Wednesday, May 24, 2023
11:00 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:
11:00 A.M. --- Call to Order --- Invocation --- Pledge of Allegiance
11:05 A.M. --- Amy Wilson and Sheena Hunt --- Update EDA Project RE#01-79-15127
11:15 A.M. --- Public Hearing --- Barking Dog Ordinance --- 2nd Reading

NEW BUSINESS – Action Items for Consideration or Approval:

1. **Public Comment Period**
2. **Consent Agenda**
3. **Payroll Change Notices:**
   - **A. Jeremiah King --- Part Time --- Parks & Recreation --- Effective 05-17-2023**
   - **B. Jonathan Arnold --- Part Time --- Parks & Recreation --- Effective 05-17-2023**
   - **C. Lydia Walker --- Pay Grade Increase --- Completion of E911 Training --- Effective 06/10/2023**
   - **D. Braiden Klema --- Pay Grade Increase --- Completion of E911 Training --- Effective 06/10/2023**
   - **E. Malcom Johnson --- Pay Grade Increase --- Completion of E911 Training --- Effective 06/10/2023**
4. **Requisitions --- Purchase Orders --- Invoices**
   - **A. Greater Harrison PSD --- Bar Screen Replacement Project --- Requisition#02 (included in Payables)**
   - **B. Vendor List of Payments**
5. **Exonerations --- Corrective Tickets --- Joint Property Application**
   - **A. Exonerations --- Exhibit A**
6. **Review – Discuss – Consider Certificate of Substantial Completion by Rycon Construction for the Harrison County General Services Building**

7. **Review – Discuss – Consider Sale and Appraisal Parcel ID 54.0 District 15 map 15-2303 Property formally known as the Farms at Maple Lake LLC**
8. **Review – Discuss – Consider Sale of Building at 420 Buckhannon Pike (Public Safety Complex Nutter Fort)**
9. **Review – Discuss – Consider Budget Revisions for General County 001 Revision 3 for Fiscal Year 2022-2023 --- Exhibit A**
   Exhibit B
   Exhibit C
10. **Administrator's Report**
11. **Commissioner Comments – Questions**

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

A. **Weekly Fiduciary Report from the County Clerk**
   1. **05/10/2023 thru 05/16/2023**
B. **Monthly Fiduciary Commission Settlements: (NONE)**
C. **Monthly Minutes/Financial Information from Various Boards, Committees and Public Service:**
   1. **Spelter VFD --- 990 --- FY 2022**
   2. **Harrison/Taylor 911 Advisory Board --- Agenda --- 05/23/2023**
   3. **Bingamon PSD --- Meeting Minutes --- 04-17-2023**

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)
T-6. The Harrison County Commission giving the Development Corporation the Property formally known as the Farms at Maple Lake LLC (02-22-2023)
T-7. Harrison County Development Authority (03-22-2023)
T-8. Thrasher being Engineer of record for the Rail Trail and the Agreement (03-22-2023)

Public Hearing
11:15 A.M.
05-24-2023

BARKING, HOWLING, OR YELPING DOG ORDINANCE

WHEREAS, the County Commission of Harrison County, West Virginia regularly receives public comments and complaints pertaining to barking, howling or yelping dogs and further that these complaints pertain directly to health, safety and welfare of the citizens of Harrison County, and

WHEREAS, the County Commission of Harrison County does hereby determine that barking, howling or yelping dogs constitute a public nuisance whenever two or more persons living in different households file or register their complaints about the same owner or custodian of barking, howling or yelping dogs, and

WHEREAS, Chapter 7, Article 1, Section three-k-k of the West Virginia Code of 1931, (W.Va. Code§ 71-3-kk) as amended, authorizes county commissions to enact ordinances and issue orders for the elimination of hazards to public health and safety of the community and to abate or cause to be abated anything, which the county commission determines to be a public nuisance and further authorizes that such ordinances may provide for a misdemeanor penalty for violation thereof.

BE IT THEREFORE ENACTED AS FOLLOWS:

Section 1. Definitions.

For purposes of this ordinance only the following items are defined:

(a) "Complaint" shall mean a written statement of the essential facts constituting the offense charged. It shall be made upon the oath of a law enforcement officer before a magistrate. The complaint shall set forth the facts of the allegation of disturbance of the peace caused by a barking, yelping, or howling dog, name the complainants with complete address and telephone number; name the owner or owners of the barking dog; and his or her complete address and telephone number; set forth the names, addresses, and telephone numbers of all persons who are impacted by the alleged barking dog and the approximate area of impact.

(b) "Residential area" shall mean any subdivision, development or other area used primarily for residential purposes located in Harrison County, but which is not within the boundaries of any municipality therein.

(c) "Public Nuisance" shall mean any dog or dogs that excessively bark, howl, or yelp intermittently or continuously for more than fifteen minutes in a fashion which creates unreasonably loud and disturbing noises of such a character, intensity, and duration as to disturb the peace, quiet, and good order and which gives rise to complaints from at least two persons, living in different households, regarding a breach or disturbance of the peace of others.

(d) "Household" shall mean any apartment, townhouse, unit, or freestanding home which serves as a residence of persons who live in that same dwelling, sharing its furnishings, facilities, accommodations, and expenses. A building with multiple apartments, townhouses, or units may, accordingly, contain multiple households.

(e) "Legal Hunting Activity" shall mean hunting of game that is in season by persons properly licensed to do so, unless exempted by law. Legal hunting activity may only occur on property which does not prohibit the same.

Section 2. Procedures

(a) It shall be unlawful for any person who is the owner or custodian of any dog or dogs in any residential area to allow or cause said dog or dogs to bark, howl, or yelp in a fashion which rises to the level of a public nuisance as defined herein.

(b) Any person complaining of a violation of this Ordinance may contact local law enforcement officers who may then investigate the complaint's report and, if appropriate, such officers may file a complaint with the Harrison County Magistrate Court. If it appears from the complaint that there is probable cause to believe an offense has been committed and that the defendant has committed it, a summons shall issue to any officer authorized by law to execute it. The summons shall issue in the same form as a warrant, except that it shall summon the defendant to appear before a magistrate at a stated time and place. An authorized person shall cause a copy of the complaint and summons to be served upon the alleged perpetrator or upon each of the alleged perpetrators.

(c) The Clerk of the Harrison County Magistrate Court shall notify the assigned Harrison County Magistrate when any complaint has been filed and when service thereof has been made. The assigned Magistrate shall schedule a hearing on the complaint and notify the complainant or complainants and alleged perpetrator or perpetrators of the hearing date and time.

(d) Upon request by the defendant, a hearing on the complaint shall be heard by the assigned Harrison County Magistrate according to the West Virginia Rules of Criminal Procedure for Magistrate Courts.

Section 3. Nuisance Abatement and Penalties.

(a) The Harrison County Magistrate, having found that the owner or custodian of any dog or dogs has allowed said dog or dogs to become a public nuisance as defined herein, may order the owner or custodian to abate the public nuisance.

(b) The Harrison County Magistrate, having found that the owner or custodian of any dog or dogs has failed to comply with an order of abatement, may order the owner or custodian to pay to the State of West Virginia a fine of not less than $5O nor more than $300.

(c) A second or subsequent violation of this ordinance within any six-month period shall subject the owner or custodian of any dog or dogs to a fine of not less than $100 nor more than $500.

(d) A third or subsequent violation of this ordinance within any six-month period shall subject the owner or custodian of any dog to a fine of not less than $200 nor more than $500.

(e) Repeated similar violations of this Ordinance which occur beyond twenty-four hours of the initial incident shall be considered separate offenses. Accordingly, an owner or custodian of any dog or dogs may receive one violation per twenty-four-hour period.

Section 4. Exempted Activities.

(a) All activities within the boundaries of any municipality are exempt from the application of this ordinance.

(b) This Ordinance is not enforceable against any dog which is exempted from the same by State or Federal law.

(c) This Ordinance is not enforceable against any dog which is engaged in any legitimate farming activity, including but not limited to herding of livestock.

(d) This Ordinance is not enforceable against any dog which is engaged in any legal hunting activity.

Section 5. Severability.

The several sections and subsections of this ordinance are severable, and if any section or subsections hereof shall be held unconstitutional, all the remaining sections or subsections shall remain valid.

Section 6. Purpose.

It is the purpose of this Ordinance to promote the public health and safety of the community and as such it should be liberally construed to give effect to the purposes hereof.

Section 7. Appeals.

Appeals to the Circuit Court shall be made pursuant to the West Virginia Rule of Criminal Procedure for Magistrate Courts 20.1.

Section 8. Civil Cause of Action not Precluded.

Nothing contained in this Ordinance shall be construed to limit or preclude the right of any individual or entity from pursuing any civil cause of action otherwise authorized by law for either injury or damage arising from any noise which creates either a public or private nuisance under law.

This Ordinance shall be effective thirty (30) days from final approval on second reading by the Harrison County Commission.

PASSED by the County Commission of Harrison County, West Virginia on FIRST READING this the 19 day of April, 2023

A SECOND READING and public hearing was held on the 24 day of May, 2023., after notice of a public hearing on said ordinance was published as a Class II legal advertisement upon motion of _____ and seconded by _____.

Following said public hearing on a motion of _____, seconded by _____, the ordinance was passed on to the THIRD READING, set for June 7, 2023. It is now ordered that the aforesaid ordinance by, and hereby is, Approved and Adopted by the County Commission of Harrison County, West Virginia.

