Harrison County Commission Meeting
Wednesday, November 5, 2025
10:00 A.M.

The Harrison County Commission Meeting is held on the 3rd floor of the Harrison County General Services Building (229 South 3rd St.), if you are unable to attend in person, you may join and listen via Zoom Conference Call by the following steps. Public participation will only 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: 26301

Appointments:
10:00 A.M. --- Call to Order --- Invocation --- Pledge of Allegiance
10:05 A.M. --- Presenting Mike Book Retirement Plaque for 46 years

NEW BUSINESS – Action Items for Consideration or Approval:

1. **Public Comment Period**
2. **Consent Agenda**
3. **Payroll Change Notices:**
   - **A.** Carol Hall – County Clerk – New Hire – Effective November 10, 2025
   - **B.** Carrie Watkins – 911 – Resignation – Effective October 11, 2025
   - **C.** Rick Valdez – Assessor – Promotion – Effective November 10, 2025
   - **D.** Brandy Salinetro – Commission – New Hire, Grant Writer/Administrator – Effective November 17, 2025
   - **E.** R.A. Titchenal – Law Enforcement – Last Day Effective October 16, 2025
   - **F.** David Marple - Security – Resignation – Effective November 1, 2025
   - **G.** Rickey Brown – Security – Resignation – Effective October 15, 2025
   - **H.** Larry Thompson II – Security – New Hire – Effective October 15, 2025
   - **I.** Steve Junkins – Security – New Hire – Effective October 15, 2025
   - **J.** Shine Kellison – Security / Staging – Transfer – Effective October 10, 2025
4. **Minutes and/ or Amended Minutes of Previous Meetings**
   - **A.** Regular Meeting Minutes for October 15, 2025
5. **Requisitions --- Purchase Orders --- Invoices**
   - **A.** ARPA – Sun Valley – Draw #14 - $2,135.00
   - **B.** ARPA – Greater Harrison PSD – Draw #24 - $9,500.00
   - **C.** Quotes
   - **D.** Vendor List of Payments
6. **Exonerations --- Corrective Tickets --- Joint Property Applications:**
   - **A.** Exonerations
7. **Consideration of Approval of a Project Fund Requisition for the payment of cost associated with the project to be financed from proceeds of the Series 2019 Bonds issued for the Charles Pointe Economic Opportunity Development District, Series 2021 A & B (Development District**

No. 3 White Oaks Project No. 2) & Series 2008 A (Charles Pointe Project No. 2- North Land Bay Improvements:

   A. **Series 2008A -** $8,910.08
   B. **Series 2019A&B –** $10,376.75
   C. **Series 2021 A&B -** $863.75

8. **Review—Discuss—Consider**
   A. McKinley (CEC) proposals for Additional testing / scanning at site of Royal Chrysler Building in Shinnston
   B. Approve total project costs up to $500,000 for repair / remediation of Royal Chrysler Building property and neighboring properties if required. Potentially reimbursable by DEP's DLAP grant.
9. **Review—Discuss – Consider** Distributing Opioid Funds in the amount of $306,151.10
10. **Review—Discuss—Consider** DOH Contract for 1.3M Bridge (Per DOH, attachment A-1 does not apply for this contract but is required to be included)
11. **Review—Discuss—Consider** Giving the 6th floor IT room (old court reporters room) to Probation
12. **Review—Discuss—Consider** Duties of Courthouse Security and Memorandum of Understanding with the Sheriff for Courthouse Security Personnel (Potential Executive session to consider matters arising from the appointment, employment, retirement, promotion, transfer, demotion, disciplining, resignation, discharge, dismissal or compensation of a public officer or employee, or prospective public officer or employee)
13. **Review—Discuss—Consider** Appointing a Director of Parks & Rec (Potential Executive session to consider matters arising from the appointment, employment, retirement, promotion, transfer, demotion, disciplining, resignation, discharge, dismissal or compensation of a public officer or employee, or prospective public officer or employee)
14. **Review—Discuss—Consider** Going out to bid to purchase two new Cruisers for the Sheriff's Office
15. **Review—Discuss—Consider** Budget Revisions for the Prosecuting Attorney

From:	**To:**
405-341 Materials & Supplies **$550.00**	405-222 Dues & Subscriptions **$500.00**
	405-348 Charges by Other Gov Units **$50.00**

16. **Review—Discuss—Consider** 2026 Holiday Schedule
17. **Review—Discuss—Consider** 2026 Commission Meeting Schedule
18. **Review—Discuss—Consider Review—Discuss—Consider** WV DEP Right of Entry Agreements
   A. NI Miller Mine Drainage Phase I
   B. Contract NI – West Fork #9
19. **Review—Discuss—Consider** Reappointing the following existing member to the Greater Harrison PSD Board whose terms will expire on December 8, 2025:
   A. James Scudere
   B. Raymond Mark Leonard
   C. Ruth Ann Messenger
   D. Thomas Roy Michael
20. **Review—Discuss—Consider** Rail Trail Update (Potential Executive Session pursuant to 6-9A-4(B)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision)
21. **Review—Discuss—Consider** Update on Sewer (Potential Executive Session pursuant to 6-9A-4(B)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision)

22. **Review—Discuss—Consider** Update on Ellis Property (Potential Executive Session pursuant to 6-9A-4(B)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision)
23. **Review—Discuss—Consider** Resolution authorizing the application to the State of West Virginia for Grant Funds under the Land and Water Conservation Fund, to erect lighting as (Phase II) AT THE Summit Park Softball / Baseball Park Upper Field
24. **Review—Discuss—Consider** Resolution accepting funds from the WV Courthouse Facilities Improvement Fund – Phase II Elevator ($100,000.00)
25. **Review—Discuss—Consider** Travel request for 911 Employees to go to a Class for ICS300: Intermediate ICS for Expanding Incidents in Morgantown, West Virginia on December 2-4, 2025
    - **A.** Jacob Hyre
    - **B.** Nina Loar
26. **Review—Discuss—Consider** Travel Request for 911 Employees to go Crisis Intervention Team – 911 Dispatcher Certification in Morgantown, West Virginia on November 6, 2025
    - **A.** Justin Norman
    - **B.** Travis Miller
    - **C.** Becca Martin
    - **D.** Lorenda McConnell
    - **E.** Megan Fox
27. **Review—Discuss—Consider** Travel Request for 911 Employees to go to a Class for APCO Active Shooter Incidents for Public Safety Communications at West Virginia Northern Community College in New Martinsville, WV on December 1, 2025
    - **A.** Tyara Martin
    - **B.** Lindsay Atha
28. **Review—Discuss—Consider** Travel Request for 911 Employees to go to a NENA Class- Reset, Refuel, & Restore Your Purpose in 911 at Washington County Emergency Management in Marietta, Ohio on December 10, 2025
    - **A.** Justin Norman
    - **B.** Nina Loar
    - **C.** Consuela Jones
    - **D.** Corey Hagan
    - **E.** Jason Sheff
    - **F.** Mica Love
    - **G.** Megan Fox
    - **H.** Becca Ayers
    - **I.** Tess Hawkins
29. **Administrator's Report**
30. **Commissioner Comments – Questions**

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

- **A. Weekly Fiduciary Report from the County Clerk**
    - **1.** Wednesday October 8, 2025 through Tuesday October 28, 2025
- **B. Monthly Fiduciary Commission Settlements:**
    - **1.** Judith Anne Asel
    - **2.** Terryl W. Dotson
    - **3.** James Francis Honce, Jr.
    - **4.** Dorothy J. Kehrer

C. **Monthly Minutes/ Financial Information from Various Boards, Committees, and Public Service**
   1. West Virginia Extension Homespun Newsletter
   2. Greater Harrison PSD Financial Information for September, 2025
   3. Greater Harrison PSD Agenda for October 16, 2025
   4. Greater Harrison PSD Regular Meeting Minutes for September 18, 2025
   5. Enlarged Hepzibah PSD Regular Meeting Minutes for August 11, 2025
   6. Enlarged Hepzibah PSD Regular Meeting Minutes for September 8, 2025
   7. Sun Valley PSD Regular Meeting Minutes for September 9, 2025
   8. Sun Valley PSD Financial Information for September, 2025
   9. Lost Creek Fire Department Form 990
   10. Stonewood Fire Department Form 990
   11. Johnstown CEO's Final Report of Special Funding Request
   12. Thank you Letter from the West Fork Co-Op

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

1. **Review—Discuss—Consider** Freeze all spending/expense relating to the re-organization of bonds (i.e MuniCap, Steptoe & Johnson)
   - Amount spent to date on Charles Pointe Bond Restructuring

   (Potential Executive Session to discuss active litigation pursuant to the attorney-client privilege)
2. **Review—Discuss—Consider** Hiring a County Attorney vs Outsourcing Legal Services (Potential Executive Session to discuss active litigation pursuant to the attorney-client privilege)
3. **Review—Discuss—Consider** Adopting Rail Trail Maintenance Standards

3-A.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
11/10/25		| | |-| | |-| | | | |

NAME	ADDRESS
CAROL HALL	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		402	

THE CHANGE(S):

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

THE REASON FOR THE CHANGE(S):

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

TYPE OF LEAVE _____

☐ OTHER (Explain) NEW HIRE FULL-TIME EFFECTIVE 11/10/25. 4-1 PG

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE 10/28/25
HUMAN RESOURCES MANAGER	DATE

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3-B.

Harrison County Commission
Payroll Change Notice

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
10-11-2025		

NAME	ADDRESS
Watkins, Carrie	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		911	

THE CHANGE(S):

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

THE REASON FOR THE CHANGE(S):

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

TYPE OF LEAVE _____

☐ OTHER (Explain) _____

Resignation effective 10-11-2025

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Andrew D. Bailey	DATE 10-14-2025
HUMAN RESOURCES MANAGER	DATE

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3-C.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
		| | |-| | |-| | | | |

NAME	ADDRESS
Richard VALDEZ	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		ASSESSOR	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☑ RATE	7-11	7-12
☐ 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) PERSONAL PROPERTY SUPERVISOR

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE: Allen R Ferre	DATE 10/29/25
HUMAN RESOURCES MANAGER	DATE

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3-D.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
11-17-25		| | |-| | |-| | | | |

NAME	ADDRESS
Brandy Salinetro	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		401	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☒ JOB		Grant Writer / Administrator
☐ SHIFT		
☒ RATE		7-1-Salary
☐ 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) New hire for the grant writer position

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER	DATE 10-30-25

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3-E.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
10/16/2025		| | |-| | |-| | | | |

NAME	ADDRESS
R A TITCHENAL	

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

THE CHANGE(S):

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

THE REASON FOR THE CHANGE(S):

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

TYPE OF LEAVE _____

● OTHER (Explain) Last day 10/16/2025. Please pay any remaining vacation hours and add his remaining sick leave hours to previous accrued at the time of his retirement. No longer eligible for employment any further under reemployment act (WV State Code 15-10A-2 due to return of National Guard member.

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Rho S. Smith JE Shm, KP	DATE 10/14/25
HUMAN RESOURCES MANAGER	DATE

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3-F.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
11/1/2025		| | |-| | |-| | | | |

NAME	ADDRESS
David Marple	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

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

THE REASON FOR THE CHANGE(S):

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

TYPE OF LEAVE _____

☐ OTHER (Explain) Please remove from paycom, effective 11/1/2025

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE R. D. Marple JR, Sheriff	DATE 10/16/25
HUMAN RESOURCES MANAGER	DATE

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3-G.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
10/15/2025		| | |-| | |-| | | | |

NAME	ADDRESS
Rickey Brown	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	

THE CHANGE(S):

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

THE REASON FOR THE CHANGE(S):

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

TYPE OF LEAVE _____

☐ OTHER (Explain) Please remove from paycom

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Robert D. Mathis II, sheriff	DATE 10/16/25
HUMAN RESOURCES MANAGER	DATE

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3-H.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
10/15/2025		| | |-| | |-| | | | |

NAME	ADDRESS
Larry Thompson II	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	On Call

THE CHANGE(S):

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

THE REASON FOR THE CHANGE(S):

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

TYPE OF LEAVE _____

☐ OTHER (Explain) Part-Ti me Courthouse Securi tyas needed

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Asst. sheriff	DATE 10/06/2025
HUMAN RESOURCES MANAGER	DATE

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3-I.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
10/15/2025		| | |-| | |-| | | | |

NAME	ADDRESS
Steve Junkins	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security	On Call

THE CHANGE(S):

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

THE REASON FOR THE CHANGE(S):

- ● HIRED
- ☐ RE-HIRED
- ☐ PROMOTION
- ☐ DEMOTION
- ☐ TRANSFER
- ☐ MERIT INCREASE
- ☐ WAGE SCALE CHANGE
- ☐ LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)

TYPE OF LEAVE _____

- ☐ OTHER (Explain) Part-Time Courthouse Security as needed

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Rhett D. Mathy II, sheriff	DATE 10/07/2025
HUMAN RESOURCES MANAGER	DATE

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3-J.

PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO
10/10/2025		| | |-| | |-| | | | |

NAME	ADDRESS
Shine Kellison	

PHONE	CITY/STATE/ZIP	DEPARTMENT	SHIFT
		Security/Staging	

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
☐ DEPARTMENT		
☐ JOB		
☐ SHIFT		
☑ RATE	730 Security	703 Staging
☐ ADDRESS/PHONE		
☐ BENEFIT PLAN		
☐ OTHER _____		
☐ OTHER _____		

THE REASON FOR THE CHANGE(S):

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

TYPE OF LEAVE _____

■ OTHER (Explain) Effective 10/10/2025 Transfer from part-time security to Part time Staging (703-109)

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Rhonda M. Mallory III, RHRP	DATE 9/30/25
HUMAN RESOURCES MANAGER	DATE

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At the regular meeting of the County Commission of Harrison County held on Wednesday October 15, 2025, Commissioners Susan Thomas, David Hinkle and Patsy Trecost II were present. Also present were Micah Fisher, Deputy County Clerk and Laura Pysz-Laulis, County Administrator. Commissioner Thomas opened the meeting and Commissioner Trecost said a prayer and led those present in the Pledge of Allegiance to the flag.

1. **Public Comment Period**: Brenda Welch, a Harrison County resident, had audio for those present to listen to of a barking dog. Ms. Welch spoke on a barking dog beside her residence. Ms. Welch advised that she has exhausted all avenues on getting this matter resolved and would like the help of the Commission.

10:05 A.M. --- Request to Accept a Copy of a Will – Patricia Lynn Heitman: Deborah Flanigan asked the Commission to accept a copy of the will of Patricia Lynn Heitman. Trecost moved to accept the copy of the will. Commission concurred.

10:10 A.M. --- Proclamation for National Disability Employment Awareness Month: Commissioner Thomas read and presented the proclamation for Disability Employment Month. The Harrison County Commission hereby declares October 2025 as "Disability Employment Awareness Month."

10:15 A.M. --- Proclamation for National Domestic Violence Awareness Month: Commissioner Thomas read and presented the proclamation on Domestic Violence. The Harrison County Commission hereby declares October 2025 as "Domestic Violence Awareness Month."

2. **Consent Agenda**: Hinkle moved to approve. Commission concurred.
3. **Payroll Change Notices:** Trecost moved to approve C, E, F and G. Commissioner Hinkle and Commissioner Trecost voted in favor. Commissioner Thomas voted against. Motion carried.
    - **A.** Larry Thompson II – Security – New Hire – Effective October 15, 2025
    - **B.** Steve Junkins – Security – New Hire – Effective October 15, 2025
    - **C.** Madison Knight – Prosecuting Attorney – Part Time to Full Time – Effective October 16, 2025
    - **D.** Shine Kellison – Security / Staging – Transfer – Effective October 10, 2025
    - **E.** Ashley Lightner – Animal Control - Kennel Technician – Effective October 31, 2025
    - **F.** Gina Jones – Grants – Retirement – Effective October 31, 2025

DRAFT

G. Jennifer VanGilder – Grants – Remove from payroll – Effective October 8, 2025

4. **Minutes and/ or Amended Minutes of Previous Meetings**: Trecost moved to approve. Commission concurred.
   A. Regular Meeting Minutes for Wednesday October 1, 2025
5. **Requisitions --- Purchase Orders --- Invoices**: Hinkle moved to approve as presented. Commission concurred.
   A. Quotes
   B. Vendor List of Payments

10:20 A.M. --- Harrison County Historic Preservation Committee speaking about the upcoming levy: Mike Queen from the Historic Preservation Alliance gave an overview of the proposed levy and would like the Commission to consider it for the May 12th ballot. Mr. Queen advised that there would be a five member committee appointed by the Commission to handle the funding of the levy funds. Mr. Queen gave an overview of the use of funds.

10:25 A.M. --- Special Funding Request from Northern Appalachian Coal Mining Heritage Association requesting funds to help the on-going NACMHA projects: The representative from NACMHA gave an overview of the Coal Heritage exhibit for Harrison and Marion County and advised that the request for funds will be used for signage. Trecost moved to allocate $2,000.00. Commission concurred.

7. **Consideration of Approval of a Project Fund Requisition for the payment of cost associated with the project to be financed from proceeds of the Series 2019 Bonds issued for the Charles Pointe Economic Opportunity Development District, Series 2021 A & B (Development District No. 3 White Oaks Project No. 2) & Series 2008 A (Charles Pointe Project No. 2- North Land Bay Improvements:** Hinkle moved to approve as read by the Commission President. Commission concurred.
   A. Series 2008A - $16,900.83
   B. Series 2019A&B – $8,211.25
   C. Series 2021 A&B - $987.50
8. **Review—Discuss—Consider** Approving Tax Increment Financing Annual Report: Laura Pysz-Laulis explained that this is a report that is done yearly. Trecost moved to approve and submit to the State. Commission concurred.
9. **Review—Discuss—Consider** Adopting Rail Trail Maintenance Standards: Commissioner Hinkle explained the need for rail trail maintenance standards. Hinkle moved to adopt the Rail Trail Maintenance Standards as presented. There was discussion of having Chad Biller from Thrasher present at the next meeting to discuss this matter. Hinkle moved to table this matter until the November 5th meeting. Commission concurred.
6. **Exonerations --- Corrective Tickets --- Joint Property Applications:** Hinkle moved to approve. Commission concurred.
   A. Exonerations
10. **Review—Discuss—Consider** Rail Trail Update (Potential Executive Session pursuant to 6-9A-4(B)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other

matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision): Laura Pysz-Laulis advised that this is a standing item and there is no update.

11. **Review—Discuss—Consider** Update on Sewer (Potential Executive Session pursuant to 6-9A-4(B)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision): Hinkle moved to enter into executive session. Commission concurred. All three Commissioners, Laura Pysz-Laulis, Trey Simmerman and Danny Hamrick will be present in the executive session.
    Hinkle moved to come out of executive session and enter into regular session. Commission concurred. There will be no action taken.
12. **Review—Discuss—Consider** Update on Ellis Property (Potential Executive Session pursuant to 6-9A-4(B)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision): Laura Pysz-Laulis advised that there is no real update on the property other than the flea market has been extended until the end of October. Ms. Pysz-Laulis explained that fencing will be in place to secure the property after the flea market season has ended.
13. **Review—Discuss—Consider** Directing Staff to negotiate acquiring a piece of property off Rt. 19 South (Potential Executive Session pursuant to 6-9A-4(B)(9) to consider matters involving or affecting the purchase, sale or lease of property, advance construction planning, the investment of public funds or other matters involving commercial competition, which if made public, might adversely affect the financial or other interest of the state or any political subdivision): Commissioner Hinkle advised that he would like a short executive session for this matter. Hinkle moved to enter into executive session pursuant to 6-9A-4(B)(9). All three Commissioners, Trey Simmerman and Laura Pysz-Laulis will be present. Commission concurred.
    Hinkle moved to exit executive session and enter into regular session. Commission concurred. Hinkle moved to direct staff to negotiate acquiring property on Route 19 South. Commission concurred.
14. **Review—Discuss—Consider** Request for Disbursement from TIF Fund for the County Commission of Harrison County Development District No. 6 - North Central West Virginia Airport: Laura Pysz-Laulis explained and recommends approval. Hinkle moved to approve the distribution of TIF funds for District No.6 – North Central West Virginia Airport. Commission concurred.
    - Requisition for North Central West Virginia Airport
15. **Review—Discuss—Consider** Funding Request from the City of Clarksburg requesting $150,000 towards putting a splash pad at the Clarksburg City Park (Nutter Fort): Annette Wright, Clarksburg City Clerk, gave an overview of the grant and advised that this was applied for in 2023 and with inflation costs they are looking for additional funds to

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offset those costs. There was discussion on what the funds were going to be used for. The Commission did not take any action on this matter.

16. **Review—Discuss—Consider** Duties of Courthouse Security and Memorandum of Understanding with the Sheriff for Courthouse Security Personnel (Potential Executive session to consider matters arising from the appointment, employment, retirement, promotion, transfer, demotion, disciplining, resignation, discharge, dismissal or compensation of a public officer or employee, or prospective public officer or employee): Hinkle moved to enter into executive session. All three Commissioners, Laura Pysz-Laulis and Trey Simmerman will be present during executive session. Commission concurred. Hinkle moved to come out of executive session and enter into regular session. Commission concurred. Trecost moved to place this matter on the November 5th agenda. Commission concurred.
17. **Review—Discuss—Consider** A Resolution Authorizing the Application to the State of West Virginia for Grant Funds under the Land and Water Conservation Fund, to erect lighting at the Summit Park Softball / Baseball Park: Gina Jones explained the grant and advised that it is due by December 10th. There was discussion of doing both fields. Hinkle moved to approve resolution authorizing Phase I. Commission concurred. Trey Simmerman recommends to differ until the November 5th meeting for Phase II.
18. **Review—Discuss—Consider** Travel request for 911 Employee Kristian Wentz to go to West Virginia Northern Community College New Martinsville Campus on December 1st, 2025 for the APCO Active Shooter Incidents for Public Safety Communications Class: Trecost moved to approve. Commission concurred.
19. **Review—Discuss—Consider** Travel requests for the following 911 Employees to go to West Virginia Northern Community College New Martinsville Campus on December 2nd, 2025 for the APCO Customer Service in Today's Public Safety Communications Class: Laura Pysz-Laulis advised that I is unable to attend. Trecost moved to approve A through H. Commission concurred.
    - **A.** Trevor Vance
    - **B.** Jade Haggerty
    - **C.** Bryce Delgado
    - **D.** Matt Gump
    - **E.** Bianca Jamen
    - **F.** Brandon Delaney
    - **G.** Tabitha Robey
    - **H.** McKenzie Kovar
    - **I.** Carrie Watkins
20. **Review—Discuss—Consider** Change Order from Schindler up to $125,000 for labor & installation of new courthouse elevators: Laura Pysz-Laulis explained the change order. Trecost moved to approve. Commission concurred.

Hinkle moved to remove tabled item number three and place on the agenda as an action item. Commission concurred. Hinkle moved to go with lowest bidder for Fire Service RFP Study. Public Consulting Group for $74,960.00. Commissioner Hinkle and

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Commissioner Trecost voted in favor. Commissioner Thomas voted against. Motion carried.

Commissioner Hinkle moved to take tabled item number one and place it on as an action item. Commissioner Hinkle explained the situation regarding the lawsuit with the City of Bridgeport. Commissioner Hinkle advised that he feels that this needs to be frozen until the lawsuits are handled. Commissioner Hinkle voted in favor. Commissioner Thomas and Commissioner Trecost voted against. Motion failed.

Commissioner Hinkle moved take tabled item number four and place it on as an action item. Commission concurred. There was discussion of how to handle emails and still allow the public to speak at the podium at the Commission meeting. Hinkle moved to keep public comment and have staff come back to the Commission with a plan for email options. Commission concurred.

21. **Administrator's Report**: NONE
22. **Commissioner Comments – Questions**: Commissioner Hinkle would like for staff to get with the Engineer of Record regarding other rail trail projects.

Trecost moved to adjourn. Commission concurred.

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

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_____ _____

Susan Thomas, President Date

5-A.

SUN VALLEY PUBLIC SERVICE DISTRICT

IJDC No. 2022S-2148

IIIA Resolution #14

RESOLUTION OF THE SUN VALLEY PUBLIC SERVICE DISTRICT APPROVING INVOICES RELATING TO ACQUISITION AND CONSTRUCTION AND OTHER SERVICES FOR THE PROPOSED IIIA SEWER PROJECT AND AUTHORIZING PAYMENT THEREOF,

WHEREAS, the Sun Valley Public Service District has reviewed the invoices attached hereto for the the construction of the IIIA Sewer Project funded by WV Infrastructure and Jobs Deveopment Council ("IJDC") grants & Harrison County ARPA, and find as follows:

a) That none of the items for which payment is proposed to be made has been requested from another funding source

b) That each item for which the payment is proposed to be paid is or was necessary in connection with the Project and constitutes a Cost of the project.

c) That each of such costs has been otherwise properly incurred.

d) That the payment for each of the items proposed is due and owing.

NOW, THEREFOR, BE IT RESOLVED the Sun Valley PSD by as follows: There is hereby authorized and directed the payment of the attached invoices as follows:

Vendor	Total	IJDC Grant	ARPA	EEG
	$ -	$ -	$ -	
	$ -		$ -	
Sun Valley Reimb	$ 2,135.00		$ 2,135.00	$ -
	$ -			
	$ -	$ -		
Total	$ 2,135.00	$ -	$ 2,135.00	$ -

ADOPTED BY the Sun Valley Public Service District this 9th day of October 14, 2025

By: _____

Its: Chairman

_____

Board Member

5-B.

2022S-2162
C-544730
GREATER HARRISON COUNTY PUBLIC SERVICE DISTRICT

RESOLUTION OF THE PUBLIC SERVICE DISTRICT BOARD APPROVING INVOICES RELATING TO SERVICES FOR THE RT 20 QUIET DELL PLANT AND SEWER EXTENSION PROJECT AND AUTHORIZING PAYMENT THEREOF,

WHEREAS, the Greater Harrison County Public Service District has reviewed the invoices attached hereto and incorporated herein by referenced relation to the funds provided by the DEP Clean Water State Revolving Fund ("SRF") Debt Forgiveness as well as WV Infrastructure Jobs and Development Council ("IJDC") Loan and Grant, Economic Enhancement Grant ("EEG") and EEG Overrun Grant, and Harrison County Commission ARPA monies dedicated and find as follows:

a) That none of the items for which payment is proposed to be made has been requested from another funding source

b) That each item for which the payment is proposed to be paid is or was necessary in connection with the project and constitutes a Cost of the project.

c) That each of such costs has been otherwise properly incurred.

d) That the payment for each of the items proposed is due and owing.

