SERVICES-ACCOUNTING	24	24,502.90	24	24,502.90
B	81 797 000 00	REGULATORY COMMISSION EXPENSES	2	2,373.30	2	2,373.30
B	81 811 000 00	TRANSPORTATION EXPENSE	2	748.55	2	748.55
	FUND# 81	SEWER FUND	45	31,491.61	45	31,491.61
		ALL FUNDS	69	56,722.57	69	56,722.57

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BINGAMON PUBLIC SERVICE DISTRICT
PO BOX 35, SHINNSTON, WV 26431
MICHAEL R SIEBER, CHAIRMAN EDWARD HILDRETH, JR, SECRETARY
BRAD FORTNEY, TREASURER

November 21st, 2022

The monthly meeting of the Bingamon Public Service District (BPSD) Board of Directors was held on November 21st, 2022, at the Bingamon Public Service District office trailer.

CALL TO ORDER: The meeting was called to order at 6:31 p.m. by ***Chairman Michael Sieber.***

ROLL CALL: Board members present: Edward (Bud) Hildreth, Jr., Brad Fortney, and Michael Sieber. BPSD staff Plant Manager Rusty Kuhens, Office Manager, Teresa Basnett and Jason Basnett. Water Customers Mary Ellen Sullivan, Tina Kellar and WVRW Bertis McCarty.

READING OF THE MINUTES - Minutes from the October 17th, 2022, BPSD board meeting were distributed. Mr. Sieber called for any corrections or additions to the minutes. ***A motion was made by Michael Sieber, seconded by Bud Hildreth, to accept the minutes as published. The motion carried unanimously.***

TREASURER'S REPORT – Board members reviewed the Treasurer's Report. The bank balance as of October 31st, 2022, was $80,119.30 Accounts receivable for the month totaled $ 7,852.69

- Current outstanding bills were reviewed. ***A motion was made by Michael Sieber and seconded by Brad Fortney, to pay the current bills. The motion was passed unanimously.***

OFFICE MANAGER'S REPORT – BALANCES AS OF October 31st, 2022
Mrs. Teresa Basnett, Office Manager

- City National Bank MMA earned $17.58 in interest and totals $86,810.17
- City National Bank Reserve Account earned $10.51 in interest and totals $52,043.67
- The Renewal/Replacement Acct. at BB&T earned $.10 in interest totals $11,395.50
- WesBanco day of meeting balance was $85,969.29
- 24 hour notices this month totaled 33. $925.49 was collected out of the $9592.65. was turned off for nonpayment and one moved out leaving us with a Balance of $353.13. 3 customers paid in full, 2 made partial payments.
- Mrs. Basnett said online payments were over $5,600.00 so far this month.

- Mrs. Basnett reported that she set up the account with DIAL MY CALLS. Mrs. Basnett reported that she had uploaded every customer who had a # and email. Mrs. Basnett said she updates the contact list each time she gets new information. She reported that the contacts are listed in alphabetical order. During previous meetings it was discussed that the customers would need to be in groups according to the valve locations. Mrs. Basnett said that since she doesn't know where each valve is and who would be in a particular group that she would pass along the DIAL MY CALLS dashboard information for Mr Kuhens to be able to log on and create groups based on these criteria. Brad Fortney agreed to help Mr Kuhens set up DIAL MY CALLS on the Field laptop.

PLANT OPERATOR'S REPORT - *Mr. Rusty Kuhens, Plant Operator*

- Mr Kuhens reported they fixed 3 service line leaks.
- Mr Kuhens said he has ordered some heaters for the pumphouses.
- Mr Kuhens was asked by the Board if he had heard anything from J-W Contracting about installing our 3 Fire hydrants. Mr Kuhens reported that he had not. The Board asked Mr Kuhens to type a letter telling them that if we don't have the hydrants installed by a certain date the contract we signed with J-W Contracting will be void. Mr Kuhens said he would type a letter.

Bertis McCarty from WVRW spoke to the Board about The Copper and Lead testing. Mr McCarty spoke about what is required of Bingamon PSD. Since there is so much data to be gathered. Mr McCarty suggested Bingamon PSD hire a part time person for the computer work. The Board also approved the purchased a field laptop for this purpose as well

SAFETY COMMITTEE MEETING: Hard Hats

OLD BUSINESS: Mrs. Tina Kellar spoke about the repairs Bingamon PSD made to her line following a complaint that Mr and Mrs Kellar made to the PSC regarding low pressure. Mrs. Kellar said the repairs Bingamon PSD made didn't correct the problem. Mrs. Kellar voiced that she would continue to file complaints to the PSC until the problem is resolved. ***Chairman Mike Siber told Mrs. Kellar that she is well within her rights to do so.***

Bertis McCarty from WVRW spoke regarding the results of the pressure recorder that was put on Mr and Mrs. Kellar's meter once repairs had been made. Mr McCarty stated that 88-90 is the normal static pressure at the Kellar's meter. PSC regulations allows for a 50% drop in pressure while a customer is using. Mr McCarty stated that the Kellar's are within that range. Mrs Kellar told the Board that even though that pressure recorder is showing they are within range. Ms Sullivan wasn't home and they believe the test is inaccurate.