_____	_____	_____
President	Commissioner	Commissioner

3-A

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
5-17-23		

NAME	ADDRESS
Jeremiah King	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		900	P-T

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	14-	
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

☐ HIRED	☐ PROBATIONARY PERIOD COMPLETED
☐ RE-HIRED	☐ LENGTH OF SERVICE INCREASE
☐ PROMOTION	☐ RE-EVALUATION OF EXISTING JOB
☐ DEMOTION	☐ RESIGNATION
☐ TRANSFER	☐ RETIREMENT
☐ MERIT INCREASE	☐ LAYOFF
☐ WAGE SCALE CHANGE	☐ DISCHARGE

☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

☐ OTHER (Explain) Seasonal general maintenance for parks

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 5.17.23
HUMAN RESOURCES MANAGER	DATE

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Amsterdam

3-B

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
5-17-23		

NAME	ADDRESS
Jonathan Arnold	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		900	P-T

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☐ RATE	14 p/hr.	
☐ 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) SEASONAL general maintenance for parks

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 5-17-23
HUMAN RESOURCES MANAGER	DATE

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3-C

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
6/10/2023		| | |-| | |-| | | | |
NAME Lydia Walker		ADDRESS
PHONE	CITY/STATE/ZIP	DEPARTMENT 911 / SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	PG 3-1 $31717	PG 4-L $33382
☐ 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) Completion of 6911 Dispatch Training

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 5/18/2023
HUMAN RESOURCES MANAGER	DATE 5/19/2023

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3-D

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO	
6/10/2025			
NAME Braiden Klema		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT 911	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	PG3-1 $31717	PG4-1 $33382
☐ 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) Completion of E911 Dispatch Training

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE [signature]	DATE 5/18/2023
HUMAN RESOURCES MANAGER [signature]	DATE 5/19/2023

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3-E

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
6/10/2023		| | | -| | -| | | | |

NAME	ADDRESS
Malcom Johnson	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		911	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☒ RATE	PG 3-1 $31717	PG 4-1 $33382
☐ 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) Completion of E911 Dispatch Training

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 5/18/2023
HUMAN RESOURCES MANAGER	DATE 5/19/2023

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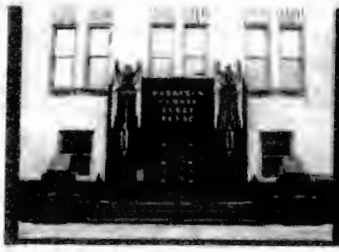
4-A



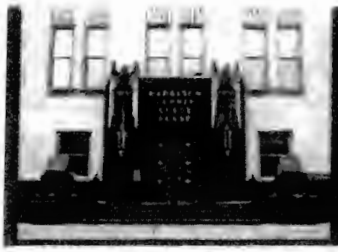
Harrison County Commission
ARPA Form

Fill out the form below completely. All receipts should be attached to the form and emailed to grants@harrisoncountywv.gov.

Date	05/17/2023
Project Expenditure Category Group	5-Infrastructure
Project Expenditure Category	5.5-Clean Water: Other sewer infrastructure
Project Owner	Greater Harrison County PSD
Project Name	Bar Screen Replacement
Project Description	The PSD is replacing the existing bar screen that was damaged. The Bar Screen is installed on the influent line at the 0.6 MGD WWTP in West Milford, WV and is a part of the treatment process permitted by the WVDEP.
Projected/Actual Construction Date	October 2022
Projected/Actual Operation Date	December 2022
Location Type	Lat/Long (WGS84 or NAD83 Geographic Coordinate System)
Location Details (Lat/Long)	39°12'3.68"N, 80°23'43.11"W
PWSID Number	N/A
NPDES Number	WV0084301
MHI of Service Area	43,987
MHI Type (County, City, Magisterial)	County

☒ Invoices Attached

☒ Resolution Attached



Harrison County Commission ARPA Form

Options for Projected Expenditure Review Category

5.1-Clean Water: Centralized wastewater treatment

5.2-Clean Water: Centralized wastewater collection and conveyance

5.3-Clean Water: Decentralized wastewater

5.4-Clean Water: Combined sewer overflows

5.5-Clean Water: Other sewer infrastructure

5.6-Clean Water: Stormwater

5.7-Clean Water: Energy conservation

5.8-Clean Water: Water conservation

5.9-Clean Water: Nonpoint source

5.10-Drinking water: Treatment

5.11-Drinking water: Transmission & distribution

5.12-Drinking water: Lead Remediation, including in Schools and Daycares

5.13-Drinking water: Source

5.14-Drinking water: Storage

5.15-Drinking water: Other water infrastructure

5.16-Water and Sewer: Private Wells

5.17-Water and Sewer: IIJA Bureau of Reclamation Match

5.18-Water and Sewer: Other

5.19-Broadband: 'Last Mile' projects

5.20-Broadband: IIJA Match

5.21-Broadband: Other projects

4-B

Date of Meeting	May 24, 2023	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
44032	Skasiks Cleaners	Dry Cleaning/Process Servers	$93.75						
44035	Skasiks Cleaners	Dry Cleaning/Security	$207.30						
44037	Skasiks Cleaners	Dry Cleaning/Law Enforce	$615.85						
44043	Trapuzzano's Uniforms	Uniform Supplies/L.E.	$779.00						
44044	Trapuzzano's Uniforms	Uniform Supplies/L.E.	$358.06						
44045	Furbar Enterprises	Weapon Rack/Law Enforce	$106.85						
44046	Galls	Soft Shell Jacket/L.E.	$76.00						
44048	Summit Park PSD	Water Service/Summit Park Ballfield			$25.90				
44049	Enlarged Hepzibah PSD	Water Service /Spelter Park			$76.67				
44050	U S Bank	Staples/Comm. Corr				$147.94			
44051	Mon Power	Service Summit Park/Park & Rec			$22.94				
44052	Alcohol Monitoring	Monitoring Fees / Comm.Corr				$1,081.20			
44053	Mirco Distrubuting	Supplies/Comm. Corr				$32,149.15			
44054	Waste Management	Waste Collection/Summit Park Ballfield			$101.20				
44057	U S Cellular	Cell Service/Comm. Corr.				$489.57			
44059	Upsher Co. Day Report	DUI Classes/Comm. Corr.				$200.00			
44061	Taylor Rolenson	DUI Classes/Comm. Corr.				$825.00			
44066	Lowe's Home Center	Supplies/Comm. Corr				$70.31			
44082	U S Cellular	Cellular Account/L.E.	$3.43						
44083	Robin's Perfect Fit	Uniform Patches	$26.00						
44090	Mid-Atantic Customer	Supplies /Summer Programs/Parks			$388.74				
44093	IAPE	Training /L.E.	$345.00						
44095	U S Cellular	Cellular Account/L.E.	$5,039.22						
44096	Frontier	Courthouse	$42.42						
44097	WVCorp	Claim	$12,500.00						
44098	Stationers	Restock Copy Paper	$1,799.60						
44099	State Electric	Maintenance Supplies/Courthouse	$446.99						
44100	Donna Stuart	Milage Reimbursement			$84.32				
44101	A-1 Exterminating	Pest Control/Animal Control			$50.00				
44102	Enterprise Sanitation	Various Locations Waste Collection			$556.24				
44103	Marsh Hardware & Builder	Cleaning Supplies/Park&Rec.			$13.49				
44110	U S Cellular	Cell Phone & Data Service			$413.97				
44111	U S Cellular	Wireless Modem			$29.49				
44112	State Electric Co.	Light Bulbs/911			$498.96				
44114	Truist Bank	Supplies/L.E.	$529.30						
44115	Truist Bank	Supplies/L.E.	$295.25						
44119	AT & T Mobility	LPR & Equipment	$120.72						
44121	A-1 Exterminating	Pest Control/911			$75.00				
44122	Aquilla Mitchell Ward	Farmland Protection Payment							$279,500.00
44127	Truist Bank	Water Service /Tax Office	$62.35						
44128	Stationers	Office Supplies/Tax Office	$109.16						

44130	MVB Bank	609 Property Payment	$6,222.12						
44131	Harrison County Bank	Airport Property Payment	$34,395.48						
44132	West Union Bank	Lease Payment	$8,023.45						
44133	Xerox Corportation	Copier Rental	$361.68						
44134	MCM Business	Copier Rental	$371.60						
44135	Frontier	911 Center		$5,697.13					
44136	Whaley Distributing Co.	Maintenance Supplies/Courthouse	$86.20						
44137	Sandy's True Value	Maintenance Supplies/Courthouse	$158.25						
44138	Nelson Mullins & Riley	Professional Services	$1,947.50						
44139	WV Outdoor Power	Maintenance Supplies/Courthouse	$47.98						
44141	Lowe's Home Center	Maintenance Supplies/Courthouse	$184.02						
44142	West Virginia Paging	Magistrate Pagers							$81.00
44143	HC Chamber Commerce	Commission Dues	$1,160.00						
44145	Truist Bank	Supplies/L.E.	$3,376.64						
44146	The Arc of Harrison Co.	Plaza Cleaning	$380.00						
44147	Johnson Controls	Inspection/Fire Alarm	$9,117.97						
44148	Clarksburg Water Board	Service	$82.87						
44149	Advantage Technology	Monthly Agreement	$2,976.00						
44151	Truist Bank	Various Charges /911		$1,269.24					
44152	Brett Pickens	Training /L.E.	$100.00						
44153	Truist Bank	Planning Department	$230.00						
44154	Truist Bank	Animal Control			$100.00				
44156	Liberty Distributors	Supplies / Animal Control			$300.70				
44158	UniFirst Corp.	Carpet Runner Rentals/Courthouse	$299.40						
44159	Commerce District of Charles Pointe	Monthly Dues / 911		$342.88					
44160	Cleveland Brothers	Belts/Co. Garage	$22.50						
44161	State Electric	Supplies/GSA Building	$418.95						
44163	Lowe's Home Center	Cleaning Supplies/911			$18.49				
44164	UniFirst Corp.	Carpet Runner Rentals/Courthouse	$149.70						
44166	YMCA	Funding Request					$1,500.00		
44167	Town of Nutter Fort	Public Safety Building	$454.02						
44168	Mon Power	Courthouse/Annex	$20,435.74						
44170	Truist Bank	Various Charges/Courthouse	$615.82						
44173	Greater Harrison PSD	Bar Screen Replacement Project						$12,059.00	
44174	TLG Printing	Business Cards/Law Enforce	$30.00						
44175	Trapuzzano's Uniforms	Uniforms/Law Enforcement	$419.32						
44176	Harrison County Sheriff	Process Fee	$25.00						
44177	MCM Business	Copier Rental /Planning	$289.44						
44178	Hart Office Solutions	Toner/Tax Office	$195.55						
44179	Hart Office Solution	Copier Rental / 911		$204.80					
44180	Advantage Technology	Dell Tape Library Support	$2,268.62						
44182	National Band & Tag Co	Dog Tags/Assessor's	$3,520.00						
44183	MPB Superstore	Satellite Card Inserts	$1,598.00						
44184	One Call Plumbing	Sewer Line Repair	$424,376.89						
44185	Environmental System	License Agreement/911			$16,500.00				
44186	CSX	Property Purchase	$245,980.00						

44187	APCO International	Recertification/M.Spaulding/911			$30.00				
44188	Mon Power	Service Spelter Park			$17.35				
44189	Marsh Hardware & Builder	Maintenance Supplies/Park&Rec			$17.59				
44190	Sandy's True Value	Supplies/Park & Rec			$72.51				
44192	Enterprise Sanitation	Waste Collection	$614.00						
44197	Scalise Industries	HC Senior Center			$1,001.00				
44198	Allegion	HC Senior Center			$4,948.11				
County Clerk	Casto & Harris	$5,300.00							
County Clerk	Champion Industries	828.18							
County Clerk	James & Law	$44.00							
County Clerk	Amazon.com	29.88							
			$794,490.96	$7,514.05	$25,342.67	$34,963.17	$1,500.00	$12,059.00	$279,581.00
					Grand Total :	$1,155,450.85			