NOW, THEREFOR, BE IT RESOLVED the Greater Harrison County PSD has hereby authorized and directed the payment of the attached invoices which comprise Draw #10/ARPA #24 as follows:

Vendor	Total	CWSRF Debt Forgivenes s	WVIJDC District 1 Grant	WVIJDC District 1 Loan	Economic Enhacement Grant	Harrison County ARPA
JD Utility Services LLC	$ 3,500.00	$ -	$ -		$ -	$ 3,500.00
Thrasher Group	$ 59,767.40	$ -	$ -	$ 59,767.40	$ -	$ -
GHPSD ROW's	$ 6,000.00	$ -	$ -	$ -	$ -	$ 6,000.00
Pro Contracting Inc	$ 353,996.77	$ -	$ -	$ -	$ 353,996.77	$ -
Breckenridge Corp	$ 300,065.10				$ 300,065.10	$ -
	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ 723,329.27	$ -	$ -	$ 59,767.40	$ 654,061.87	$ 9,500.00

ADOPTED BY the Greater Harrison County Public Service District, at the board meeting held October 16, 2025:

By: _____

Its: Chairman

5-C.

Date of Meeting	11/5/2025	QUOTES		
Department	**Vendor**	**Description**	**Price**	**Line Item**
911	WestFax, Inc	Subscription to Enterprise Cloud Fax service to replace current non-working computer based faxing program	644.85	027-711-222-00
Grants	Sandy's Hardware	Purchase of Fencing Deck Boards, Post, Concrete and Deck Boards for Bridge Repairs on Mt. Clare Rail Trail	$3,032.00	001-442-341-00
Grants	Ace Aggregates	Purchase of Stone, Sand, and Crusher Run for Rail Trail Bridge and Trail Repairs	$69,750.00	001-442-341-00
Grants	Smart Signs	Purchase of 2 Signs and Post to Replace Flood Damaged Ones from Flooding	$258.00	001-442-341-00

COMMISSIONER'S SIGNATURE

COMMISSIONER'S SIGNATURE

COMMISSIONER'S SIGNATURE

5-D.

Date of Meeting	11/5/2025	Invoice							
Department Name	Vendor Name	Description Note	General County Fund 001	E-911 007	Vital Services Levy 027	Community Corrections	Community Improvement Fund 026	ARPA Fund	Other as Needed
911 Center	Frontier	911 Center Phone Bill		$4,143.42					
911 Center	Hart Office Solutions	Copier Rental for Harrison County 911		$166.00					
911 Center	Mon Power	Salem Tower Electric Utility Bill							$499.88
911 Center	Commerce District at Charles Pointe	HOA 911 Center			$404.70				
911 Center	UniFirst Corporation	Carpet Runner service for JSJOC Charles Pointe			$62.25				
911 Center	US Cellular	Monthly cell phone and data service for 911 and OEM including IPADS and cell service for tower security cameras			$739.69				
911 Center	APCO International	6 Fire Service Communications student manuals and 6 LAW Enforcement Communications student manuals plus shipping		$1,294.92					

911 Center	Lowes	Six heavy duty 15ft extension cords and six 4ft multi-outlet surge protectors needed for the upstairs EOC on the OEM side of the building, dishwasher soap and door stops			$208.69				
911 Center	APCO International	APCO EMD Manager Online Course		$335.00					
911 Center	National Emergency Number Association (NENA)	(3) Pricing Adjustment for non-member course fee		$240.00					
911 Center	The Water Shop	Bottled Water delivery for JSJOC Charles Pointe			$30.00				
911 Center	Lowes	14 piece set T-handle Hexkeys (allen wrenches) needed to work on dispatch consoles at JSJOC Charles Pointe			$32.28				
911 Center	Thompson Gas	Propane delivery to Salem Tower site - refuel generator							$401.10
911 Center	Bombardiere Plumbing & Heating LLC	Back Flow testing at the JSJOC Charles Pointe			$350.00				

911 Center	EIP Holdings II, LLC	November 2025 lease payment for Grafton Tower site							$1,000.00
911 Center	Thompson Gas	Propane delivery to Lost Creek Tower site - refuel generator							$440.40
911 Center	Fisher Auto Parts, Inc	New battery needed for the portable generator housed at JSJOC			$137.95				
911 Center	Frontier	Backup data circuit from PK Tower to JSJOC Charles Pointe		$766.00					
911 Center	A-1 Exterminating Co., Inc	General Pest Control Services for JSJOC Charles Pointe			$75.00				
911 Center	APCO International	APCO yearly membership dues for all 911 personnel (for 2026)		$2,722.00					
911 Center	Lowes	Lysol disinfectant wipes for use at JSJOC Charles Pointe			$14.23				
911 Center	APCO International	(1) EMD 5.5 Recertification and Late Fees		$110.00					
911 Center	Mon Power	Shinnston Tower Electric Utility Bill							$678.70
911 Center	Canon Financial Services	Copier Rental Fees for 911			$261.95				
911 Center	Frontier	911 Taylor County Phone Bill		$822.77					

911 Center	Mon Power	Grafton Tower Electric Utility Bill							$430.79
911 Center	Motorola Solutions	Two Mobile radio USB programming cables		$114.40					
911 Center	Frontier	Internet Service for JSJOC Charles Pointe, Taylor County phone exchange that rings direct to JSJOC Charles Pointe, Phone Service including voice and data circuits for JSJOC Charles Pointe		$4,813.89					
911 Center	Carolina Recording Systems,LLC	Yearly Maintenance agreement for phone and radio recording system			$18,550.00				
911 Center	First Guaranaty Bank	(3) Holiday Inn Express, Ripley Stays for (Haggerty, McConnell, Delgado)		$330.00					
911 Center	Hope Gas	911 Center Gas Utility Bill		$115.19					
Ambulance Authority	Apex Supply Chain Technologies	Software access for the year for the vending machines that hold the medical supplies			$4,992.00				
Animal Control	Tractor Supply Co	(25) Food and Supplies Restock			$448.85				

Animal Control	A-1 Exterminating Co.	Mutliple Invoices - General Pest Control Services for Animal Control			$100.00				
Animal Control	The Water Shop	Multiple Invoices - Water for Animal Control			$109.94				
Animal Control	Tractor Supply Co	Dog Food Restock			$53.97				
Animal Control	Hope Gas	Animal Control Gas Utility Bill			$55.45				
Animal Control	SNIP WV	Professional Services August 2025 - Rachel Ray Grant - TVRN			$1,212.00				
Animal Control	Mon Power	Animal Control Electric Utility Bill			$162.75				
Animal Control	Staples	Copy Paper			$214.65				
Animal Control	Frontier	Animal Control Phone Bill			$198.63				
ARPA	Sun Valley PSD	Sun Valley PSD - arpa Funds Request - Phase IIIA Wastewater Collection System Project - Requisition #14						$2,135.00	
ARPA	Greater Harrison PSD	Greater Harrison PSD ARPA Funds request - Quiet Dell Sanitary Sewer Extension - Requisition #24						$9,500.00	
Assessor	The Water Shop	(16) Spring Water @ $6.00	$96.00						

Assessor	Frontier	Assessor State-Wide Computer Phone / Internet Bill	$72.56						
Circuit Clerk	Albert Marano	Courthouse Facilities Improvement Authority Meetings	$173.60						
Commission	WVNews	News Paper Subscription Renewal pays thru 04/29/26	$312.00						
Commission	WVCORP	Remaining Deductible Payment	$5,090.00						
Commission	UniFirst Corp	Weekly Rugs / Maintenance Contract for the Courthouse	$145.35						
Commission	Mon Power	License Plate Readers Electric Utility Bill	$43.94						
Commission	Mon Power	General Services Building Electric Utility Bill	$11,265.51						
Commission	Hart Office Solutions	Copier Rental for the Assessors Office	$398.77						
Commission	Michel, Inc	Provided lighting repairs at the Harrison County Courthouse	$504.00						
Commission	TLG Printing Services	Business Cards for John DeVaul and Michelle Tonkin	$110.00						

Commission	State Electric Supply Co	Multiple Invoices - Parts for Commission Door	$1,142.45						
Commission	Frontier	Courthouse Fiber Internet Bill	$179.81						
Commission	Frontier	Courthouse Phone Service Bill	$0.29						
Commission	Mon Power	Courthouse Annex Electric Utility Bill	$27,586.59						
Commission	UniFirst Corp	Weekly Rugs / Maintenance Contract for the Courthouse	$186.05						
Commission	Northern Appalachian Coal Mining Heritage Association	Special Funding reuest for the Northern Appalachian Coal Mining Heritage Association requesting $2000.00 towards their on-going projects.					$2,000.00		
Commission	Hope Gas	Quiet Dell School Gas Utility Bill	$40.30						
Commission	Hope Gas	Public Safety Building Gas Utility Bill	$40.44						
Commission	Piney Bowes Global Financial Services	Postage Machine Lease for the Commission	$2,271.84						
Commission	TK Elevator Corporation	Work performed for callback due to power failure, US Trip Charge, US Consumables	$1,309.90						

Commission	Town of Nutter Fort	Utilities - 420 Buckhannon Pike Water, Sewer, Garbage, Fuel, Recycle, Street Fee Utility Bill	$450.47						
Commission	Clarksburg Water Board	633 W. Pike Street , Clarksburg Water Utility Bill	$121.19						
Commission	Quiet Dell Rural Fire Protection District	Full Year - Rt. 20 Fire Service Fee	$533.44						
Commission	Glen Elk Iron	Gym Memership for the month of September, 2025	$288.00						
Commission	US Bank - Amazon.com	Logitech MK295 Wireless Mouse and Keyboard	$32.99						
Commission	Pam Nichols	Refund to Pam Nichols for FOIA request	$25.00						
Commission	US Bank - Amazon.com	Supplies for Commission Office	$366.23						
Commission	US Bank - Indeed.com	Indeed.com - Grant Writer Job Sponsoring	$500.13						
Commission	US Bank - Amazon.com	Amazon Prime Membership	$14.99						
Commission	Visual Edge IT	Copier Rental for the Prosecuting Attorneys Office	$353.35						
Commission	Visual Edge IT	Copier Rental for the Planning Department	$332.74						

Commission	UniFirst Corp	Weekly Rugs / Maintenance Contract for the Courthouse	$190.72						
Commission	Hart Office Solutions	Copier Rental for Voters Registration	$54.54						
Commission	Pitney Bowes Purchase Power	Postage for the Commission	$20,218.75						
Commission	Hope Gas	Courthouse-Annex Gas Utility Bill	$392.23						
Commission	Hope Gas	229 South Third Street, Clarksburg Gas Utility Bill	$81.30						
Commission	Hope Gas	609 West MainStreet, Clarksburg Gas Utility Bill	$36.47						
Commission	Hope Gas	Courthouse Gas Utility Bill	$29.49						
Commission	US Cellular	Harrison County Commission Phone Bill	$2,771.47						
Commission	Canon Financial Services	Copier Rental Fees for the Commission	$1,309.70						
Commission	Staples	Multiple Invoices - Copy Paper	$2,373.60						
Commission	Mon Power	VA Rail Trail Electric Utility Bill	$179.49						
Commission	Mon Power	609 W. Main Street Electric Utility Bill	$1,320.13						
Commission	Mon Power	633 W. Pike Street Electric Utility Bill	$620.49						

Commission	Mon Power	County Parking Lot Electric Utility Bill	$11.83						
Commission	WVCORP	Law Enforcement Liability Invoice Deductible Payment	$5,090.00						
Commission	Steptoe & Johnson	Charles Pointe Bond Restructure Proceedings (Sept. 16 August 6 - 20, 2025)	$4,380.00						
Commission	Steptoe & Johnson	TIF Litigation through September 2025	$1,120.63						
Commission	MVB Bank	609 West Main Street Property Payment	$6,222.12						
Commission	Harrison County Bank	Airport Property Payment	$34,395.48						
Commission	Frontier	Courthouse Phone / Internet Bill	$375.20						
Commission	Mon Power	Extension Office Electric Utility Bill	$179.17						
Commission	Frontier	Courthouse Phone Service Bill	$434.11						
Commission	US Bank - Indeed.com	Job Sponsoring for October 2025	$504.65						
Commission	Exact Hosting	(2) Domain Renewal for hcparks.org 1 year (11/08/25 - 11/07/26)	$16.16						
Commission	UniFirst Corp	Weekly Rugs / Maintenance Contract for the Courthouse	$181.38						