NEW BUSINESS: ***The Board convened into Executive Session to discuss Christmas Bonuses. Michael Sieber made the motion, seconded by Brad Fortney to pay the Christmas Bonuses as follows:*** The Christmas Bonus will be $300 each for both Full Time employees. For all 6 Part-time employees, the Board agreed to purchase a $50.00 Visa Gift Card per each employee. Mrs. Basnett agreed to pick up the the gift cards and distribute them with the paychecks.

NEXT MONTHLY BPSD BOARD MEETING – The next regularly scheduled BPSD board meeting will be held @ the office trailer on December 19th, 2022 @ 6:30 PM

ADJOURNMENT – The meeting was adjourned at 7:47 pm upon a ***motion by Brad Fortney, seconded by Michael Sieber, and carried unanimously***

Michael R. Sieber
Michael Sieber, Chairman

Teresa L Basnett
Teresa Basnett, Office Manager

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Greater Harrison County
Public Service District

PO Box 190
West Milford, WV
26451

Phone: 304-745-3463
Fax: 304-745-5327

www.greaterharrison.com

At the regular meeting of Greater Harrison County PSD held on Thursday November 17, 2022, Chairman James Scudere, Treasurer Ruth Ann Messenger and Member Thomas Michael were present. Also present were Bill Hoover, General Manager, Zack Dobbins of Bennett and Dobbins, Logan Alastanos, Kylea Radcliff of Thrasher Engineering, Patrick Lesmann of P&B Services, Sam Harrold of Mountain State Law, David Glover of Glover Legal and Gary Auvil.

1. Minutes and/or Amended Minutes of Previous Meeting: Michael moved to approve as presented. Board concurred.
2. Public Comment Period: None present
3. Patrick Lesmann – P&B Services

General update – All package plants are operating well. Rt. 73 has another pump gone bad. There is a letter in packet pertaining to Cyanide for review. We are requesting for statement from them.

4. Zack Dobbins – Bennett and Dobbins

4.1. Lagoon Project

- Funding assistance agreement
- Infrastructure council grant agreement
- Funding assistance resolution
- Receipt for the funding assistance proceeds for the Lagoon Projects

Michael moved to approve the above items. Board concurred.

4.2. Drawdowns

- Drawdown #1 for Lagoon Project. Michael moved to approve. Board concurred.
- Drawdown #2 for Locust Height Project. Michael moved to approve. Board concurred.
- Drawdown #38 for Phase 2 Rt. 73 Project. Michael moved to approve. Board concurred.
- Drawdown #26 for Enterprise Project. Michael moved to approve. Board concurred.

5. Finance Report provided by Ruth Ann Messenger

Michael moved to approve financial transactions. Board concurred. Dobbins details on purchase of truck and EOne grinder pumps.

6.1 Sewer

6.1.a Phase II

- Contract 3 we will need to schedule an 11- month inspection within the next 30 days and issue a letter.

6.1.b Enterprise Project

- We had 10-12 punch list items, most of which are done. There was as issue with flow meter. Fay Rockwell is the only unresolved property issue at this time.

6.1.c Sludge Removal Project

- Closing date is December 7th further details will be under Bennett and Dobbins.

6.1.d Quiet Dell

- First public meeting was last night with 15-20 people with general questions. Location and buffer was discussed.

6.1.e Woodstock Heights Sanitary Sewer Extension Project

- We have reissued all forms again and we have all the right of ways.

6.1.f 10-year plan Sewer

- Nothing new to add at this time

6.1.g River Crossings

- Nothing new to add at this time

6.2 Water

6.2.a Steven's Run

- Substantially complete – punch list is complete

6.2.b Overall Water Project

- This will be done in sections; one big portion will be the Good Hope Tank which we are looking at property for site now.

6.2.c Locust Heights

- PSC case was dismissed. It is moving along but was hopeful would be further by this point.

6.2.d 10-year plan Water

- Nothing new to report

7. Bill Hoover – General Manager

7.1 Water

7.1.a Water loss overall 31%, VGH 17%, LCMC 48%, QD 13% and CR 25%

7.1.b VGH had 0 leaks, LCMC had 3 main line leaks, 2 service line leaks, QD had 3 main line leaks.

7.1.c Zack and I attended a Clarksburg water board meeting a couple weeks ago, they have not provided any information requested. The lead and copper are still a mess.

7.2. Sewer

7.2.a General Update – Pump replacement costly and lead-time is 12 weeks.

7.3 Good of the District

7.3.a General Update

7.3.b Gary Auvil recommendation on new board member

7.3.c Harrison County Bank Authorized Signature Cards – Scudere moved to approve William Hoover, Ruth Ann Messenger and Raymond Leonard as authorized signers for all accounts as listed/signature cards as provided. Board concurred. Presented for signatures.

8. Sam Harrold – Mountain State Law

9. Executive Session

- Michael moved to go into Executive Session. Board concurred.
- Scudere moved to go out of Executive Session and back into regular session. Board concurred.

Scudere moved to adjourn. Board concurred.

Meeting adjourned

Chairman _____
James Scudere

Treasurer Ruth Ann Messenger
Ruth Ann Messenger

Secretary _____
Mark Leonard

Member _____
Thomas Michael

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