5-A

Exhibit A Exonerations	Amount
RE - 283 Watkins, Sharon L & Stephan B. Mutafis	$34.61
PP - 312 McCracken, James R & Amy	$85.75
PP - 313 McKibben, Vincent E & Delores K	$242.80
PP - 314 Whitehair, Robert A & Lisa R	$188.74
TOTAL:	$551.90

EXONERATIONS

RE 283

STATE OF WEST VIRGINIA **COUNTY OF HARRISON**

Real Estate

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 24th day of May, 2023 issued the following order, which was made and entered, to-wit:

Upon application of DMCNEMAR for **WATKINS SHARON L & STEPHAN B MUTAFIS** whose address is, 134 WRIGHT CT CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **2280** on **1 LOT E 1/2 5 S D 57 WRIGHT ADD**, Class **2** in **COAL-CLARKSBURG**, Harrison County, West Virginia, which should have been assessed at **0**, Class **3/4** in and for the year **2017**, resulting in a difference in assessed value of **2280**. 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 **2017**, 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 property was erroneously assessed when homestead exemption (per notes also) was to be applied was erroneously left off. Exonerate a value of 2280 at a Class 2 rate of levy to correct the overcharge. ***CANCEL THIS TICKET***

District: **08 - COAL-CLARKSBURG**
Account No. **6116525**
Ticket No. **28153**
Tax Year **2017**

Amount Exonerated: $ 34.61

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR Joseph A Romano

EXONERATIONS

YP 3/2

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 24th day of May, 2023 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **MCCRACKEN JAMES R & AMY** whose address is, 758 SHANNON RD BRIDGEPORT, WV 26330, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **36762** on **2005 Ford Ranger**, Class **3/4** in **SIMPSON-BRIDGEPORT**, Harrison County, West Virginia, which should have been assessed at **33972**, Class **3/4** in and for the year **2022**, resulting in a difference in assessed value of **2790**. 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 2005 Ford, the vehicle was traded June 2021. Exonerate a value of 2790 at a class 4 rate of levy to correct the overcharge. Please remove the 05 Ford Rang (2790) from the vehicle

desjavascript:__doPostBack('ctl00$ContentPlaceHolder1$Repeater1$ctl00$BtnSubmit','')cription.

District: **16 - SIMPSON-BRIDGEPORT**
Account No. **3025680**
Ticket No. **1600000696**
Tax Year **2022**

Amount Exonerated: $85.75

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

ATTEST: County Clerk

ASSESSOR

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

PP313

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 24th day of May, 2023 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **MCKIBBEN VINCENT E & DELORES K** whose address is, 1877 COUNTRY CLUB RD CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **60000** on **2021 Dodge Ram**, Class **3/4** in **CLARK-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **49698**, Class **3/4** in and for the year **2022**, resulting in a difference in assessed value of **10302**. 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 on the 2021 Dodge. Exonerate a value of 10302 at a class 3 rate of levy to correct the overcharge.

District: **01 - CLARK-OUTSIDE**
Account No. **3029026**
Ticket No. **100000320**
Tax Year **2022**

Amount Exonerated: $242.80

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EXONERATIONS

PP3/4

STATE OF WEST VIRGINIA **COUNTY OF HARRISO**

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 I**

On the 24th day of May, 2023 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **WHITEHAIR ROBERT A & LISA R** whose address is, PO BOX 414 ANMOORE, WV 26323, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **14280** on **2014 Dodge Charger**, Class **3/4** in **COAL-CLARKSBURG**, Harrison County, West Virginia, which should have been assessed at **8205**, Class **3/4** in and for the year **2022**, resulting in a difference in assessed value of **6075**. 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 2014 Dodge, vehicle replaced with a 2013 Dodge assessed on a different Supplement # 800000638-S. Exonerate a value of 10125 at a class 4 rate of levy to correct the overcharge. Please remove the 14 Dodg Char (6075) from the vehicle description.

District: **08 - COAL-CLARKSBURG**
Account No. **2441735**
Ticket No. **800000383**
Tax Year **2022**

Amount Exonerated: $188.74

_____ PRESENT: _____

Prosecuting Attorney APPROVED: President, County Commission

(or)

_____

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

_____ _____

ATTEST: County Clerk

ASSESSOR _____

6

AIA Document G704 – 2017

Certificate of Substantial Completion

PROJECT: *(name and address)*	CONTRACT INFORMATION:	CERTIFICATE INFORMATION:
Harrison County General Services Building Clarksburg, WV	Contract For: General Construction Date: Sept 29, 2020	Certificate Number: 1 Date: 5.1.23
OWNER: *(name and address)* Harrison County Commission 301 West Main Street Clarksburg, WV 26301	**ARCHITECT:** *(name and address)* Silling Associates Inc 405 Capitol Street upper atrium Charleston, WV 25301	**CONTRACTOR:** *(name and address)* Rycon Construction 2501 Smallman Street Suite 100 Pittsburgh PA 15222

The Work identified below has been reviewed and found, to the Architect's best knowledge, information, and belief, to be substantially complete. Substantial Completion is the stage in the progress of the Work when the Work or designated portion is sufficiently complete in accordance with the Contract Documents so that the Owner can occupy or utilize the Work for its intended use. The date of Substantial Completion of the Project or portion designated below is the date established by this Certificate.
(Identify the Work, or portion thereof, that is substantially complete.)
Building interior and exterior and site improvements.

Silling Architects		Glenn Savage Construction Admin	May 1, 2023
ARCHITECT *(Firm Name)*	SIGNATURE	PRINTED NAME AND TITLE	DATE OF SUBSTANTIAL COMPLETION

WARRANTIES
The date of Substantial Completion of the Project or portion designated above is also the date of commencement of applicable warranties required by the Contract Documents, except as stated below:
(Identify warranties that do not commence on the date of Substantial Completion, if any, and indicate their date of commencement.)

WORK TO BE COMPLETED OR CORRECTED
A list of items to be completed or corrected is attached hereto, or transmitted as agreed upon by the parties, and identified as follows:
(Identify the list of Work to be completed or corrected.)
See attached punch list.

The failure to include any items on such list does not alter the responsibility of the Contractor to complete all Work in accordance with the Contract Documents. Unless otherwise agreed to in writing, the date of commencement of warranties for items on the attached list will be the date of issuance of the final Certificate of Payment or the date of final payment, whichever occurs first. The Contractor will complete or correct the Work on the list of items attached hereto within Forty-Two (42) days from the above date of Substantial Completion.

Cost estimate of Work to be completed or corrected: $65,000

The responsibilities of the Owner and Contractor for security, maintenance, heat, utilities, damage to the Work, insurance, and other items identified below shall be as follows:
(Note: Owner's and Contractor's legal and insurance counsel should review insurance requirements and coverage.)

The Owner and Contractor hereby accept the responsibilities assigned to them in this Certificate of Substantial Completion:

Rycon Construction		Tom Hacke Project Executive	May 18, 2023
CONTRACTOR *(Firm Name)*	SIGNATURE	PRINTED NAME AND TITLE	DATE
Harrison County Commission			
OWNER *(Firm Name)*	SIGNATURE	PRINTED NAME AND TITLE	DATE

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User Notes:
(3B9ADA42)

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ARCHITECTS

The post-punch list verification review was conducted by Glenn Savage on **May 9, 2023.** All items listed shall be corrected. Respond to each item when corrected.

General Building Notes:

- Low hot water flow at most sinks
- General indoor cleaning should occur
- Submit itemized list of attic stock signed by Owner
- Window blinds need safety clips

01 BASEMENT

General note: Fire Marshal to review and verify all fire rated areas are sealed properly.

B101 Garage Area

- Remove construction materials (pic)





B102 Cafeteria

- Secure access panel behind refrigerator (pic)



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B106 Storage

- Remove nails from CMU SE outside corner

B108 Generator Room

- Clean equipment (pic)
- Steel column is rusting (pic)
- Generator not idling properly during start-up exercise (per Ralph Pederson)





B110 Storage

- Fire Marshal to review and verify all fire rated areas are sealed are properly.

B111 Elevator Machine Room

- Sand and paint all unfinished gyp board
- Touch up paint of wall heaters
- Clean walls near ceiling

B114 – Sprinkler Water Service

- Sprinkler control box beeping with "trouble output" message

Electrical Room

- Fire Marshal to review and verify all fire rated areas are sealed are properly.
- Clean floor
- Seal penetrations

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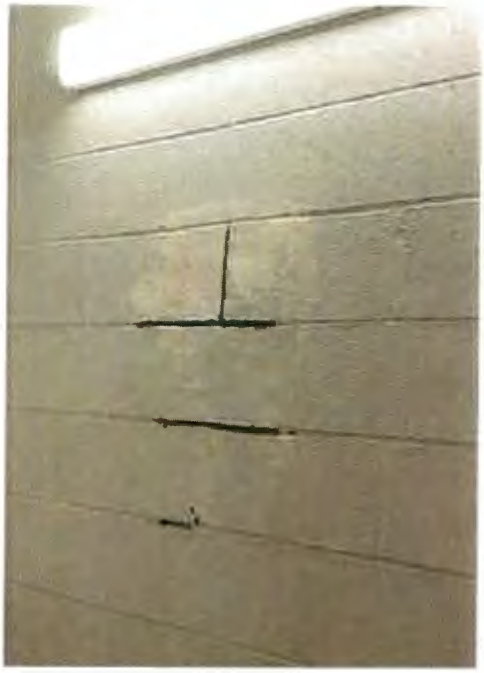

STAIRS

Stair #2 (Rear Enclosed Stair)

- Wall patch at landing 3.5 needs touch up paint (pic)

Front Public Open Stair

- Correct finish and touch up paint from 2nd to 3rd Floor (pic)
- Correct finish and touch up paint on stringer from 1st to 2nd Floor (pic)





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01 - FIRST FLOOR

128 Office1

- Keyed backward

130 Office

- Crack in drywall above door

134 Corridor

- Missing rubber base (pic)

Day Report Center Entrance

- Automatic Door opening not working

02 – SECOND FLOOR

Employee Lounge 201

- Water leak in ceiling around sprinkler head (pic)

208 Toilet

- Adjust trap primer. Plumber to verify this is trapped.