Commission	Karpel Solutions for Prosecuting Attorneys Office	1st Installment for Annual PBK Subscription: April 2026 - March 2027	$38,400.00						
Commission	McKinley Architecture & Engineering	Geotech and Core Drilling at Royal Chrysler Building and surrounding area	$20,794.75						
Commission	Waste Management	301 West Main Street - Courthouse Garbage Utility Bill	$962.51						
Commission	Waste Management	609 West Main Street - Sheriff's Office Garbage Utility Bill	$125.07						
Commission	Mon Power	Public Safety Building Electric Utility Bill	$1,093.26						
Commission	North Central West Virginia Airport	Request for Disbursement from TIF Fund for The County Commission of Harrison County Development District No. 6 - North Central West Virginia Airport							$812,617.61
Community Corrections	Champion Industries	Supplies - (7) Binders Black 2-inch				$75.58			

Community Corrections	Redwood Toxicology Laboratory, Inc	September 2025 Urine Analysis				$2,836.50			
Community Corrections	US Bank	Multiple Invoices - Credit Card Charges for Christina Murphy & Gary Hamrick				$2,289.73			
Community Corrections	Job Squad Inc	25 Boxed Lunches				$323.75			
Community Corrections	UniSafe Inc	Supplies - Gloves Medium & Large plus shipping				$611.88			
Community Corrections	Uline Accounts Receivable	Supplies - Deluxe Facial Tissues, Shoe Covers, Deluxe Surgical Mask plus shipping				$265.26			
Community Corrections	Traci Bodkins	Mileage to Morgantown / test - Mileage from Morgantown				$53.20			
Community Corrections	Division of Motor Vehicles / Safety & Treatment Services	Multiple Invoices - (4) Safety and Treatment Class (October 2025), (1) Safety and Treatment Class (October 2025)				$625.00			
County Clerk	Exponent Telegram	Legal Ad	$232.20						
County Clerk	Champion Industries	Supplies - 37A Toner	$359.64						
County Clerk	Exponent Telegram	Legal Ads and Help Wanted Ad	$383.22						

County Clerk	The Exponent Telegram	Legal Ad	$145.70						
County Clerk	The Exponent Telegram	Legal Ad	$119.25						
County Clerk	Casto & Harris	Recording Paper plus shipping and handling	$2,331.45						
County Clerk	US Bank - Amazon (P-Card)	Notary Stamps	$114.95						
County Clerk	Exponent Telegram	FY 24-25 Financial Statement	$4,226.68						
County Clerk	Coal Severance Fund	Reimbursement for expense that was paid out of Coal Severance Fund and should have been paid out of NCWV Airport TIF Fund							$250,000.00
County Garage	NAPA Auto Parts (Amtower Auto Supply)	Supplies - (50) Slide Terminal	$10.50						
County Garage	Fisher Auto Parts	Supplies - (4) Philips Headlight Bulbs	$24.68						
County Garage	Fisher Auto Parts	Parts - (6) Fuel Injector Seal Kits	$43.14						
County Garage	RG Motorsports	Supplies - Winch for new side by side	$754.99						
County Garage	Mountaineer Indian (Parcs Superstores)	Supplies - (1) Street Legal Kit for new UTV	$759.99						
County Garage	Chenoweth Ford	Supplies - (4) Brake Rotor Assemblies	$594.36						

County Garage	US Bank - Amazon	Amazon.com - Wiper Kit for Side by Side	$194.00						
County Garage	Chenoweth Ford	Multiple Invoices - Parts - (4) TPMS Sensor kits, (1) Hego Sensor, 93) Ignition Coil Assemblies, (3) Ignition Boot, (6) Spark Plugs, (1) Injector Assembly	$615.59						
County Garage	Collision Plus LLC	Parts - Plate #504243 - Repair left quarter, Body Labor, Refinish Labor, Paint & Supplies, Hazardous Waste Disposal	$600.00						
County Garage	Fisher Auto Parts	Supplies - (1) 3M Roloc Disc Pad Assembly	$55.65						
County Garage	Chenoweth Ford	Multiple Invoices - Parts - Plate #504174 (2) Tube Assemblies, Plate #504760 (2) Tube Assemblies, Plate #503811 (1) Windshield Hose, (2) Jet Kit	$1,005.96						
County Garage	Wood County Commission	2020 Ford Interceptor	$3,000.00						
Courthouse	Chem-Aqua	Water Treatment Program for the Courthouse	$310.14						

Courthouse	Hope Gas	Courthouse Gas Utility Bill	$170.99						
Fire Department	Mon Power	Fire Fighters Training Building Electric Utility Bill							$40.20
Fire Department	Lost Creek Volunteer Fire Department	Reimbursement for paid invoice					$30,000.00		
Fire Department	Motorola Solutions	New Radio Equipment for Salem Fire Department			$6,858.91				
Fire Department	Stonewood Volunteer Fire Department	Engine Payment Reimbursement			$30,000.00				
I.T.	US Bank - Amazon P-Card	(1) GMKtec Conference Room Mini PC, (1) usb Hub, (1) 3 Year service contract for PC	$762.97						
Law Enforcement	Statewide Emergency Products	100 Watt Speaker	$188.45						
Law Enforcement	Galls	Soft Shell Jacket	$101.79						
Law Enforcement	US Cellular	Cellular Bill	$2,284.29						
Law Enforcement	TLG Printing Services	Cards - H. Lane	$25.00						
Law Enforcement	Theodore A Glance	Employment Evaluations	$1,575.00						
Law Enforcement	Camp Run Kennels LLC	Dual Purpose Patrol K9	$9,000.00						

Law Enforcement	Trapuzzano's	Multiple Invoices - Commendation Bar, Gun Belt, Liner Belt, Uniforms	$2,723.71						
Law Enforcement	Continental Coffee & Water Service	Coffee Supplies	$120.85						
Law Enforcement	Robins Perfect Fit	Repair Pants	$20.00						
Law Enforcement	Creative Product Sourcing Inc	Multiple Invoices - DARE Supplies							$310.64
Law Enforcement	Trapuzzano's	McManus Pants	$152.91						
Law Enforcement	Galls	Multiple Invoices - Demo Gun Glock (Training), Replacement Bulb (Flashlight)	$86.18						
Law Enforcement	Robins Perfect Fit	Multiple Invoices - Matheny (Patches), Heater (Patches), Flanagan (Patches, Hem Slacks), Sukanick (Hem pants and slacks)	$189.00						
Law Enforcement	NC Quick Pass Processing Center	Tolls - Kraemer	$7.10						
Magistrates	The Water Shop	Water for Harrison County Magistrate Mike Weiss	$18.00						

Maintenance	Marsh Hardware & Builders Supply	Supplies - Recip Blade 6T 9in, 9in 10T Recip	$25.90						
Maintenance	Sandy's True Value	Multiple Invoices - Supplies	$105.56						
Maintenance	Lowes	Supplies	$160.49						
Maintenance	State Electric Supply Co	Multiple Invoices - LED Flat Panel, LED Lamp	$117.67						
Maintenance	Harry Green 7 Acres	Parts - Plate #CY5885 - (1) N-Sensor	$280.22						
Maintenance	State Electric Supply Co	Supplies for Courthouse Security - (1) 3/8x24 Drill Bit	$37.84						
Maintenance	Lowes	Multiple Invoices - Supplies - Kobalt FGL HDL 4in Trnch, Kobalt 5-LB Pick Mattock, PS Grain Leather Ball Tape	$107.27						
Maintenance	Sandy's True Value	Multiple Invoices - Supplies - (2) Conrete Mix, Various Quantities and sizes of lumber, (5) 3'' Star Drive Screws, (6) MP 1/2'' Cop Tube Vrush, (1) Bow Rake	$96.91						
Maintenance	United Rentals	Equipment rental - Demo Hammer for work being done at CCC Museum Steps	$139.06						

Maintenance	West Virginia Outdoor Power	Supplies - (2) Clutch Spring, (1) Clutch, (1) Autocut 27-2 Head (24 Bulk Pack) plus Shipping and handling	$41.62						
Maintenance	State Electric Supply Co	Supplies - Bulbs for the Courthouse and the Sheriff's Dept	$854.50						
Maintenance	Robertsons Heating Supply Co	Supplies - (1) Lav Handle Brushed Nickel, (1) Lav Handle Chrome	$176.90						
Maintenance	Global Industrial Equipment	Multiple Invoices - Two different sized sewer snakes and a water ram to clear clogs in small lines	$4,550.99						
Maintenance	State Electric Supply Co	Supplies - (30) Octron Fluorescent Lamp Bulbs for the Courthouse	$168.00						
Maintenance	West Virginia Outdoor Power	Supplies - (1) Clutch, (2) Clutch Spring plus shipping & handling, (1) Autocut 27-2 Head (24 Bulk Pack)	$75.71						

Maintenance	Lowes	Multiple Invoices - Supplies - 66pc Low Pro Mechanics, (2) Buckets, (2) Heavy Duty Drain Cleaner, (2) 9-oz Loc Power Grab ULT, (1) PS GOOD Multipack, (2) NYL Inst Lockout, (2) Hex Head Cap, (2) Splt Lockwasher, (2) 1-ct 1/4in x 20 x 2-in, (2) USS STP Nut	$201.62						
Maintenance	R.D. Wilson Sons & Co	Supplies - (3) Clorox Germicidal Bleach 3/121oz Bottles	$94.99						
Maintenance	Whaley Distributing Co	Supplies - (1) Whaley / All Purpose Cleaner 5gal, (1) Reclaimed Microfiber Towel Case, (98) Rock Salt 50#	$997.91						
Maintenance	RG Motorsports	Parts - For New Side by Side - K-Blade 72 G-Pro, K-ACCY Plow FR gpro	$1,824.98						
Maintenance	Liberty Distributors	Supplies (20) NABC Non-Acid Disinfectant Restroom Cleaner, (20) Wypall x80 Wipers 160/cs, (10) Clorox Cleanup Plus Bleach 32oz Bottles 9/cs	$1,213.26						

Maintenance	Whaley Distributing Company	Supplies - (24) Ice Melt #50	$671.76						
Maintenance	ACE Hardware of Salem	Supplies - (1) 27-2 Spool Metal Button, (2) Misc. Outdoor Equipment/Tool - 2 Weed Eater Heads	$80.97						
Maintenance	Robertsons Heating Supply Co	Supplies - (1) Rag White Sheets	$59.10						
Maintenance	Sandy's True Value Hardware & Home Center	Multiple Invoices - Supplies - 5th Floor Courthouse	$615.96						
Maintenance	Lowes	Supplies - (2) Dawn Powerwash Lemon, (1) Armor All Cleaning Wipes, Dawn 74.3 oz Platinum, (1) Fabuloso, (1) Paper Towels	$56.37						
Maintenance	Liberty Distributors	Multiple Invoices - Cleaning Supplies	$930.42						
Parks & Rec.	Mon Power	Spelter Park Electric Utility Bill			$16.16				
Parks & Rec.	Mon Power	Spelter Park Electric Utility Bill			$41.09				
Parks & Rec.	Mon Power	Ellis Property Electric Utility Bill			$46.00				
Parks & Rec.	Hope Gas	Parks & Rec Gas Utility Bill			$0.94				
Parks & Rec.	Fisher Auto Parts	(12) Mobil 1 Oil Quart			$147.72				
Parks & Rec.	US Cellular	Parks & Rec Elevator Phone Bill			$685.87				

Parks & Rec.	US Bank - Amazon	Amazon.com - Non acidic bathroom cleaner			$48.60				
Parks & Rec.	Marsh	Soil and food for plants and trees planted on property at 43 Recreation Drive			$64.98				
Parks & Rec.	UniFirst Corp	Weekly rugs / maintenance supplies			$38.26				
Parks & Rec.	M&M Septic Pumping	Porta Johns for Wallace, Good Hope and Spelter parks			$360.40				
Parks & Rec.	US Bank - Amazon	Mirror replacement for Parks & Rec Truck			$141.66				
Parks & Rec.	US Bank - Amazon	Wet / Dry Shop Vac and accessories for maintenance of vehicles			$84.07				
Parks & Rec.	Sherwin-Williams	Paint and supplies to reline parking lot at 43 Recreation Drive			$331.06				
Parks & Rec.	UniFirst Corp	Multiple Invoices - Weekly rugs / maintenance supplies			$75.00				
Parks & Rec.	Global Equipment Co	Outside fountain to replace park fountain that continues to fail despite replacing parts.			$1,267.12				

Parks & Rec.	NAPA Auto Parts (Amtower Auto Supplies)	Parts - Parks & Rec - (1) Band Clamp, (1) Motorcraft Engine Oil Filter			$17.43				
Parks & Rec.	Mon Power	Parks & Rec Complex Electric Utility Bill			$1,362.48				
Parks & Rec.	Staples	Copy Paper			$81.00				
Parks & Rec.	Mon Power	Quiet Dell School Electric Utility Bill			$110.17				
Parks & Rec.	Mon Power	Quiet Dell School Barracks Electric Utility Bill			$16.02				
Parks & Rec.	Liberty Distributors	Maintenance Supplies and Toilet Paper			$326.46				
Parks & Rec.	Visual Edge IT	Monthly Copier Rental			$60.97				
Parks & Rec.	UniFirst Corp	Weekly Rugs / Maintenance Supplies			$38.26				
Parks & Rec.	Marsh	Treated Lumber - Framing for Parks Signs			$85.50				
Parks & Rec.	Marsh	Multiple Invoices - Special Fuel for Weedeater / Mower			$53.94				
Process	Skasiks Cleaners	Dry Cleaning for Process	$95.55						
Process	The Water Shop	Water for Process	$24.00						
Prosecuting Attorney	Matthew Bender & Co.	(5) WV Child, Youth, & Family Law 2025E	$651.96						