210 Office

- Missing ceiling pad

214 Office

- Ceiling pads don't match

215 Real Estate

- Wall at underside of counter has ragged edge





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223 Office

- Clean window sill of debris (pic)

Janitor 225

- Missing door lock (pic)

Office 226

- Correct cut one ceiling pad
- Clean ceiling debris

Office 237

- Corridor outside of Office 237 needs painted (pic)
- Ceiling pads don't match





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Toilet 240

- Trap primer runs constantly

Sheriff Tax Office 250

- Clean schluter strip at 250B

03 - THIRD FLOOR

Room 305 – Voter Equip

- Clean and/or paint columns
- Door 305C, there is a wide gap between doors. Correct installation.(pic)



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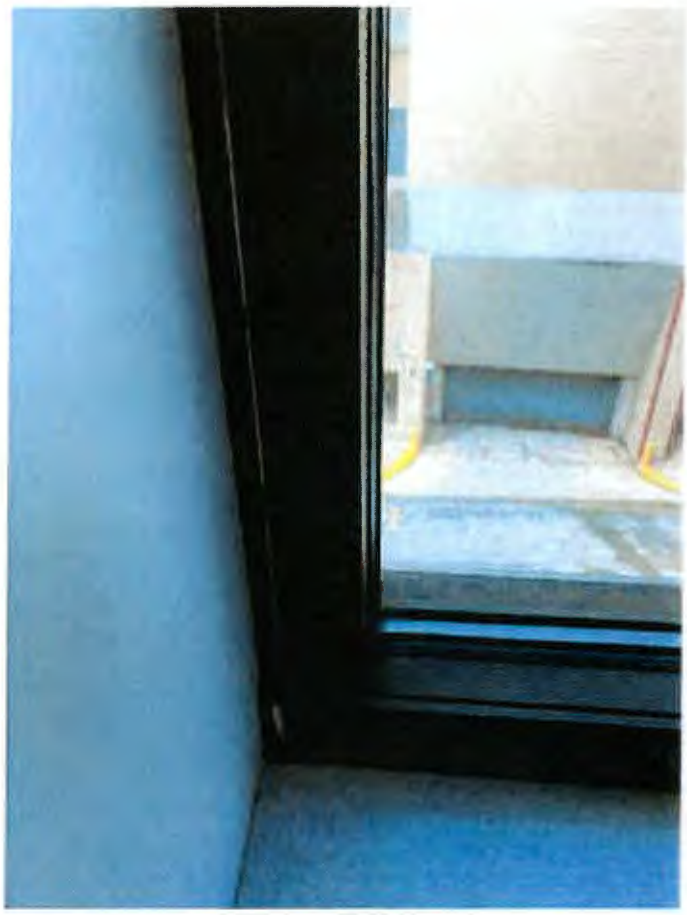



Room 306 – Voters Registration

- Correct 2nd Exterior window, left side. Recaulk jamb to remove white streak (pic)
- Door is delaminating (pic)

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Breakroom 309

- **Blank off open junction box (pic)**
- **Stained ceiling pad over cabinets (pic)**





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311 Comm Asst
- Door frame is scuffed

Office 314
- Remove silicone from wall and trim (pic)

Room 315
- Clean paint over spray window frame

Room 319
- Touch up paint wrong color (pic)





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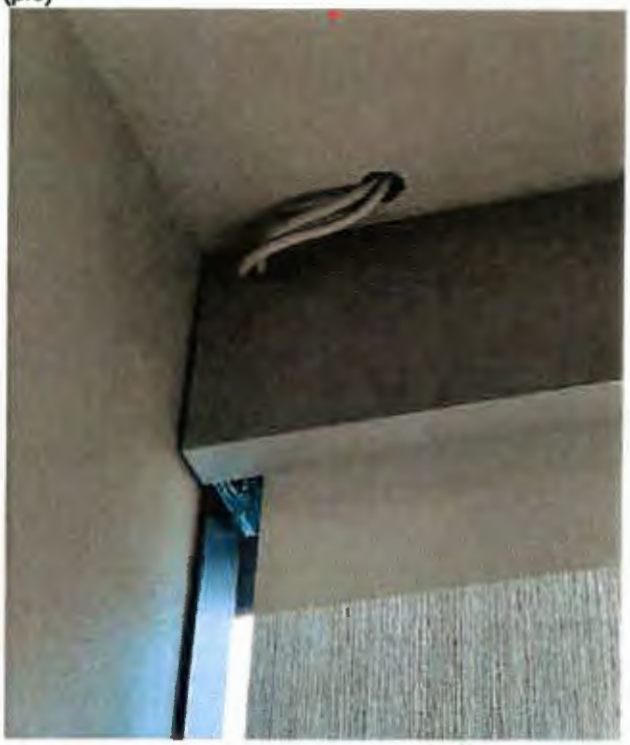
Comm Meeting 327

- Finish inside of countertop at Commissioner screen locations (pic)
- Enclose exposed window shade wiring (pic)





Executive Conference Room

- Enclose exposed window shade wiring (pic)



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Storage Area
- Terminate wire hanging from back wall (pic)

Elec Closet
- Unfinished drywall

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p. 1 [illegible]

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05 EXTERIOR

- Remove globs of sealant installed at pressure plates in curtain wall, and reinstall and tool sealant as shown in shop drawings. Weeps of curtain wall are sealed off. Remove sealant below curtain walls and reseal. Water test shall be performed at all storefront and curtain wall locations on West and South side of building. Storefront is leaking and letting water into the building at the Front Open Stair between 2nd and 3rd Floors. (pics)
- Remove mortar splash from Day Report storefront and glazing.
- Remove adhesive from cast stone South West corner
- Remove 5-gallon bucket from quazite box.(pic)



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9-A

REPORT DATE 05/18/2023
SYSTEM DATE 05/18/2023
FILES ID I

HARRISON COUNTY COMMISSION
STATEMENT OF EXPENDITURES, ENCUMBRANCES & APPROPRIATIONS
GENERAL FUND
AS OF 05/2023

PAGE 1
TIME 10:08:30
USER EJK

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-401-101-00 CO COMMISSION SALARY	324185.00	5691.87	119529.27		4655.73	96.75
001-401-103-00 CO COMMISSION EMPLOYEES	740000.00	26194.10	545804.93		194195.07	73.75
001-401-104-00 CO COMMISSION FICA	56610.00	2452.80	52315.68		4294.32	92.42
001-401-105-00 CO COMMISSION INSURANCE	1350000.00		1045329.65		304670.35	77.43
001-401-106-00 CO COMMISSION RETIREMENT	66000.00	2721.59	56907.50		9092.50	86.22
001-401-108-00 OVERTIME	2000.00	8.12	1480.58		519.42	74.02
001-401-109-00 EXTRA HELP	38000.00	486.15	22950.35		15049.65	60.39
001-401-112-00 LONGEVITY	3680.00	243.13	5185.73		-1505.73	141.81
001-401-212-00 CO COMMISSIONS PRINTING	1000.00		533.60		466.40	53.36
001-401-214-00 CO COMMISSIONS TRAVEL	7500.00		913.27		6586.73	12.17
001-401-218-00 CO COMMISSION POSTAGE	210000.00	779.61	139467.54		70532.46	66.41
001-401-219-00 RENTS/CO COMM	2500.00				2500.00	
001-401-220-00 CO COMMISSION ADVERTISING	130000.00	56.40	73142.23		56857.77	56.26
001-401-221-00 CO COMMISSION TRAINING	5000.00		2727.18		2272.82	54.54
001-401-222-00 CO COMMISSION DUES & SUBS	42000.00	553.52	60235.11		-18235.11	143.41
001-401-223-00 CO COMM PROF SERVICES	334961.00	11595.96	245161.68		89799.32	73.19
001-401-223-01 PROFESSIONAL SERVICES	150000.00		31740.08		118259.92	21.16
001-401-224-00 CO COMMISSION AUDITS	60000.00				60000.00	
001-401-226-00 CO COMM OFFICIAL BONDS	170000.00		172856.34		-2856.34	101.68
001-401-232-00 BANK FEES/CHARGES	500.00		72.02		427.98	14.40
001-401-237-00 OTHER TAXES AND FEES	60000.00	50.00	1858.67		58141.33	3.09
001-401-240-00 REFUNDS & REIMBURSEMENTS	5000.00		1347.59		3652.41	26.95
001-401-458-00 CAPITOL OUTLAY/IMPROVEMEN	25000.00				25000.00	
001-401-458-03 GENERAL SERVICES ANNEX	1050000.00		1046312.85		3687.15	99.64
001-401-458-05 PS BUILDING ROOF PROJECT			48503.00		-48503.00	

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-401-458-07						
W MAIN ST PROPERTY	84500.00		64370.99		20129.01	76.17
001-401-458-08						
AIRPORT PROPERTY	420000.00		353714.80		66285.20	84.21
001-401-458-09						
E THRASHER PROPERTY	170000.00		162000.00		8000.00	95.29
001-401-459-00						
CO COMM CAP OUT EQUIPMENT	45000.00		88869.41		-43869.41	197.48
001-401-459-01						
CO COMM CAP OUT CRUISERS	250000.00		250880.35		-880.35	100.35
TOTALS FOR 401 COUNTY COMMISSION	5603356.00	50833.25	4594130.40		1009225.60	81.98

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-402-101-00						
COUNTY CLERKS SALARY	62093.00	2845.92	59764.32		2328.68	96.24
001-402-103-00						
CO CLERK DEPUTIES	649208.00	25821.37	551621.52		97586.48	84.97
001-402-104-00						
CO CLERK FICA	56531.00	2161.22	46820.61		9710.39	82.82
001-402-106-00						
CO CLERK RETIREMENT	64018.00	2604.61	56357.30		7660.70	88.03
001-402-108-00						
OVERTIME/CO CLERKS OFFICE	5000.00	27.87	2682.30		2317.70	53.64
001-402-109-00						
EXTRA HELP	16000.00	180.00	5594.76		10405.24	34.96
001-402-112-00						
LONGEVITY	6660.00	245.00	5567.50		1092.50	83.59
001-402-212-00						
CO CLERK PRINTING	500.00				500.00	
001-402-214-00						
CO CLERK TRAVEL	2000.00		265.74		1734.26	13.28
001-402-221-00						
CO CLERK TRAINING	1500.00		1053.21		446.79	70.21
001-402-222-00						
COUNTY CLERK'S DUES	1500.00		938.00		562.00	62.53
001-402-223-00						
PROFESSIONAL SERVICES	500.00				500.00	
001-402-341-00						
CO CLERK MAT & SUPPLIES	10000.00	22.50	5427.94		4572.06	54.27
001-402-342-00						
CO CLERK RECORD BOOKS	22500.00	1949.50	9541.45		12958.55	42.40
001-402-459-00						
CO CLERKS/NEW EQUIPMENT	1500.00				1500.00	
TOTALS FOR 402 COUNTY CLERK	899510.00	35857.99	745034.65		154475.35	82.82