Prosecuting Attorney	Evonne Renee Eades	Transcript Excerpt trial testimaony of Jennifer Kirk and Dougl;as Steiner	$708.40						
Prosecuting Attorney	Madison Knight. CCR	Taneil Thompson Statement (State v. Thompson 25-F-232-3)	$600.60						
Prosecuting Attorney	Emma Michele Zirkle, CCR	Transcript - Excerpt of 9-17-25 Hg (State v. Karen Koch, 25-F-182-1)	$42.35						
Prosecuting Attorney	Washington Co. Ohio Sheriff's Office	Out of State Subpoena Service (Case No. 25-JA-78 thru 81)	$13.00						
Prosecuting Attorney	AT&T Mobility	Wireless Phone Service	$138.30						
Prosecuting Attorney	Thomson Reuters	Online Subscription Charges	$610.26						
Rail Trail	ACE Aggregates	Multiple Invoices - Shinnston & North Trail Projects - Multiple tons of 3/4'' Crusher and 1 1/2'' Crusher Run	$842.80						
Courthouse Security	The Water Shop	Water for Courthouse Security	$24.00						

Senior Center	CHEM-AQUA	Water Treatment Program for the Senior Center			$288.75				
Senior Center	Alpha Energy Solutions	Service Call - Investigated chilled water system and added 24 gallons of Glycol. Verified proper operation.			$1,755.60				
Sheriff & Treasurer	Schwaab Inc	Schwaab Payment - For Addressing Stamps	$110.98						
Sheriff & Treasurer	Stationers	Office Supplies	$208.89						
Sheriff & Treasurer	Sheriff & Treasurer	Keavney Estate - No money to fund expenses - Reimbursal	$11,250.87						
Sheriff & Treasurer	Exponent Telegram	Delinquent Pub List 2024 Real Estate Taxes	$50,610.16						
			$310,779.06	**$15,973.59**	**$72,819.40**	**$7,080.90**	**$32,000.00**	**$11,635.00**	**$1,066,419.32**
					Grand Total:	**$1,516,707.27**			

Commissioner's Signature

11/5/2025

Date of Meeting

Commissioner's Signature

Sent to Bookkeeping to be paid early 10/22/25

Commissioner's Signature

Sent to Bookkeeping to be paid early 10/31/25

6-A.

From: 11 / 05 / 2025 To: 11 / 05 / 2025 Apply Filter Clear

Owner	Amount
HARRIS CLIFFORD AARON	44.51
HINERMAN LORETTA	487.90
INSPIRE TRUST COMPANY NATIONAL ASSOCIATION	3750.14
MAZER DOUGLAS A & CATHERINE S	752.82
REED WILLIAM L	4.66

From: 11 / 05 / 2025 To: 11 / 05 / 2025 Apply Filter Clear

Owner	Amount
BEACON SALES ACQUISITION INC DBA MCCLURE JOHNSTON	1563.66
HAWKINBERRY DENZIL W	202.46
KREILING DAVID L & ERIN M	26.93
MAYLE LINDSEY	505.92
OWENS GARY D	69.81
THOMAS ROBERT STEPHEN	22.08
WV LANDWORKS LLC	624.02
WV LANDWORKS LLC	558.54

EX-PP7748

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **WV LANDWORKS LLC** whose address is, 7 MEDINA DR MOUNT CLARE, WV 26408, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **103049** on **2022 GMC Sierra**, Class **3/4** in **ELK**, Harrison County, West Virginia, which should have been assessed at **76267**, Class **3/4** in and for the year **2025**, resulting in a difference in assessed value of **26782**. 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 **2025**, 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 2022 GMC, the vehicle was re titled April of 2023. Exonerate a value of 26782 at a class 3 rate of levy to correct the overcharge. Please remove the 22 GMC Sier (26782) from the vehicle description.

District: **11 - ELK**
Account No. **3086486**
Ticket No. **815557**
Tax Year **2025**
Parcel ID:

Amount Exonerated: $624.02

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-PP7750

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **WV LANDWORKS LLC** whose address is, 7 MEDINA DR MOUNT CLARE, WV 26408, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **148978** on **2022 GMC Sierra**, Class **3/4** in **ELK**, Harrison County, West Virginia, which should have been assessed at **124630**, Class **3/4** in and for the year **2024**, resulting in a difference in assessed value of **24348**. 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 **2024**, 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 2022 GMC, the vehicle was re titled April of 2023. Exonerate a value of 24348 at a class 3 rate of levy to correct the overcharge. Please remove the 22 GMC Sier (24348) from the vehicle description.

District: **11 - ELK**
Account No. **3086486**
Ticket No. **415902**
Tax Year **2024**
Parcel ID:

Amount Exonerated: $558.54

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-PP7746

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **THOMAS ROBERT STEPHEN** whose address is, 72 MAHLON ST SHINNSTON, WV 26431, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **717** on **2003 Buick**, Class **3/4** in **CLAY-SHINNSTON**, Harrison County, West Virginia, which should have been assessed at **0**, Class **3/4** in and for the year **2025**, resulting in a difference in assessed value of **717**. 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 **2025**, 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 2003 Buick, the vehicle was gone April 2023. Cancel this ticket and mark improper for the 2025 tax year.

District: **06 - CLAY-SHINNSTON**
Account No. **1173562**
Ticket No. **808792**
Tax Year **2025**
Parcel ID:

Amount Exonerated: $22.08

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-PP7744

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **OWENS GARY D** whose address is, 5789 CLARKSBURG RD BUCKHANNON, WV 26201, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **2996** on **VEHICLES**, Class **3/4** in **TENMILE-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **0**, Class **3/4** in and for the year **2025**, resulting in a difference in assessed value of **2996**. 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 **2025**, 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 vehicles in Harrison County, the taxpayer lived and is assessed in Upshur County. Cancel this ticket and mark improper for the 2025 tax year.

District: **18 - TENMILE-OUTSIDE**
Account No. **3082243**
Ticket No. **826313**
Tax Year **2025**
Parcel ID:

Amount Exonerated: $69.81

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EXONERATIONS

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of DMCNEMAR for **HINERMAN LORETTA** whose address is, 52 HINERMAN MEADOW DR CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **27060** on **2.32 AC KATY LICK**, Class **3/4** in **SARDIS**, Harrison County, West Virginia, which should have been assessed at **6120**, Class **3/4** in and for the year **2025**, resulting in a difference in assessed value of **20940**. 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 **2025**, 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 erroneously assessed with a dwelling that actually sits on parcel 4.3 #6670211. Also, adjusted land accordingly. It was added to this parcel due a mapping issue. Exonerate a value of 20,940 at a Class 3 rate of levy to correct the overcharge.

District: **14 - SARDIS**
Account No. **6523461**
Ticket No. **47766**
Tax Year **2025**
Parcel ID: **14 265000400010000**

Amount Exonerated: $487.90

_____ PRESENT: _____

Prosecuting Attorney APPROVED: President, County Commission

(or)

_____

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

_____ _____

ATTEST: County Clerk

ASSESSOR

_____

EX-PP7742

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **MAYLE LINDSEY** whose address is, 141 GRAND AVE BRIDGEPORT, WV 26330, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **16605** on **2023 Nissan Pathfinder**, Class **3/4** in **SIMPSON-BRIDGEPORT**, Harrison County, West Virginia, which should have been assessed at **0**, Class **3/4** in and for the year **2025**, resulting in a difference in assessed value of **16605**. 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 **2025**, 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 2023 Nissan, taxpayer lived and is assessed in Taylor County. Cancel this ticket and mark improper for the 2025 tax year.

District: **16 - SIMPSON-BRIDGEPORT**
Account No. **3059249**
Ticket No. **823046**
Tax Year **2025**
Parcel ID:

Amount Exonerated: $505.92

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-PP7740

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **KREILING DAVID L & ERIN M** whose address is, 339 FLORENCE HOLLOW RD MOUNT CLARE, WV 26408, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **6874** on **2003 Ford Ranger**, Class **3/4** in **ELK**, Harrison County, West Virginia, which should have been assessed at **5700**, Class **3/4** in and for the year **2024**, resulting in a difference in assessed value of **1174**. 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 **2024**, 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 2003 Ford, the vehicle was sold in 2021. Exonerate a value of 1174 at a class 3 rate of levy to correct the overcharge. Please remove the 03 Ford Rang (1175) from the vehicle description.

District: **11 - ELK**
Account No. **3040240**
Ticket No. **415339**
Tax Year **2024**
Parcel ID:

Amount Exonerated: $26.93

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-PP7738

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **HAWKINBERRY DENZIL W** whose address is, 1500 BRIARWOOD RD BRIDGEPORT, WV 26330, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **6645** on **2013 Ford F150**, Class **3/4** in **SIMPSON-BRIDGEPORT**, Harrison County, West Virginia, which should have been assessed at **0**, Class **3/4** in and for the year **2025**, resulting in a difference in assessed value of **6645**. 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 **2025**, 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 is assessed on the incorrect account number. Cancel this ticket and mark improper for the 2025 tax year.

District: **16 - SIMPSON-BRIDGEPORT**
Account No. **3047606**
Ticket No. **822299**
Tax Year **2025**
Parcel ID:

Amount Exonerated: $202.46

PRESENT: Prosecuting Attorney
(or)
PRESENT: Tax Commissioner

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR

EX-RE7733

EXONERATIONS

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of DMCNEMAR for **INSPIRE TRUST COMPANY NATIONAL ASSOCIATION** whose address is, 310 GRANT ST STE 1205 PITTSBURGH, PA 15219, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **321900** on **REVISED LOT 8 (.459 AC) MAPLE HEIGHTS SD**, Class **3/4** in **SIMPSON-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **321900**, Class **2** in and for the year **2025**, resulting in a difference in assessed value of **0**. 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 **2025**, 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 is occupied by Christopher Goldsmith, whom the Inspire Trust is Trustee for the occupant, therefore Class 2 applies. Exonerate a value of 160,950 at a Class 3 rate of levy to correct the overcharge.

District: **15 - SIMPSON-OUTSIDE**
Account No. **6347009**
Ticket No. **53677**
Tax Year **2025**
Parcel ID: **152303013000000000**

Amount Exonerated: $3750.14

_____ PRESENT: _____

Prosecuting Attorney APPROVED: President, County Commission

(or)

_____

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

_____ _____

ATTEST: County Clerk

ASSESSOR

_____

EX-RE7751

EXONERATIONS

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of DMCNEMAR for **REED WILLIAM L** whose address is, 152 BLOSSOM DR CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **200** on **.0036 INT 100 AC LEASED O&G DUCK CREEK (EASTERN/API#611) (HG/ #5942-68-70-71-72-74-75-76**, Class **3/4** in **GRANT-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **0**, Class **3/4** in and for the year **2025**, resulting in a difference in assessed value of **200**. 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 **2025**, 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:

This was reported for a William Lynn Reed this taxpayer is William Lee Reed. His royalty & mineral interest is in Doddridge County which was confirmed with HG & plats. Exonerate a ticket value of 200 at a Class 3 rate of levy to correct the overcharge. ***CANCEL TICKET & MARK IMPROPER***

District: **12 - GRANT-OUTSIDE**
Account No. **7086036**
Ticket No. **43453**
Tax Year **2025**
Parcel ID: **129999070860360000**

Amount Exonerated: $4.66

_____ PRESENT: _____

Prosecuting Attorney APPROVED: President, County Commission

(or)

_____

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

_____ _____

ATTEST: County Clerk

ASSESSOR _____

EXONERATIONS

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of DMCNEMAR for **HARRIS CLIFFORD AARON** whose address is, 135 MARSTONS MILL DR MOORESVILLE, NC 28117, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **2570** on **INT LEASED O&G (ARSNL/API#5941)**, Class **3/4** in **SIMPSON-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **660**, Class **3/4** in and for the year **2025**, resulting in a difference in assessed value of **1910**. 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 **2025**, 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 value was erroneously added to wrong taxpayers account per State Tax Department. Exonerate a value of 1,910 at a Class 3 rate of levy to correct the overcharge.

District: **15 - SIMPSON-OUTSIDE**
Account No. **70982967**
Ticket No. **53211**
Tax Year **2025**
Parcel ID: **159999070829670000**

Amount Exonerated: $44.51

_____ PRESENT: _____

Prosecuting Attorney APPROVED: President, County Commission

(or)

_____

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

_____ _____

ATTEST: County Clerk

ASSESSOR

EX-PP7736

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **BEACON SALES ACQUISITION INC DBA MCCLURE JOHNSTON** whose address is, PO BOX 80615 INDIANAPOLIS, IN 46280, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **1105780** on **MACHINERY & EQUIPMENT**, Class **3/4** in **CLARK-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **1038670**, Class **3/4** in and for the year **2025**, resulting in a difference in assessed value of **67110**. 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 **2025**, 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 is assessed at ~~assessed at~~ an incorrect value for equipment, some vehicle values were placed in equipment. Exonerate a value of 67110 at a class 3 rate of levy to correct the overcharge.