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-403-101-00						
CIRCUIT CLERKS SALARY	62093.00	2845.92	59764.32		2328.68	96.24
001-403-103-00						
CIR CLERK DEPUTY SALARIES	602000.00	25832.87	524467.54		77532.46	87.12
001-403-104-00						
CIRCUIT CLERKS FICA	50900.00	2116.03	44447.50		6452.50	87.32
001-403-106-00						
CIR CLERKS RETIREMENT	59780.00	2608.11	54475.18		5304.82	91.12
001-403-108-00						
OVERTIME/CIR CLKS OFFICE	10000.00	27.87	17077.90		-7077.90	170.77
001-403-109-00						
EXTRA HELP	17000.00				17000.00	
001-403-112-00						
LONGEVITY	6600.00	272.50	5790.00		810.00	87.72
001-403-212-00						
CIRCUIT CLERKS PRINTING	2000.00		1835.05		164.95	91.75
001-403-214-00						
CIRCUIT CLERKS TRAVEL	2250.00		615.63		1634.37	27.36
001-403-221-00						
CIRCUIT CLERKS TRAINING	3000.00		3609.79		-609.79	120.32
001-403-222-00						
CIR CLERKS DUES & SUBS	300.00		300.00			100.00
001-403-341-00						
CIRCUIT CLERKS MAT & SUPP	11500.00	102.25	1073.74		10426.26	9.33
001-403-342-00						
CIR CLERKS RECORD BOOKS	1500.00		295.00		1205.00	19.66
001-403-459-00						
NEW EQUIPMENT/CIR CLERK	2500.00		1010.55		1489.45	40.42
TOTALS FOR 403 CIRCUIT CLERK	831423.00	33805.55	714762.20		116660.80	85.96

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-404-101-00						
SHERIFFS SALARY	50266.00	2366.38	49693.98		572.02	98.86
001-404-102-00						
SHERIFF COMMISSION	15000.00		15000.00			100.00
001-404-103-00						
SHERIFFS TAX DEPUTIES	510160.00	21725.22	433491.14		76668.86	84.97
001-404-104-00						
SHERIFF & TAX OFF FICA	44715.00	1834.48	37905.38		6809.62	84.77
001-404-106-00						
SHERIFF & TAX OFF RET	52600.00	2234.07	45952.91		6647.09	87.36
001-404-108-00						
OVERTIME/TAX OFFICE	9000.00	419.18	7831.37		1168.63	87.01
001-404-109-00						
EXTRA HELP	1000.00				1000.00	
001-404-112-00						
LONGEVITY	9020.00	312.50	7235.00		1785.00	80.21
001-404-212-00						
TAX OFFICE PRINTING	2000.00		1933.96		66.04	96.69
001-404-214-00						
TAX OFFICE TRAVEL	1000.00		713.51		286.49	71.35
001-404-221-00						
TAX OFFICE TRAINING	4000.00		2927.55		1072.45	73.18
001-404-222-00						
DUES & SUBSCRIPTIONS	60.00		45.00		15.00	75.00
001-404-341-00						
TAX OFFICE MAT & SUPPLIES	5050.00		1000.20		4049.80	19.80
001-404-342-00						
TAX OFFICE RECORD BOOKS	1900.00				1900.00	
001-404-459-00						
NEW EQUIPMENT-COMPUTER	4000.00				4000.00	
TOTALS FOR 404 TAX OFFICE	709771.00	28891.83	603730.00		106041.00	85.05

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-405-101-00						
PROS ATTY SALARY	108192.00	4958.79	104134.59		4057.41	96.24
001-405-103-00						
PROS ATTY EMPLOYEE SALARY	1695000.00	69735.77	1469463.21		225536.79	86.69
001-405-104-00						
PROS ATTY FICA	137720.00	5532.29	117337.40		20382.60	85.19
001-405-106-00						
PROS ATTY RETIREMENT	162020.00	6779.25	142499.45		19520.55	87.95
001-405-108-00						
OVERTIME	1000.00	7.68	154.99		845.01	15.49
001-405-109-00						
EXTRA HELP	10500.00		3945.00		6555.00	37.57
001-405-112-00						
LONGEVITY	15960.00	622.50	13625.00		2335.00	85.36
001-405-212-00						
PROS ATTY PRINTING	2000.00		1364.18		635.82	68.20
001-405-214-00						
PROS ATTY TRAVEL	14000.00		13334.69		665.31	95.24
001-405-221-00						
PROS ATTY TRAINING	7500.00		3442.64		4057.36	45.90
001-405-222-00						
PROS ATTY DUES & SUBS	8400.00		3673.02		4726.98	43.72
001-405-223-00						
PROS ATTY PROF SERVICES	2500.00		559.65		1940.35	22.38
001-405-230-00						
CONTRACTUAL	5000.00		1381.67		3618.33	27.63
001-405-233-00						
PROS ATTY INVESTIGATIONS	1250.00		1100.00		150.00	88.00
001-405-240-00						
REFUNDS/REIMBURSEMENTS	100.00				100.00	
001-405-341-00						
PROS ATTY MAT & SUPPLIES	14000.00		12896.52		1103.48	92.11
001-405-349-00						
CHARGES TO OTHER GOV UNIT	100.00	71.40	141.40		-41.40	141.40
001-405-459-00						
NEW EQUIPMENT	12000.00		1250.35		10749.65	10.41
TOTALS FOR 405 PROSECUTING ATTORNEY	2197242.00	87707.68	1890303.76		306938.24	86.03

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-406-101-00						
ASSESSOR SALARY	50266.00	2366.38	49693.98		572.02	98.86
001-406-102-00						
ASSRS SUPPLEP & AGRIC	25000.00	76.20	24808.34		191.66	99.23
001-406-103-00						
ASSESSORS DEPUTIES SALARY	990000.00	40332.99	826026.05		163973.95	83.43
001-406-104-00						
ASSESSORS & DEPUTIES FICA	82185.00	3223.21	68144.76		14040.24	82.91
001-406-106-00						
ASSR & DEPUTIES RET	96685.00	3905.85	82635.68		14049.32	85.46
001-406-108-00						
OVERTIME/ASSESSORS OFFICE	5000.00		4583.22		416.78	91.66
001-406-109-00						
EXTRA HELP	4000.00				4000.00	
001-406-112-00						
LONGEVITY	16200.00	622.57	13475.69		2724.31	83.18
001-406-212-00						
ASSESSORS PRINTING	8000.00				8000.00	
001-406-214-00						
ASSESSORS TRAVEL	10000.00		3208.17		6791.83	32.08
001-406-220-00						
ADVERTISING	2000.00		1264.19		735.81	63.20
001-406-221-00						
ASSESSORS TRAINING	7000.00		4133.00		2867.00	59.04
001-406-222-00						
ASSESSORS DUES & SUBS	1000.00		288.00		712.00	28.80
001-406-341-00						
ASSESSOR MAT & SUPPLIES	7500.00		4678.97		2821.03	62.38
001-406-342-00						
ASSESSORS RECORD BOOKS	4000.00				4000.00	
001-406-459-00						
ASSESSOR/NEW EQUIPMENT	15000.00		2491.38		12508.62	16.60
TOTALS FOR 406 ASSESSOR	1323836.00	50527.20	1085431.43		238404.57	81.99

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-408-349-00						
RE/APPRAISAL PMT SERVICE	150000.00	52.75	37440.98		112559.02	24.96
TOTALS FOR 408 STATE COMPUTER NETWK	150000.00	52.75	37440.98		112559.02	24.96

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-412-103-00						
EXT OFFICE SALARIES	125000.00	3448.72	70753.13		54246.87	56.60
001-412-104-00						
EXT OFFICE FICA	9746.00	264.39	5405.45		4340.55	55.46
001-412-106-00						
EXT OFFICE RETIREMENT	10485.00	332.17	6802.91		3682.09	64.88
001-412-108-00						
OVT/EMPLOYEES/EXTENSION	1500.00	199.52	3942.26		-2442.26	262.81
001-412-112-00						
LONGEVITY	900.00	42.50	892.50		7.50	99.16
001-412-214-00						
EXT OFFICE TRAVEL	3000.00		800.50		2199.50	26.68
001-412-222-00						
EXT OFFICE DUES	400.00				400.00	
001-412-341-00						
MATERIALS & SUPPLIES	750.00				750.00	
001-412-459-00						
NEW EQUIPMENT/EXTENSION	500.00				500.00	
TOTALS FOR 412 EXTENSION OFFICE	152281.00	4287.30	88596.75		63684.25	58.17

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-413-103-00						
ELECTION/POLL WORKERS	64830.00		64830.00			100.00
001-413-103-01						
ELECTIONS/EARLY VOTING	11000.00		9985.89		1014.11	90.78
001-413-103-02						
ELECTIONS/EMPLOYEES	3771.00		3770.67		.33	99.99
001-413-104-00						
ELECTIONS EXTRA HELP FICA	4284.00		1007.72		3276.28	23.52
001-413-106-00						
RETIREMENT/REG EMPLOYEES	250.00		32.20		217.80	12.88
001-413-108-00						
OVERTIME/ELECTION	6500.00		5120.88		1379.12	78.78
001-413-109-00						
EXTRA HELP	12000.00		2269.97		9730.03	18.91
001-413-212-00						
ELECTIONS PRINTING	10000.00		1335.00		8665.00	13.35
001-413-214-00						
TRAVEL	1500.00		995.18		504.82	66.34
001-413-219-00						
RENTS POLL PLACES	6500.00		5150.00		1350.00	79.23
001-413-223-00						
ELECTION/WORKERS	1500.00		450.00		1050.00	30.00
001-413-223-01						
BALLOT COMMISSIONERS	750.00		750.00			100.00
001-413-223-02						
JANITORIAL	3500.00		2380.00		1120.00	68.00
001-413-223-03						
LABOR	1500.00		743.09		756.91	49.53
001-413-341-00						
ELECTIONS MAT & SUPPLIES	58399.00		55237.03		3161.97	94.58
001-413-342-00						
RECORD BOOKS ELECTIONS	500.00				500.00	
001-413-459-00						
NEW EQUIPMENT ELECTIONS	10000.00				10000.00	
TOTALS FOR 413 ELECTIONS	196784.00		154057.63		42726.37	78.28

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-415-103-00						
MAG COURT WC FUND CLERK	16000.00				16000.00	
001-415-104-00						
MAG COURT WC FUND FICA	1224.00				1224.00	
TOTALS FOR 415 MAGISTRATE COURT	17224.00				17224.00	

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-416-223-00						
MENTAL HYGIENE PROF SERV	5000.00		5464.57		-464.57	109.29
001-416-341-00						
MATERIALS & SUPPLIES	2500.00	144.75	1496.30		1003.70	59.85
TOTALS FOR 416 CIR CT MENTAL HYGIENE	7500.00	144.75	6960.87		539.13	92.81

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-424-103-00						
COURTHOUSE SALARIES	570000.00	23608.82	479057.62		90942.38	84.04
001-424-104-00						
COURTHOUSE FICA	44000.00	1881.12	39145.01		4854.99	88.96
001-424-106-00						
COURT HOUSE RETIREMENT	51300.00	2169.51	43977.08		7322.92	85.72
001-424-108-00						
OVERTIME	7500.00	156.79	2059.91		5440.09	27.46
001-424-109-00						
EXTRA HELP	15000.00	993.75	33461.75		-18461.75	223.07
001-424-112-00						
LONGEVITY	8500.00	340.00	7090.00		1410.00	83.41
001-424-211-00						
TELEPHONE	135000.00	11332.23	138637.04		-3637.04	102.69
001-424-213-00						
CTH UTILITIES	600000.00	13092.57	442551.95		157448.05	73.75
001-424-215-00						
CTH M & R BUILDING	75000.00	7875.25	105959.27		-30959.27	141.27
001-424-216-00						
CTH M & R EQUIPMENT	75000.00	237.62	123496.55		-48496.55	164.66
001-424-219-00						
COURTHOUSE RENTS	125000.00	2772.22	95951.50		29048.50	76.76
001-424-223-00						
CTH PROFESSIONAL SERVICES	75000.00	90.00	37764.34		37235.66	50.35
001-424-226-00						
COURTHOUSE INSURANCE	450000.00		371302.00		78698.00	82.51
001-424-228-00						
COURTHOUSE FREIGHT	500.00				500.00	
001-424-230-00						
COURTHOUSE CONTRACTURAL	250000.00	15585.57	321277.27		-71277.27	128.51
001-424-231-00						
CTH FIRE SERVICE FEE	15000.00		10822.70		4177.30	72.15
001-424-238-00						
REFUNDING PARKING DEPOSIT			35.00		-35.00	
001-424-341-00						
CTH MATERIALS & SUPPLIES	315000.00	7286.96	132142.19		182857.81	41.94
001-424-342-00						
COURTHOUSE RECORD BOOKS	10000.00				10000.00	
001-424-353-00						
COMPUTER SOFTWARE	100000.00	9236.28	44309.01		55690.99	44.30
001-424-457-00						
CAPITAL OUTLAY BUILDING	25000.00				25000.00	
001-424-458-00						
CTH CAPITOL OUTLAY LAND			1000.00		-1000.00	
001-424-458-01						
RAILS TO TRAILS PROJECT	150000.00	120.43	49096.87		100903.13	32.73
001-424-459-00						
CTH CAPITOL OUTLAY EQUIP	100000.00		81385.27		18614.73	81.38

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
TOTALS FOR 424 COURTHOUSE	3196800.00	96780.12	2560296.83		636503.17	80.08

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-439-103-00						
PLANNING SALARIES	258000.00	8559.64	188008.95		69991.05	72.87
001-439-104-00						
PLANNING FICA	19737.00	661.44	14290.11		5446.89	72.40
001-439-106-00						
PLANNING RETIREMENT	23500.00	780.23	17078.13		6421.87	72.67
001-439-108-00						
PLANNING/OVERTIME	750.00	61.97	511.38		238.62	68.18
001-439-112-00						
LONGEVITY	3960.00	47.50	1372.50		2587.50	34.65
001-439-214-00						
PLANNING TRAVEL	600.00		460.25		139.75	76.70
001-439-221-00						
PLANNING TRAINING	500.00		1890.00		-1390.00	378.00
001-439-222-00						
PLANNING DUES & SUBS	500.00		265.00		235.00	53.00
001-439-223-00						
PLANNING PROF SERVICES	10000.00		3101.50		6898.50	31.01
001-439-230-00						
CONTRACTUAL			941.00		-941.00	
001-439-240-00						
REFUNDS PLANNING			50.00		-50.00	
001-439-341-00						
PLANNING MAT & SUPPLIES	750.00		744.74		5.26	99.29
001-439-458-01						
NUISANCE ORDINANCE PROJ	150000.00		23394.29		126605.71	15.59
001-439-459-00						
PLANNING NEW EQUIPMENT	500.00				500.00	
TOTALS FOR 439 PLANNING COMMISSION	468797.00	10110.78	252007.85		216789.15	53.75

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-442-240-01						
REFUNDS/REIMB CWVCA			43155.00		-43155.00	
TOTALS FOR 442 FEDERAL GRANTS			43155.00		-43155.00	

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-699-600-00 CONTIGENCY	50000.00				50000.00	
TOTALS FOR 699 CONTINGENCIES	50000.00				50000.00	

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-700-103-00 LAW ENFORCEMENT SALARIES	2759000.00	109401.06	2354041.57		404958.43	85.32
001-700-103-03 PRO-SCHOOLS SALARY	328500.00	16790.44	320679.63		7820.37	97.61
001-700-103-04 ADMINISTRATIVE SALARY	165000.00	4413.82	130327.61		34672.39	78.98
001-700-104-00 LAW ENFORCEMENT FICA	266254.00	10972.88	232854.19		33399.81	87.45
001-700-106-00 LAW ENFORCEMENT RETIREMEN	441270.00	18798.36	395480.74		45789.26	89.62
001-700-108-00 LAW ENFORCEMENT OVERTIME	250000.00	10868.22	193737.70		56262.30	77.49
001-700-108-01 WEST MILFORD OVTM		472.50	11233.02		-11233.02	
001-700-108-02 ANTERO RESOURCES OVTM		3407.08	75616.75		-75616.75	
001-700-108-03 MAPLE LAKE OVTM			2302.15		-2302.15	
001-700-108-04 LOST CREEK OVTM		354.38	5378.95		-5378.95	
001-700-108-06 COURT OVERTIME		736.00	20031.49		-20031.49	
001-700-108-07 PHOENIX PROGRAM OVTM		721.98	9679.10		-9679.10	
001-700-108-09 LUMBERPORT OVTM		118.13	6395.75		-6395.75	
001-700-108-10 HIDTA OVTM			1613.00		-1613.00	
001-700-109-00 EXTRA HELP		569.25	3001.50		-3001.50	
001-700-112-00 LONGEVITY	38088.00	1312.50	29825.00		8263.00	78.30
001-700-211-00 LAW ENFORCEMENT TELEPHONE	5000.00	156.10	3617.35		1382.65	72.34
001-700-214-00 LAW ENFORCEMENT TRAVEL	5000.00	259.21	4564.96		435.04	91.29
001-700-216-00 MAINTENANCE & REP EQUIP	10000.00	3744.31	6013.16		3986.84	60.13
001-700-219-00 LAW ENFORCEMENT RENTS	27000.00		27151.52		-151.52	100.56
001-700-221-00 LAW ENFORCEMENT TRAINING	30000.00	566.62	27950.97		2049.03	93.16
001-700-222-00 LAW ENF DUES & SUBS	4000.00	280.00	3277.00		723.00	81.92
001-700-223-00 PROFESSIONAL SERVICE	37000.00	632.99	39842.08		-2842.08	107.68
001-700-225-00 LAW ENF LAUNDRY & DRY CLE	10000.00		6228.35		3771.65	62.28
001-700-233-00 INVESTIGATIVE FUNDS	15000.00	120.72	13634.68		1365.32	90.89

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-700-341-00						
LAW ENF MAT & SUPPLIES	13000.00	434.91	7930.04		5069.96	61.00
001-700-345-00						
LAW ENFORCEMENT UNIFORMS	25000.00	2201.54	22155.31		2844.69	88.62
001-700-459-00						
NEW EQUIP-LAW ENFORCEMENT	25000.00	384.00	23630.36		1369.64	94.52
001-700-459-01						
LE EQUIP-TASERS/BODY CAM	87000.00		87000.00			100.00
TOTALS FOR 700 SHERIFF LAW ENFORCE	4541112.00	187717.00	4065193.93		475918.07	89.51

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-701-103-00						
SALARIES/SERV OF PROCESS	220000.00	9420.36	197822.21		22177.79	89.91
001-701-104-00						
FICA SERVICE OF PROCESS	16870.00	719.21	14925.41		1944.59	88.47
001-701-106-00						
RETIREMENT SER OF PROCESS	20250.00	866.88	17905.02		2344.98	88.41
001-701-108-00						
OVERTIME PROCESS	5000.00	74.22	2702.87		2297.13	54.05
001-701-112-00						
LONGEVITY	3800.00	137.50	3122.50		677.50	82.17
001-701-219-00						
SERVICE OF PROCESS RENTS	1500.00		1411.35		88.65	94.09
001-701-221-00						
TRAINING/PROCESS	1000.00		1000.00			100.00
001-701-225-00						
PROCESS DRY CLEANING	1000.00		480.45		519.55	48.04
001-701-341-00						
PROCESS MATERIALS & SUPPS	1000.00		853.94		146.06	85.39
001-701-345-00						
SERVICE PROCESS UNIFORMS	2500.00	940.18	2460.89		39.11	98.43
001-701-459-00						
PROCESS NEW EQUIPMENT	15000.00		15257.50		-257.50	101.71
TOTALS FOR 701 SERVICE OF PROCESS	287920.00	12158.35	257942.14		29977.86	89.58

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-703-103-00						
SALARIES/CO JAIL/NON REMB	220000.00	7782.60	156371.88		63628.12	71.07
001-703-104-00						
FICA/CO JAIL NON REIMB	16983.00	666.94	12800.03		4182.97	75.36
001-703-106-00						
RET/CO JAIL NON REIMB	19990.00	731.25	14386.55		5603.45	71.96
001-703-108-00						
OVERTIME/CO JAIL NON REIM	2000.00	235.02	1221.06		778.94	61.05
001-703-109-00						
EXTRA HELP		817.47	11826.35		-11826.35	
001-703-112-00						
LONGEVITY	4000.00	107.50	2257.50		1742.50	56.43
001-703-341-00						
MATERIALS & SUPPLIES	1500.00		1000.00		500.00	66.66
001-703-345-00						
UNIFORMS/CO JAIL NON REIM	2000.00		1170.03		829.97	58.50
TOTALS FOR 703 JAIL STAGING AREA	266473.00	10340.78	201033.40		65439.60	75.44

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-704-344-00 REGIONAL JAIL/FOOD/DRUGS	1685598.00	138477.50	1813379.75		-127781.75	107.58
TOTALS FOR 704 REGIONAL JAIL	1685598.00	138477.50	1813379.75		-127781.75	107.58