District: **01 - CLARK-OUTSIDE**
Account No. **3023805**
Ticket No. **800140**
Tax Year **2025**
Parcel ID:

Amount Exonerated: $1563.66

PRESENT: Prosecuting Attorney
(or)

PRESENT: Tax Commissioner

ATTEST: County Clerk

ASSESSOR

APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

EX-RE7757

EXONERATIONS

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 05th day of November, 2025 issued the following order, which was made and entered, to-wit:

Upon application of DMCNEMAR for **MAZER DOUGLAS A & CATHERINE S** whose address is, 146 RAINBOW RANCH RD SALEM, WV 26426, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **64620** on **30.89 AC INDIAN RUN** , Class **3/4** in **TENMILE-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **64620**, Class **2** in and for the year **2025**, resulting in a difference in assessed value of **0**. 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 **2025**, 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 is being used as a Hunting Cabin, therefore Class 2 applies. Exonerate a value of 32,310 at a Class 3 rate of levy to correct the overcharge. ***CORRECT ADDRESS FROM 1742 STILLHOUSE RD SALEM TO 146 RAINBOW RANCH RD SALEM***

District: **18 - TENMILE-OUTSIDE**
Account No. **6374719**
Ticket No. **65535**
Tax Year **2025**
Parcel ID: **18 262001900000000**

Amount Exonerated: $752.82

_____ PRESENT: _____

Prosecuting Attorney APPROVED: President, County Commission

(or)

_____

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

_____ _____

ATTEST: County Clerk

ASSESSOR

_____

7-A.

FORM OF REQUISITION
FOR PAYMENT FROM SERIES A
ADMINISTRATIVE EXPENSE FUND

The County Commission of Harrison County
(West Virginia)
Tax Increment Revenue and Refunding Bonds
(Charles Pointe Project No. 2- North Land Bay Improvements)
Series 2008 A

To: UMB Bank
120 South Sixth Street Suite 1400
Minneapolis, MN 55402

REQUISITION FOR PAYMENT NO. (11/05/25)

THE COUNTY COMMISSION OF HARRISON COUNTY (the "Issuer"), by its duly Authorized Representatives, hereby certifies, in connection with this Requisition for Payment from Series A Administrative Expense Fund (the "Requisition") under a Development Agreement for the above captioned bonds (the "Series 2008 A Bonds"), dated March 5, 2008 (the "Development Agreement") between the Issuer and the Developer, that:

1. Terms used herein and not otherwise defined herein shall have the meanings given such terms in the Development Agreement or the Indenture of Trust for the Series 2008 A Bonds, dated March 5, 2008 as supplemented and amended (the "Series 2008 A Trust Indenture") between the Issuer and UMB Bank as substitute trustee under the Series 2008 A Trust Indenture.

2. The amount requested to be transferred from the Revenue Fund to the Series A Administrative Expense Fund is necessary to pay Administrative Expenses incurred during the preceding six month period.

3. The amount requested to be disbursed from the Series A Administrative Expense Fund by this Requisition: (a) is a portion of the Administrative Expenses authorized for funding under the Series 2008 A Trust Indenture and Development Agreement, and (b) is an authorized expenditure under the Project Plan and the Act.

4. The total amount requested to be transferred from the Revenue Fund to the Series A Administrative Expense Fund pursuant to this Requisition is **$8,910.08**

5. The total amount requested to be disbursed from the Series A Administrative Expense Fund pursuant to this Requisition is **$8,910.08.** As set forth in the invoices attached hereto, of the total amount of such disbursement:

(a) $ -0- is to be paid to the Developer as reimbursement to the Developer for an invoice or statement previously paid by the Developer to an entity that is not affiliated with the Developer; and

(b) **$8,910.08** is to be paid to a third party payee that is not affiliated with the Developer or on a joint basis to the Developer and such a third party payee with respect to an expense previously incurred.

In either event, the amount set forth herein is supported by the attached copies of invoices or statements.

IN WITNESS WHEREOF, this Requisition has been duly executed by the Issuer by its duly Authorized Representative this **5th day of November, 2025.**

THE COUNTY COMMISSION OF
HARRISON COUNTY

By: _____
Commissioner

Schedule I
to Requisition

Copies of Invoices or Statements
(Attached)

MuniCap, Inc.	Invoice #102025-127	Date: 10/29/2025	$ 5,068.75
UMB Bank	Invoice #1027268	Date: 10/17/2025	$ 2,500.33
Steptoe & Johnson	Invoice #1220571	Date: 10/22/2025	$ 1,341.00
		Total	**$ 8,910.08**

INVOICE

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Invoice Date	Invoice #
10/29/2025	102025-127

Balance Due $5,068.75

Remit check to: or **Wire Instructions:**

MuniCap, Inc.
8630 M Guilford Road #263
Columbia, MD 21046

Our banking info has changed:
Fulton Bank, N.A.
9151 Baltimore National Pike
Ellicott City, MD 21042
(410) 418-8500

To the account of: MuniCap, Inc.

Bill To:

The County Commission of Harrison County
ATTN: Susan Thomas, President
229 South 3rd Street
Clarksburg, WV 26301

Project: Charles Pointe Series 2008 1394

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date 10/29/2025

Invoice # 102025-127

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Project: Charles Pointe Series 2008

Terms	Client #
Net 30	1394

Item	DATE	Description	Hrs	Amount
Manager (SAM)	9/3/2025	Attend meeting with legal related to settlement amounts and tax bills.	1	225.00
Vice Pres (PSK)	9/3/2025	Attend settlement amount discussion with associates and counsel. Discuss with associate.	1	250.00
President (KR)	9/3/2025	Attend call to discuss assessment billing.	1	300.00
Manager (SAM)	9/8/2025	File revenue source information received and begin preparing tax bill and reapportionment memo.	3.5	787.50
Manager (SAM)	9/9/2025	Continue and review tax bill and reapportionment memo. Provide to vice president for review.	5	1,125.00
Sr Assoc (MS)	9/10/2025	Prepare account statements for updating account reconciliation.	0.25	50.00
Vice Pres (PSK)	9/12/2025	Review tax ticket memo.	1	250.00
Manager (SAM)	9/15/2025	Update and review tax bill updates memo and provide to CEO for review.	2	450.00
Manager (SAM)	9/18/2025	Update tax ticket memo and discuss with CEO.	1.5	337.50
Manager (SAM)	9/19/2025	Discuss memorandum with CEO, update, review, and remit to legal parties for review.	4.25	956.25
Manager (SAM)	9/30/2025	Review settlement correspondence and amounts received. Correspond with trustee accounting related to amounts received. Follow up with developer related to closing dates.	1.5	337.50
		Subtotal Fees:		5,068.75

EIN: 03-0461891. Overdue accounts are subject to 1% monthly finance charge.

Total **$5,068.75**

PK

Billing Inquiries? Call (443) 539-4104

E

2008

UMB

UMB Bank, N.A.
P O Box 414589
Kansas City, MO 64141-4589

Invoice 1027268

Invoice Date:	**October 17, 2025**
Account Number:	**141961.1**
Administrator:	**Teri Donofrio**
Phone Number:	**(612) 337-7005**
Email:	**Teresa.Donofrio@umb.com**

County Commission of Harrison Cnty
President
301 West Main St
Clarksburg, WV 26301

Billing Period: **September 1, 2025 through September 30, 2025**

Prior Balance:	$7,901.99
Payments Received as of October 8, 2025	$ 0.00
Adjustments	$ 0.00
Outstanding Balance:	$7,901.99
Current Billing Period:	
Current Period Fees	$2,500.33
Total Fees Due	$ 10,402.32

Remittance Stub
Billing Period 09/01/2025 - 09/30/2025

Account Number:	141961.1
Invoice Number:	1027268
Remit Balance	$10,402.32

Payment Due Upon Receipt

County Commission of Harrison Cnty
President
301 West Main St
Clarksburg, WV 26301

☐ Check Enclosed $_____

Mail Payments To:
UMB Bank, N.A.
Attn: Trust Fees Department
P O Box 414589
Kansas City, MO 64141-4589

WIRE PAYMENT INSTRUCTIONS:

UMB Bank, N.A. Kansas City, Missouri
ABA No.
IFT C/Code
BNF Account
BNF Name
Reference
Attention Fee

2008

UMB

UMB Bank, N.A.
P O Box 414589
Kansas City, MO 64141-4589

Invoice **1027268**

Account Detail
Charles Pointe Project 2008AB

Account Number: 141961.1

Administrative Fees

Administration Fee	$458.33
Extraordinary Administration Fees	2,042.00
Administrative Fees Total	**$2,500.33**
Account Total	**$2,500.33**

UMB

UMB Bank, N.A.
P O Box 414589
Kansas City, MO 64141-4589

Invoice **1027268**

Statement of Receivables

Reflects Only Those Payments Received And Applied As of October 8, 2025

Invoice Number	Invoice Date	Bill Period	Amount Receivable	Aged
1018975	July 16, 2025	June 1, 2025 to June 30, 2025	3,211.33	84 days
1021947	August 20, 2025	July 1, 2025 to July 31, 2025	2,190.33	49 days
1024666	September 19, 2025	August 1, 2025 to August 31, 2025	2,500.33	19 days
	Total Balance Due		**7,901.99**	

STEPTOE & JOHNSON PLLC
ATTORNEYS AT LAW

400 White Oaks Boulevard
Bridgeport, WV 26330
(304) 933-8000 (304) 933-8183 Fax
www.steptoe-johnson.com

Writer's Contact Information
304.933.8136
Thomas.Aman@steptoe-johnson.com

October 20, 2025

Via E-mail - lpysz@harrisoncountywv.gov

Ms. Laura Pysz, County Administrator
Harrison County Commission
229 South Third Street
Clarksburg, WV 26301

Re: Charles Pointe TIF District Administrative Matters

Dear Laura:

Enclosed is our statement for services and expenses incurred through September 30, 2025, in connection with the above referenced matter. This invoice is an administrative expense of the Charles Pointe TIF District payable from the property tax revenues of such District. Please include in the next Requisition to Bond Trustee UMB Bank, Inc.

Please let me know if you have any questions.

Best regards.

Very truly yours,

Thomas L. Aman, Jr.

TLA/pjg
cc: mtonkin@harrisoncountywv.com
Enclosure
384480.00029

27022569.2

2025

STEPTOE & JOHNSON PLLC
ATTORNEYS AT LAW

TAX ID # 55-0286140
PHONE: (304) 933-8200
www.steptoe-johnson.com

Laura Pysz-Laulis
County Administrator
Harrison County Commission
229 S. Third Street, 3rd Floor
Clarksburg, WV 26301

DUE UPON RECEIPT

Invoice Date:	October 22, 2025
Invoice Number:	1220571
Matter Number:	384480.00029

FOR PROFESSIONAL SERVICES THROUGH OCTOBER 2, 2025

Client: Harrison County Commission

Matter: Charles Pointe TIF District Administrative Matters

Total Current Fees	$	1,300.00
Total Current Costs		41.00
Total Current Due	**$**	**1,341.00**

Payment Address:
Steptoe & Johnson PLLC
P.O. Box 247
Bridgeport, WV 26330-0247

Credit Card (fees apply):
www.steptoe-johnson.com/payments

Electronic Payment Instructions:
The Huntington National Bank (Columbus, OH)
Account Number: 01521200171
ACH Number: 051903761
Wire Routing Number: 044000024
Swift Code: HUNTUS33
(Please Reference Invoice Number)

Attorney-Client Communication - Privileged and Confidential

TIME DETAIL

Date	Initials	Description	Hours	Amount
09/19/25	TLA	Attend to property TIF Annual report	0.25	98.75
09/22/25	TLA	Work on TIF Annual report for Charles Pointe	0.75	296.25
09/29/25	LNS	Draft Annual TIF Report	0.75	213.75
10/02/25	TLA	Review Memo prepared by MuniCap for reappointment of CED Assessments and provide comments to same	1.75	691.25
		Total		**$ 1,300.00**

TIMEKEEPER SUMMARY

Name	Title	Rate	Hours	Amount
Lacy N. Smith	Associate	$285.00	0.75	213.75
Thomas L. Aman, Jr.	Member	$395.00	2.75	1,086.25
		Total	**3.50**	**$ 1,300.00**

COST DETAIL

Date	Description	Amount
09/15/25	Recording Fee: Harrison County Clerk - Pmt Recording of Lien CED Assessments (TLA/pjg)	41.00
	Total	**$ 41.00**

OUTSTANDING INVOICES

Invoice Date	Invoice Number	Invoice Total	Payments	Total Balance
09/19/25	1214949	3,252.50	0.00	3,252.50
			Total	**$ 3,252.50**

STEPTOE & JOHNSON PLLC
ATTORNEYS AT LAW
TAX ID # 55-0286140
PHONE: (304) 933-8200
www.steptoe-johnson.com

Laura Pysz-Laulis
County Administrator
Harrison County Commission
229 S. Third Street, 3rd Floor
Clarksburg, WV 26301

DUE UPON RECEIPT

Invoice Date:	October 22, 2025
Invoice Number:	1220571
Matter Number:	384480.00029

FOR PROFESSIONAL SERVICES THROUGH OCTOBER 2, 2025

REMITTANCE PAGE

Client: Harrison County Commission

Matter: Charles Pointe TIF District Administrative Matters

Total Due This Invoice	**$**	**1,341.00**
Balances From Previous Invoices		3,252.50
Total Amount Due	**$**	**4,593.50**
Amount of Payment	**$**	

Payment Address:
Steptoe & Johnson PLLC
P.O. Box 247
Bridgeport, WV 26330-0247

Credit Card (fees apply):
www.steptoe-johnson.com/payments

Electronic Payment Instructions:
The Huntington National Bank (Columbus, OH)
Account Number:
ACH Number:
Wire Routing Number:
Swift Code:
(Please Reference Invoice Number)

Attorney-Client Communication - Privileged and Confidential

7-B.