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-705-103-00						
HOME CONFINEMENT SALARY	55200.00	2296.88	48518.72		6681.28	87.89
001-705-104-00						
HOME CONFINEMENT FICA	4420.00	199.96	3784.94		635.06	85.63
001-705-106-00						
HOME CONFINEMENT RET	7501.00	363.90	6854.73		646.27	91.38
001-705-108-00						
HOME CONFINEMENT OVTM	2500.00	482.34	3789.84		-1289.84	151.59
001-705-112-00						
LONGEVITY	460.00	20.00	420.00		40.00	91.30
TOTALS FOR 705 HOME CONFINEMENT	70081.00	3363.08	63368.23		6712.77	90.42

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-713-567-01						
CLARKSBURG FIRE DEPT	15000.00	2399.54	14984.54		15.46	99.89
001-713-567-02						
BRIDGEPORT FIRE DEPT	15000.00				15000.00	
001-713-567-03						
ANMOORE VFD	30000.00		29960.44		39.56	99.86
001-713-567-04						
JOHNSTOWN VFD	30000.00		30000.00			100.00
001-713-567-05						
LOST CREEK VFD	30000.00		30000.00			100.00
001-713-567-06						
LUMBERPORT VFD	30000.00		22428.95		7571.05	74.76
001-713-567-07						
MT CLARE VFD	30000.00	30000.00	30000.00			100.00
001-713-567-08						
NUTTER FORT VFD	30000.00		30000.00			100.00
001-713-567-09						
REYNOLDSVILLE VFD	30000.00		30000.00			100.00
001-713-567-10						
SALEM VFD	30000.00		17382.37		12617.63	57.94
001-713-567-11						
SHINNSTON VFD	30000.00		30000.00			100.00
001-713-567-12						
SPELTER VFD	30000.00		32969.22		-2969.22	109.89
001-713-567-13						
STONEWOOD VFD	30000.00		30000.00			100.00
001-713-567-14						
SUMMIT PARK VFD	30000.00		20377.59		9622.41	67.92
001-713-567-15						
WALLACE VFD	30000.00		24358.23		5641.77	81.19
001-713-567-16						
WEST MILFORD VFD	30000.00		30000.00			100.00
TOTALS FOR 713 VOL FIRE DEPTS	450000.00	32399.54	402461.34		47538.66	89.43

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-717-103-00 CENTRAL GARAGE SALARIES	140000.00	5835.26	121731.89		18268.11	86.95
001-717-104-00 CENTRAL GARAGE FICA	11255.00	432.75	9041.20		2213.80	80.33
001-717-106-00 CENTRAL GARAGE RET	12850.00	529.96	11106.71		1743.29	86.43
001-717-108-00 OVERTIME	1500.00	30.70	1203.52		296.48	80.23
001-717-112-00 LONGEVITY	550.00	22.50	472.50		77.50	85.90
001-717-216-00 CENT GARAGE M & R EQUIP	15000.00		660.57		14339.43	4.40
[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]
001-717-223-00 PROFESSIONAL SERVICES	500.00				500.00	
[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]
001-717-341-00 CENT GARAGE MAT & SUPP	25000.00	725.18	21890.12		3109.88	87.56
001-717-343-00 CENT CAR GAS OIL & TIRES	225000.00	35461.37	197166.68		27833.32	87.62
001-717-343-01 LAW ENFORCEMENT FUEL		47.08	3002.78		-3002.78	
001-717-459-00 CENT GAR CAP OUTLAY EQUIP			4175.00		-4175.00	
TOTALS FOR 717 CENTRAL GARAGE	468855.00	43916.99	434738.62		34116.38	92.72

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-916-568-00						
CONTRIBUTIONS LIBRARIES	240052.00		240052.00			100.00
001-916-568-01						
CONTRIBUTIONS	24000.00		24000.00			100.00
TOTALS FOR 916 LIBRARIES	264052.00		264052.00			100.00

	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
TOTALS FOR GENERAL FUND	23859345.00	827372.44	20298807.76		3560537.24	85.07

LGSD BR (Ver. 2020)

Ora Ash, Deputy State Auditor
West Virginia State Auditor's Office
200 West Main Street
Clarksburg, WV 26301
Phone: 627-2415 ext. 5114
Fax: 304-340-5090
Email: lgs@wvsao.gov

REQUEST FOR REVISION TO APPROVED BUDGET

Subject to approval of the state auditor, the governing body requests that the budget be revised prior to the expenditure or obligation of funds for which no appropriation or insufficient appropriation currently exists. (§ 11-8-26a)

CONTROL NUMBER
FY: 2022/2023
Fund: 1
Rev. No. 3
Pages: 3

Harrison County Commission
GOVERNMENT ENTITY

Person To Contact Regarding Request:
Name: Laura Pysz
Phone: 304-624-8500
Fax: 304-624-8673
Email: lpysz@harrisoncountywv.gov

301 W Main st
STREET OR PO BOX

Clarksburg — CITY
26301 — ZIP CODE

COUNTY
Government Type

REVENUES: (net each acct.)

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PREVIOUSLY APPROVED AMOUNT	(INCREASE)	(DECREASE)	REVISED AMOUNT
322	Federal Grants		43,155		43,155
323	State Grants		8,000		8,000
382	Refunds/Reimbursements (External Sources)	200,000	110,000		310,000
366	Miscellaneous Revenue	9,301	19,231		28,532
340	Rents & Concessions		35,000		35,000
376	Royalties	75,000	230,055		305,055
	NET INCREASE/(DECREASE) Revenues (ALL PAGES)		601,691		

COUNTIES-TRANSFERS TO THE GENERAL FUND FROM OTHER FUNDS MUST HAVE PRIOR APPROVAL OF AUDITOR'S OFFICE

EXPENDITURES: (net each account category)

(WV CODE 7-1-9)

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	PREVIOUSLY APPROVED AMOUNT	(INCREASE)	(DECREASE)	REVISED AMOUNT
699	Contingencies	50,000		6,209	43,791
699	Contingencies	50,000		6,209	43,791
699	Contingencies	50,000		6,527	43,473
699	Contingencies	50,000		10,819	39,181
699	Contingencies	50,000		6,527	43,473
699	Contingencies	50,000		12,709	37,291
402	County Clerk	899,510	6,209		905,719
403	Circuit Clerk	831,423	6,209		837,632
404	Sheriff-Treasurer	709,771	6,527		716,298
405	Prosecuting Attorney	2,197,242	10,819		2,208,061
406	Assessor	1,323,836	6,527		1,330,363
	NET INCREASE/(DECREASE) Expenditures		601,691		

APPROVED BY THE STATE AUDITOR

BY:
Deputy State Auditor, Local Government Services Div. **Date**

AUTHORIZED SIGNATURE OF ENTITY

APPROVAL DATE

REVENUES (CONT) Harrison County Commission

LGSD: BR Harrison County Commissior **CONTROL NUMBER** **2022/2023** **1** **3**

BUDGET REVISION REQUEST-SUPPLEMENT-REVENUES FY FUND REV #

ACCOUNT NUMBER	ACCOUNT CATEGORY	PREVIOUSLY APPROVED AMOUNT	INCREASE	DECREASE	REVISED AMOUNT
382	Refunds/Reimbursements (External Sources)	200,000	156,250		356,250
	#N/A				
	#N/A				
	#N/A			

EXPENDITURES (CONT'D) Harrison County Commission

LGSD: BR Harrison County Commission **CONTROL NUMBER** 2022/2023 1 3

BUDGET REVISION REQUEST-SUPPLEMENT FY FUND REV#

ACCOUNT NUMBER	ACCOUNT CATEGORY	PREVIOUSLY APPROVED AMOUNT	INCREASE	DECREASE	REVISED AMOUNT
424	Courthouse	3,196,800	12,709		3,209,509
401	County Commission	5,603,356		80,000	5,523,356
424	Courthouse	3,196,800	80,000		3,276,800
403	Circuit Clerk	831,423	8,000		839,423
408	Statewide Computer Network	150,000		75,000	75,000
424	Courthouse	3,196,800	75,000		3,271,800
700	Sheriff-Law Enforcement	4,541,112	110,000		4,651,112
704	Regional Jail	1,685,598	300,000		1,985,598
717	Central Garage	468,855	38,625		507,480
424	Courthouse	3,196,800	145,066		3,341,866
699	Contingencies	50,000		1,000	49,000
416	Circuit Court	7,500	1,000		8,500
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
	#N/A				
			NET INCREASE/(DECREASE) Expenditures (this page)		614,400

9-C

RESOLUTION

At a regular session of the county commission, held (Month, day and year) May 24, 2023 the following order was made and entered:

SUBJECT: The revision of the Levy Estimate (Budget) for the County of Harrison. The following resolution was offered:

RESOLVED: That subject to approval of the State Auditor as ex officio chief inspector of public offices, the county commission does hereby direct the budget be revised PRIOR TO THE EXPENDITURE OR OBLIGATION OF FUNDS FOR WHICH NO APPROPRIATION OR INSUFFICIENT APPROPRIATION CURRENTLY EXISTS, as shown on budget revision number 003, a copy of which is entered as part of this record.

The adoption of the foregoing resolution having been moved by _____, and duly seconded by _____ the vote thereon was as follows:

Susan Thomas	Yes or No
David Hinkle	Yes or No
Patsy Trecost II	Yes or No

WHEREUPON, Susan Thomas, declared said resolution duly adopted, and it is therefore ADJUDGED and ORDERED that said resolution be, and the same is, hereby adopted as so stated above, and the Commission President is authorized to fix her signature on the attached "Request for Revision to Approved Budget" to be sent to the State Auditor for approval.

A-1

United States of America

State of West Virginia

County of Harrison, ss:

Clerk's Fiduciary Report

Estate from Wednesday, May 10, 2023, through Tuesday, May 16, 2023

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, Thursday, May 11, 2023, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **EVERETT L BUNCH**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

CATHERINE BUNCH, who was named in the last will and testament of **EVERETT L BUNCH**, deceased, as ANCILLARY ADMINISTRATOR thereof, qualified as such. No bond was required.

On, Friday, May 12, 2023, the following matters were disposed of in the presence of the Clerk:

A duly exemplified copy of the last will and testament of **JOANNE NANCE**, deceased, late a resident of VIGO, INDIANA, was admitted to record.

A duly exemplified copy of the last will and testament of **RICHARD GRIFFITH HALL**, deceased, late a resident of COLLIN, TEXAS, was admitted to record.

On, Monday, May 15, 2023, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **DARRELL EUGENE EDDY**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

BRADLEY KENT EDDY, who was named in the last will and testament of **DARRELL EUGENE EDDY**, deceased, as CO EXECUTOR thereof, qualified as such. No bond was required.
DAVID BRUCE EDDY, who was named in the last will and testament of **DARRELL EUGENE EDDY**, deceased, as CO EXECUTOR thereof, qualified as such. No bond was required.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **CYNTHIA A REDDIG** was appointed and qualified as ADMINISTRATRIX of the estate of **RONNIE EUGENE RAY**, deceased. Bond was 10,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **CHARLES KORN** was appointed and qualified as ADMINISTRATOR of the estate of **BARBARA J KORN**, deceased. Bond was 2,000.00.

A duly exemplified copy of the last will and testament of **SHARON KAY WOOLRIDGE**, deceased, late a resident of CHESTERFIELD, VIRGINIA, was admitted to record.

On, Tuesday, May 16, 2023, 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, **ELIZABETH ELLIOT** was appointed and qualified as ADMINISTRATRIX of the estate of **JERRY MARSHALL COX**, deceased. Bond was 10,000.00.

Wednesday, May 24, 2023

John R Spires
Clerk of the Harrison County Commission

Confirmed

Estate: 11257

C-1

THE RODEHEAVER GROUP, P.C.
CERTIFIED PUBLIC ACCOUNTANTS
248 EAST MAIN STREET
CLARKSBURG, WV 26301

SPELTER VOLUNTEER FIRE DEPT
BOX 176
SPELTER, WV 26438

SPELTER VOLUNTEER FIRE DEPT:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

THE RODEHEAVER GROUP, P.C.

Filing Instructions

Prepared for:	Prepared by:
SPELTER VOLUNTEER FIRE DEPT BOX 176 SPELTER, WV 26438	THE RODEHEAVER GROUP, P.C. 248 E MAIN STREET CLARKSBURG, WV 26301

2022 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20___

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

OMB No. 1545-0047

2022

Name of filer
SPELTER VOLUNTEER FIRE DEPT

EIN or SSN

Name and title of officer or person subject to tax LORI DUNN
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	125,216.
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 V, 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 2022 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 THE RODEHEAVER GROUP, P.C. to enter my PIN [ ]
ERO firm name
Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 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 2022 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 _____

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 2022 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 _____ Date 5/1/23

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

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

C Name of organization: SPELTER VOLUNTEER FIRE DEPT

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): BOX 176

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: SPELTER, WV 26438

F Name and address of principal officer: LORI DUNN
PO BOX 76, SPELTER, WV 26438

D Employer identification number:

E Telephone number: (304)622-8256

G Gross receipts $: 131,909.

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

H(c) Group exemption number:

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

J Website: N/A

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

L Year of formation: 1951

M State of legal domicile: WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FIRE PREVENTION AND PROTECTION

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	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2022 (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.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	77,618.	118,572.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,985.	6,644.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84,603.	125,216.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	122,056.	127,449.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	122,056.	127,449.
19	Revenue less expenses. Subtract line 18 from line 12	-37,453.	-2,233.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	261,793.	243,115.
21	Total liabilities (Part X, line 26)	392,038.	375,593.
22	Net assets or fund balances. Subtract line 21 from line 20	-130,245.	-132,478.

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: LORI DUNN, PRESIDENT
Type or print name and title

Date:

Paid Preparer Use Only

Print/Type preparer's name: APRIL LEULIETTE
Preparer's signature:
Date: 5/1/23
Check if self-employed ☐
PTIN: P00645118

Firm's name: THE RODEHEAVER GROUP, P.C.
Firm's EIN:

Firm's address: 248 E MAIN STREET
CLARKSBURG, WV 26301
Phone no. 304-624-9400

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:
FIRE PREVENTION AND PROTECTION

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 $ 125,418. including grants of $) (Revenue $ 1,450.)
THE ORGANIZATION IS A VOLUNTEER FIRE DEPARTMENT THAT PROVIDES FIRE PROTECTION AND AID TO THE DISTRICT OF 26 SQUARE MILES. THERE ARE APPROXIMATELY 1000 HOMES, 30 BUSINESSES, 3000 PEOPLE AND 2 SCHOOLS IN ITS COVERAGE AREA.

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

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

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 125,418.

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	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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		
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		X
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		X
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? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
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 the 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, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
	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	6		
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

LORI DUNN,

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

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

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

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

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

See the instructions for the order in which to list the persons above.

☒ 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 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) CLIFF WHITE PRESIDENT	20.00			X				0.	0.	0.
(2) LORI DUNN VICE PRESIDENT	10.00			X				0.	0.	0.
(3) SHAUN VANHORN TREASURER	10.00			X				0.	0.	0.
(4) BRANDON MOLLOHAN DIRECTOR	10.00	X						0.	0.	0.
(5) CLAY SHINGLETON DIRECTOR	10.00	X						0.	0.	0.
(6) MATT SHINGLETON CHIEF	20.00	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 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								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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	56,857.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	61,715.			
	g	Noncash contributions included in lines 1a-1f	1g	$			
	h	**Total.** Add lines 1a-1f			118,572.		
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)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents 6a	1,450.				
	b	Less: rental expenses 6b	0.				
	c	Rental income or (loss) 6c	1,450.				
	d	Net rental income or (loss)			1,450.	1,450.	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory 7a					
	b	Less: cost or other basis and sales expenses 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	11,887.				
	b	Less: direct expenses 8b	6,693.				
	c	Net income or (loss) from fundraising events			5,194.		5,194.
	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						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d					
	12	**Total revenue.** See instructions			125,216.	1,450.	0.	5,194.

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	925.		925.	
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses	706.		706.	
14 Information technology				
15 Royalties				
16 Occupancy	14,929.	14,929.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	19,253.	19,253.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,428.	73,428.		
23 Insurance	508.	508.		
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 OPERATIONAL EQUIPMENT	6,627.	6,627.		
b SUPPLIES	3,701.	3,701.		
c REPAIRS AND MAINTENANCE	2,394.	2,394.		
d FUEL	1,261.	1,261.		
e All other expenses	3,717.	3,317.	400.	
25 **Total functional expenses.** Add lines 1 through 24e	127,449.	125,418.	2,031.	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	4,182.	1	16,701.
	2	Savings and temporary cash investments	512.	2	512.
	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: 1,128,453.			
	b	Less: accumulated depreciation — 10b: 902,551.	257,099.	10c	225,902.
	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)	261,793.	16	243,115.
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	392,038.	23	375,593.
	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	392,038.	26	375,593.
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	0.	29	0.
	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31	Retained earnings, endowment, accumulated income, or other funds	-37,453.	31	-2,233.
	32	Total net assets or fund balances	-130,245.	32	-132,478.
	33	Total liabilities and net assets/fund balances	261,793.	33	243,115.

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	125,216.
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,449.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,233.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-130,245.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-132,478.

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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	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

2022

Open to Public Inspection

Name of the organization

SPELTER VOLUNTEER FIRE DEPT

Employer identification number

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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

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)
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	99,631.	99,615.	69,521.	77,618.	118,572.	464,957.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	99,631.	99,615.	69,521.	77,618.	118,572.	464,957.
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.						464,957.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	99,631.	99,615.	69,521.	77,618.	118,572.	464,957.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6.	1.				7.
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						464,964.

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

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 2022 (line 6, column (f), divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	100.00 %

16a **33 1/3% support test - 2022.** 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 - 2021.** 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 - 2022.** 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 - 2021.** 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2022.** 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 - 2021.** 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 V Supporting Organizations

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

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 yea***(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 government 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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (*describe in* **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI.** See instructions.			
7	**Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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 D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SPELTER VOLUNTEER FIRE DEPT

Empl... identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	3a(i)		
(ii) Related organizations	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,786.		5,786.
b Buildings		422,638.	229,863.	192,775.
c Leasehold improvements				
d Equipment		700,029.	672,688.	27,341.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				225,902.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☐

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

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

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

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

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

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

2022

Open to Public Inspection

Name of the organization

SPELTER VOLUNTEER FIRE DEPT

Employer identification number

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A:

THE OFFICERS AND FIRE CHIEF ARE ELECTED BY THE MEMBERS

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE AVAILABLE UPON REQUESWT

C-2

HARRISON/TAYLOR 911 ADVISORY BOARD
RESCHEDULED MEETING AGENDA
05/23/2023
14:00

Call to order:
Previous Minutes:
Treasurers report:
Introduction/ special guests:

OLD BUSINESS:
*CAD
*TRAINING
*STAFFING
*MAPPING

NEW BUSINESS:
HCSO: Assignment of 911 Hang Up and open line calls and Oncoming Units available for dispatch.

Project Lifesaver

OEM Notifications-Web EOC replaced E-Team—Watch Center

GOOD OF THE ORDER:

NEXT MEETING
TBT*** Due to Holiday

ADJOURN

C-3

BINGAMON PUBLIC SERVICE DISTRICT
PO Box 35, Shinnston, WV 26431

Michael R Sieber, Chairman Edward Hildreth, Jr, Secretary
Brad Fortney, Treasurer

April 17, 2023

The monthly meeting of the Bingamon Public Service District (BPSD) Board of Directors was held on April 17th, 2023, at the Bingamon Public Service District office trailer.

CALL TO ORDER: The meeting was called to order at 6:34 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 Renee' Eddy. Customer in attendance was Mary Ellen Sullivan.

READING OF THE MINUTES - Minutes from the March 13th, 2023, BPSD board meeting were distributed. Mr. Sieber called for any corrections or additions to the minutes. ***A motion was made by Bud Hildreth and seconded by Brad Fortney, 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 March 31st, 2023, was $43,342.93 Accounts receivable for the month totaled $ 9,301.27

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

OFFICE MANAGER'S REPORT – BALANCES AS OF March 31st, 2023

- City National Bank MMA earned $64.62 in interest and totals $102,694.45.
- City National Bank Reserve Account earned $38.93 in interest and totals $62,187.73.
- The Renewal/Replacement Acct. at BB&T earned $.10 in interest totals $11,395.98.
- There were 21 customers given 24 hour notices this month. Totaling $6,412.85. $1,426.36 has been collected.
- A second payment has been made this month to the auditor.

PLANT OPERATOR'S REPORT

- Mr. Kuhens said they fixed 3 service line leaks and installed two new taps.
- Mr. Kuhens reported that he is meeting with Health Department Representative to complete the sanitary survey this week.
- Mr. Kuhens reported that he had received no calls from J-W contracting concerning installation of hydrants and the board recommended checking with another contractor.

SAFETY COMMITTEE MEETING: Machine Guarding-An Overview

OLD BUSINESS: None Voiced

NEW BUSINESS: Teresa Basnett's resignation was approved by the board members on 3/17/23.
Renee' Eddy was approved by the board as the new office manager on 4/1/23.

NEXT MONTHLY BPSD BOARD MEETING – The next regularly scheduled BPSD board meeting will be held @ the office trailer on May 15, 2023 @ 6:30 PM

ADJOURNMENT – The meeting was adjourned at 8:00 pm upon a ***motion by Bud Hildreth, seconded by Michael Sieber, and carried unanimously.***

Michael Sieber, Chairman

Renee' Eddy, Office Manager