REQUISITION FOR PAYMENT FROM ADMINISTRATIVE EXPENSE FUND

$36,500,000
The County Commission of Harrison County
Special District Excise Tax Revenue and Improvement Bonds,
Series 2019 A
(Charles Pointe Economic Opportunity Development District)

$12,280,000
The County Commission of Harrison County
Subordinate Special District Excise Tax Revenue and Refunding Bonds
Series 2019 B
(Charles Pointe Economic Opportunity Development District)

REQUISITION FOR PAYMENT NO. 111 (11/05/25)

The County Commission of Harrison County, a public corporation and governing body of Harrison County, a political subdivision of the State of West Virginia (the "*Issuer*"), by its Authorized Officer, hereby certifies in connection with this Requisition for Payment from Administrative Expense Fund (the "*Requisition*") pursuant to an Indenture of Trust (the "*Indenture*") for the above captioned bonds (the "*Series 2019 Excise Tax Bonds*"), dated as of August 16, 2019, by and between the Issuer and Wilmington Trust, N.A., as trustee, pursuant to which UMB Bank, N.A., serves as successor trustee (the "*Trustee*"), and agreed to by the Charles Pointe Economic Opportunity Development District Board (the "District Board") and pursuant to a Development Agreement for the Series 2019 Excise Tax Bonds, dated as of August 16, 2019 (the "*Development Agreement*") by and among the Issuer, the District Board, Genesis Partners, Limited Partnership, a West Virginia limited partnership (the "*Developer*") and Charles Pointe Crossing, LLC, a West Virginia limited liability company (the "*Site Developer*") that:

1. Terms used herein and not otherwise defined herein shall have the meanings given such terms in the Indenture and in the Development Agreement.

2. The amount requested to be disbursed by this Requisition: (a) is a portion of the Administrative Expenses authorized for funding under the Indenture and Development Agreement, (b) is an authorized expenditure under the Project Plan and the EODD Act, and (c) such requested expenditures, when combined with previous disbursements from the Administrative Expense Fund during the current Bond Year do not exceed $80,000 in the aggregate for such Bond Year.

3. The total amount requested to be disbursed pursuant to this Requisition is **$10,376.75** As set forth in the invoices attached hereto, of the total amount of such disbursement:

(a) **$ -0-** is to be paid to the Issuer, the District Board, the Developer or Site Developer as reimbursement to the Issuer, the District Board, the Developer or Site

Developer for an invoice or statement previously paid by the Issuer, the District Board, the Developer or the Site Developer; and

(b) **$10,376.75.** is to be paid to a third party payee that is not affiliated with the Issuer, the District Board, the Developer or the Site Developer or on a joint basis to the Issuer, the District Board, the Developer or the Site Developer and such a third party payee with respect to an expense previously incurred.

In either event, the amount set forth herein is supported by the attached copies of invoices, statements or proof of payment.

IN WITNESS WHEREOF, this Requisition has been duly executed by the Issuer by its Authorized Officer this **5th day of November, 2025.**

THE COUNTY COMMISSION OF
HARRISON COUNTY

By: _____
Commissioner

Schedule I
to Requisition

Copies of Invoices or Statements
(Attached)

UMB Bank	Invoice #1027535	Date: 10/20/2025	$ 3,378.00
MuniCap, Inc.	Invoice #102025-476	Date: 10/29/2025	$ 3,000.00
MuniCap, Inc.	Invoice #102025-398	Date: 10/29/2025	$ 3,698.75
MuniCap, Inc.	Invoice #102025-399	Date: 10/29/2025	$ 300.00
		Total	**$ 10,376.75**

UMB

UMB Bank, N.A.
P O Box 414589
Kansas City, MO 64141-4589

Invoice 1027535

Invoice Date:	**October 20, 2025**
Account Number:	**158735.1**
Administrator:	**Teri Donofrio**
Phone Number:	**(612) 337-7005**
Email:	**Teresa.Donofrio@umb.com**

Charles Pointe EODD 2019ABC
Attn: County Administrator
Harrison County Courthouse
301 West Main Street
Clarksburg, WV 26301

Billing Period: **September 1, 2025 through September 30, 2025**

Prior Balance:	$ 15,032.00
Payments Received as of October 8, 2025	$ 0.00
Adjustments	$ 0.00
Outstanding Balance:	$ 15,032.00
Current Billing Period:	
Current Period Fees	$3,378.00
Total Fees Due	$ 18,410.00

Remittance Stub
Billing Period 09/01/2025 - 09/30/2025

Account Number:	158735.1
Invoice Number:	1027535
Remit Balance	$18,410.00

Payment Due Upon Receipt

Charles Pointe EODD 2019ABC
Attn: County Administrator
Harrison County Courthouse
301 West Main Street
Clarksburg, WV 26301

☐ Check Enclosed $_____

Mail Payments To:
UMB Bank, N.A.
Attn: Trust Fees Department
P O Box 414589
Kansas City, MO 64141-4589

WIRE PAYMENT INSTRUCTIONS:

UMB Bank, N.A. Kansas City, ~~Missouri~~	
ABA No.	
SWIFT BIC/Code	
BNF Account	
BNF Name	
Reference	10275
Attention	Fee Processing

2019

UMB

UMB Bank, N.A.
P O Box 414589
Kansas City, MO 64141-4589

Invoice 1027535

Account Detail
Charles Pointe EODD 2019ABC

Account Number: 158735.1

Administrative Fees

Administration Fee	$625.00
Extraordinary Administration Fees	2,753.00
Administrative Fees Total	**$3,378.00**
Account Total	**$3,378.00**

UMB

UMB Bank, N.A.
P O Box 414589
Kansas City, MO 64141-4589

Invoice **1027535**

Statement of Receivables

Reflects Only Those Payments Received And Applied As of October 8, 2025

Invoice Number	Invoice Date	Bill Period	Amount Receivable	Aged
1018965	July 16, 2025	June 1, 2025 to June 30, 2025	5,669.00	84 days
1021950	August 20, 2025	July 1, 2025 to July 31, 2025	4,253.00	49 days
1024678	September 19, 2025	August 1, 2025 to August 31, 2025	5,110.00	19 days
	Total Balance Due		**15,032.00**	

INVOICE

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Invoice Date	Invoice #
10/29/2025	102025-476

Balance Due $3,000.00

Remit check to: MuniCap, Inc.
8630 M Guilford Road #263
Columbia, MD 21046

or

Wire Instructions:

Our banking info has changed:
Fulton Bank, N.A.
9151 Baltimore National Pike
Ellicott City, MD 21042
(410) 418-8500

ABA Routing No
To the account of: MuniCap, Inc.
Account No

Bill To:

Gina Jones
Director of Grants and Special Proj.
Harrison County Commission
229 South 3rd Street
Clarksburg, WV 26301

Project: Charles Pointe 2019 Arb Billin 2024

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date 10/29/2025

Invoice # 102025-476

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Terms	Client #
Net 30	2024

Project: Charles Pointe 2019 Arb Billin

Item	DATE	Description	Hrs	Amount
Arbitrage Svc	10/29/2025	Arbitrage Liability Rebate Report for the Series 2019A and 2019B Bonds for the interim period August 16, 2024 through August 16, 2025.		3,000.00

EIN: 03-0461891. Overdue accounts are subject to 1% monthly finance charge.

Total **$3,000.00**

PK

Billing Inquiries? Call (443) 539-4104

E

2019

INVOICE

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Invoice Date	Invoice #
10/29/2025	102025-398

Balance Due $3,698.75

Remit check to: or **Wire Instructions:**

MuniCap, Inc.
8630 M Guilford Road #263
Columbia, MD 21046

Our banking info has changed:
Fulton Bank, N.A.
9151 Baltimore National Pike
Ellicott City, MD 21042
(410) 418-8500

ABA Routing No.: 6
To the account of: MuniCap, Inc.
Accoun

Bill To:

Gina Jones
Director of Grants and Special Proj.
Harrison County Commission
229 South 3rd Street
Clarksburg, WV 26301

Project: Charles Pointe 2019 2024

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Invoice Date	Invoice #
10/29/2025	102025-398

Project: Charles Pointe 2019

Terms	Client #
Net 30	2024

Item	DATE	Description	Hrs	Amount
Proj Mgr (VVJ)	9/4/2025	Work on FY25 accruals and adjustments.	1.75	376.25
Manager (SAM)	9/8/2025	File revenue source information received.	0.25	56.25
Proj Mgr (VVJ)	9/10/2025	Review July journal entries and support.	0.25	53.75
Manager (SAM)	9/10/2025	Correspond with the county related to invoice payments.	0.25	56.25
Sr Assoc (MS)	9/10/2025	Prepare account statements for updating account reconciliation.	0.25	50.00
Manager (SAM)	9/11/2025	Begin statutory report updates.	1.5	337.50
Manager (SAM)	9/12/2025	Continue preparation of annual statutory report and request information from the developer.	3.75	843.75
Proj Mgr (VVJ)	9/17/2025	Confirm July QuickBooks balances and approve journal entries.	0.25	53.75
Proj Mgr (VVJ)	9/19/2025	Prepare July financial reports and provide them to the counsel.	0.75	161.25
Assoc (JJD)	9/19/2025	Update excise tax database for August.	1	175.00
Proj Mgr (VVJ)	9/22/2025	Work on FY25 accruals and adjustments.	0.75	161.25
Proj Mgr (VVJ)	9/24/2025	Work on FY25 accruals and adjustments.	0.75	161.25
Sr Assoc (OO)	9/25/2025	Prepare August journal entries.	0.5	100.00
Manager (SAM)	9/25/2025	File revenue source data.	0.25	56.25
Manager (SAM)	9/26/2025	Request fee information for annual statutory report and update workbook.	2.5	562.50
Proj Mgr (VVJ)	9/29/2025	Record additional FY25 accruals and prepare backup for accrual journal entries. Request legal invoices from the counsel.	1.25	268.75
Director (JLA)	9/30/2025	Assist with identification and provision of material information related to on-going compliance.	0.5	112.50
Manager (SAM)	9/30/2025	Correspond with accounting and the trustee related to settlement amounts received.	0.5	112.50
		Subtotal Fees:		3,698.75

EIN: 03-0461891. Overdue accounts are subject to 1% monthly finance charge.

Total **$3,698.75**

PK

Billing Inquiries? Call (443) 539-4104

E

2019

INVOICE

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Invoice Date	Invoice #
10/29/2025	102025-399

Balance Due $300.00

Remit check to: or **Wire Instructions:**

MuniCap, Inc.
8630 M Guilford Road #263
Columbia, MD 21046

Our banking info has changed:
Fulton Bank, N.A.
9151 Baltimore National Pike
Ellicott City, MD 21042
(410) 418-8500

ABA Routing
To the account of: MuniCap, Inc.
Account N

Bill To:

Gina Jones
Director of Grants and Special Proj.
Harrison County Commission
229 South 3rd Street
Clarksburg, WV 26301

Project: Charles Pointe 2019 PIC 2024

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date 10/29/2025

Invoice # 102025-399

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Project: Charles Pointe 2019 PIC

Terms	Client #
Net 30	2024

Item	DATE	Description	Hrs	Amount
Sr Assoc (MMM)	8/21/2025	Update and finalize post issuance compliance summary and supporting documentation files. Set up external collaboration files for client access.	1	200.00
Sr Assoc (MMM)	9/4/2025	Finalize and distribute post issuance compliance summary and supporting documentation external file link.	0.5	100.00
		Subtotal Fees:		300.00

EIN: 03-0461891. Overdue accounts are subject to 1% monthly finance charge.

Total **$300.00**

PK

Billing Inquiries? Call (443) 539-4104

E

2019

7-C.

REQUISITION FOR PAYMENT
FROM ADMINISTRATIVE EXPENSE FUND

$20,573,000
The County Commission of Harrison County
Senior Tax Increment Refunding Revenue Bonds
Series 2021 A Tax-Exempt
(Development District No. 3 – White Oaks)

$6,422,000
The County Commission of Harrison County
Subordinate Tax Increment Revenue Bonds
Series 2021 B Taxable
(Development District No. 3 – White Oaks)

REQUISITION FOR PAYMENT NO. 52

The County Commission of Harrison County, a public corporation and governing body of Harrison County, a political subdivision of the State of West Virginia (the "Issuer"), by its duly Authorized Officer, hereby certifies, in connection with this Requisition for Payment from Administrative Expense Fund (the "Requisition") under an Indenture of Trust, for the above captioned Bonds (the "Series 2021 Bonds"), dated as of May 15, 2021 (the "Original Indenture") between the Issuer and WesBanco Bank, Inc. as replacement trustee, (the "Trustee"), as supplemented and amended by a First Supplemental Indenture of Trust (the "First Supplemental Indenture of Trust") dated as of August 11, 2023, and a Second Supplemental Indenture of Trust (the "Second Supplemental Indenture"), dated July 19, 2024 (the "Second Supplemental Indenture" and together with the Original Indenture and the First Supplemental Indenture, the "Indenture"), that:

1. Terms used herein and not otherwise defined herein shall have the meanings given such terms in the Indenture.

2. The amount requested to be disbursed by this Requisition: (a) is a portion of the Administrative Expenses as that term is defined in the Indenture, and (b) is an authorized expenditure under Amended Project Plan No. 2 and the Act.

3. The total amount requested to be disbursed pursuant to this Requisition is **$863.75.** As set forth in the invoices attached hereto, of the total amount of such disbursement:

(a) **$-0-** is to be paid to the Issuer as reimbursement to the Issuer for an invoice or statement previously paid by the Issuer to an entity that is not affiliated with the Issuer; and

(b) **$863.75** is to be paid to a third party payee that is not affiliated with the Issuer or on a joint basis to the Issuer and such a third party payee with respect to an expense previously incurred.

In either event, the amount set forth herein is supported by the attached copies of invoices.

IN WITNESS WHEREOF, this Requisition has been duly executed by the Issuer by its duly Authorized Officer this **5th day of November, 2025.**

THE COUNTY COMMISSION OF
HARRISON COUNTY

By: _____
Commissioner

Schedule I
to Requisition

Copies of Invoices or Statements
(Attached)

Steptoe & Johnson	Invoice #1220570	Date: 10/22/2025	$ 438.75
MuniCap Inc.	Invoice #102025-216	Date: 10/29/2025	$ 425.00
		Total	**$ 863.75**

INVOICE

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Invoice Date	Invoice #
10/29/2025	102025-216

Balance Due $425.00

Remit check to: or **Wire Instructions:**

MuniCap, Inc.
8630 M Guilford Road #263
Columbia, MD 21046

Our banking info has changed:
Fulton Bank, N.A.
9151 Baltimore National Pike
Ellicott City, MD 21042
(410) 418-8500

AB
For the account of: MuniCap, Inc

Bill To:

Harrison County Commission
229 South 3rd Street
Clarksburg, WV 26301

Project: Harrison County-WhiteOak Admin 1676

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date	Invoice #
10/29/2025	102025-216

MuniCap, Inc.
8965 Guilford Road
Columbia, MD 21046

Terms	Client #
Net 30	1676

Project: Harrison County-WhiteOak Admin

Item	DATE	Description	Hrs	Amount
Sr Assoc (MS)	8/20/2025	Prepare account statements for updating account reconciliation.	0.25	50.00
Sr Assoc (MS)	9/2/2025	Update account reconciliation for July activity.	0.25	50.00
Vice Pres (PSK)	9/12/2025	Correspond with new trustee regarding account statements.	0.25	62.50
Sr Assoc (MS)	9/17/2025	Prepare account statements for updating account reconciliation.	0.25	50.00
Vice Pres (PSK)	9/19/2025	Review and send account statement form for trustee.	0.25	62.50
Sr Assoc (MS)	9/19/2025	Update account reconciliation for August activity. Complete trustee account access form for new trustee account access.	0.75	150.00
		Subtotal Fees:		425.00

EIN: 03-0461891. Overdue accounts are subject to 1% monthly finance charge.

Total **$425.00**

PK

Billing Inquiries? Call (443) 539-4104

E

2021

STEPTOE & JOHNSON PLLC
ATTORNEYS AT LAW

400 White Oaks Boulevard
Bridgeport, WV 26330
(304) 933-8000 (304) 933-8183 Fax
www.steptoe-johnson.com

Writer's Contact Information
304.933.8136
Thomas.Aman@steptoe-johnson.com

October 23, 2025

Via E-mail - lpysz@harrisoncountywv.gov

Ms. Laura Pysz, County Administrator
Harrison County Commission
229 South Third Street
Clarksburg, WV 26301

Re: White Oaks Business Park TIF District Administrative Matters

Dear Ms. Pysz:

Enclosed is our statement for services and expenses incurred through September 30, 2025, in connection with the above referenced matter. This invoice is an administrative expense of the White Oaks Business Park TIF District (District No. 3) payable from the Administrative Expense Fund established for such District. Please include this invoice in the next Requisition which the County Commission submits to the Bond Trustee for payment.

Please let me know if you have any questions.

Best regards.

Very truly yours,

Thomas L. Aman, Jr.

TLA/pjg
Enclosure
cc: mtonkin@harrisoncountywv.com
384480.00033

27413207.1

STEPTOE & JOHNSON PLLC
ATTORNEYS AT LAW

TAX ID # 55-0286140
PHONE: (304) 933-8200
www.steptoe-johnson.com

Laura Pysz-Laulis
County Administrator
Harrison County Commission
229 S. Third Street, 3rd Floor
Clarksburg, WV 26301

DUE UPON RECEIPT

Invoice Date:	October 22, 2025
Invoice Number:	1220570
Matter Number:	384480.00033

FOR PROFESSIONAL SERVICES THROUGH OCTOBER 2, 2025

Client: Harrison County Commission

Matter: White Oaks TIF Administrative Matters

Total Current Fees	$	438.75
Total Current Due	**$**	**438.75**

Payment Address:
Steptoe & Johnson PLLC
P.O. Box 247
Bridgeport, WV 26330-0247

Credit Card (fees apply):
www.steptoe-johnson.com/payments

Electronic Payment Instructions:
lumbus, OH)
Account N
ACH Numbe
Wire Routing Numbe
Swift Code: HUNTUS33
(Please Reference Invoice Number)

#52
2021 A&B

TIME DETAIL

Date	Initials	Description	Hours	Amount
09/19/25	TLA	Attend to property TIF Annual report	0.25	98.75
09/24/25	TLA	Confer with Pam Gerlach on preparation of Annual Report	0.50	197.50
09/29/25	LNS	Draft Annual TIF Report	0.50	142.50
		Total		**$ 438.75**

TIMEKEEPER SUMMARY

Name	Title	Rate	Hours	Amount
Lacy N. Smith	Associate	$285.00	0.50	142.50
Thomas L. Aman, Jr.	Member	$395.00	0.75	296.25
		Total	**1.25**	**$ 438.75**

OUTSTANDING INVOICES

Invoice Date	Invoice Number	Invoice Total	Payments	Total Balance
09/19/25	1214947	987.50	0.00	987.50
			Total	**$ 987.50**

STEPTOE & JOHNSON PLLC
ATTORNEYS AT LAW
TAX ID # 55-0286140
PHONE: (304) 933-8200
www.steptoe-johnson.com

Laura Pysz-Laulis
County Administrator
Harrison County Commission
229 S. Third Street, 3rd Floor
Clarksburg, WV 26301

DUE UPON RECEIPT

Invoice Date:	October 22, 2025
Invoice Number:	1220570
Matter Number:	384480.00033

FOR PROFESSIONAL SERVICES THROUGH OCTOBER 2, 2025

REMITTANCE

REMITTANCE PAGE

Client: Harrison County Commission

Matter: White Oaks TIF Administrative Matters

Total Due This Invoice	**$**	**438.75**
Balances From Previous Invoices		987.50
Total Amount Due	**$**	**1,426.25**
Amount of Payment	**$**	

Payment Address:
Steptoe & Johnson PLLC
P.O. Box 247
Bridgeport, WV 26330-0247

Credit Card (fees apply):
www.steptoe-johnson.com/payments

Electronic Payment Instructions:
The Huntington National Bank (Columbus, OH)
Account Numb
ACH Number:
Wire Routing N
Swift Code: HU
(Please Reference Invoice Number)

Civil & Environmental Consultants, Inc.

AUTHORIZATION FOR ADDITIONAL SERVICES

Client Name: McKinley & Associates, Inc **Contact:** _____

Address: _____ _____

_____

Client Email:

Date: 10/22/25

Request No.: 2 **CEC Project Manager:**

CEC Project: 354-399 **Task:** 1000

Project Name: Royal Chrysler Building Collapse Remediation

Location: Shinnston, WV

Proposed Scope of Services:

- **Terrestrial LiDAR Survey**

A laser scan technician will mobilize the site with a Leica RTC360 laser scanner. Once on site, the technician will collect multiple laser scan observations to capture the exterior of the collapsed area to capture the red X elevations as shown. These scans will also capture the green arrow distance as shown on the image. CEC will utilize the scanned data to extract elevations as points and break lines and provide that information to the geotechnical engineer and McKinley team.



Limitations and Assumptions:

- CEC will not enter within the collapsed building area do to site safety issues, scanned locations will be pre-determined prior to arrival to site and will be along and above the collapsed area.
- Due to angle of incidence and shadowing, it may not be possible to acquire Terrestrial LiDAR on every portion of the target area.
- Site Access: CEC assumes that site access will be granted by the client on the scheduled day of services, and that all coordinating information will be provided to CEC prior to arrival on site.

- **Drone Imagery Capture**

CEC recommends the use of a small camera mounted drone for data collection on the existing mine portal. The drone would be flown no more than 20' into the mine portal and capture imagery using light assisted videography/photography. It is understood that McKinley needs dimensions and presence of moisture. The drone will capture inside but also facing back to the opening to attempt to capture the height of the opening. CEC will use the scanned data mentioned above in combination of the drone ima e and video to rovide McKinle with a roximate dimensions.

AUTHORIZATION FOR ADDITIONAL SERVICES

Reason(s) for Additional Services and Impacts to Schedule:

Additional services requested by the client to facilitate slope remediation behind the collapsed building.

The C401-2017 CEC Master Agreement State of WV between McKinley Architecture and Engineering and CEC dated 5/8/2025, shall govern the services provided pursuant to this Authorization for Additional Services.

CEC Principal Signature: _____ **Estimated Fee:** $7,000

Please provide a signature below authorizing CEC to proceed with the additional services. Upon receipt, CEC will begin the additional services under the Terms and Conditions of our initial Agreement dated July 27, 2022, for the additional fee identified above.

Client Authorized Signature: _____ **Date:** _____

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10.

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION
Division of Highways
1900 Kanawha Boulevard East • Building Five • Room 110
Charleston, West Virginia 25305-0430 • (304) 558-3505

Stephen T. Rumbaugh, P. E.
Secretary of Transportation
Commissioner of Highways

October 3, 2025

Harrison County Commission
229 South 3rd Street
Clarksburg, West Virginia 26301

Dear Harrison County Commission:

The enclosed proposed agreement is for the Rail Trail Connector to North Bend Rail Trail Transportation Alternatives Program (TA) project (State Project: U317-RAIL-1. 00) in Harrison County. Please review the proposed agreement carefully as it will indicate the manner in which your project will be funded. If Sections A and B do not fully reflect the scope of work envisioned by your request, please make any changes you feel are appropriate and return the revised document for our consideration.

If this proposed agreement is acceptable, please sign and return it, along with your Resolution and required Sponsor's match/check, patable to the West Virginia Division of Highways, in the amount of $288,800.00. Do not date the front page, paragraph one, as this date will be entered when the Agreement is fully executed. Once the proposed agreement is fully executed, you will receive a copy for your files.

Should you have any questions, please contact Ms. Kylena Nunnally, Project Manager with our Grant Administration Unit within Planning Division, at (304) 414-6959 or by email at Kylena.C.Nunnally@wv.gov. Correspondence can be mailed to the West Virginia Division of Highways, Planning Division, Building 6, Room 220, 1900 Kanawha Boulevard, East, Charleston, West Virginia 25305

Sincerely,

Stephen T. Rumbaugh, P. E.
Secretary of Transportation/
Commissioner of Highways

STR:Nt

Enclosures

Docusign Envelope ID: 6F9D6467-1275-46B1-8ADE-FB51A39589D2

WEST VIRGINIA

DEPARTMENT OF TRANSPORTATION

DIVISION OF HIGHWAYS

AGREEMENT

STATE PROJECT: U317-RAIL-1. 00

FEDERAL PROJECT: TAP-2024(146)D (CONSTRUCTION)

RAIL TRAIL CONNECTOR TO NORTH BEND RAIL TRAIL

TRANSPORTATION ALTERNATIVES

CONGRESSIONALLY DIRECTED SPENDING

HARRISON COUNTY

THIS AGREEMENT, made and entered into this _____ day of _____, 20_____, by and between the **WEST VIRGINIA DEPARTMENT OF TRANSPORTATION, DIVISION OF HIGHWAYS**, hereinafter called **"DEPARTMENT"** and the **HARRISON COUNTY COMMISSION**, hereinafter called **"SPONSOR".**

WITNESSETH that,

WHEREAS, DEPARTMENT and **SPONSOR** have determined that a project for the construction of a rail trail connection to the North Bend Rail Trail from Clarksburg is an eligible

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project for funding under the Transportation Alternatives Program (TAP) as appropriated in the Infrastructure Investment and Jobs Act (IIJA); and

WHEREAS, DEPARTMENT desires to cooperate with **SPONSOR** in accomplishing the project; and

WHEREAS, **SPONSOR**, has received a TAP Grant Award for Federal Fiscal Years (FFYs) 2017 and a 2024 Congressionally Directed Spending Award (CDS); and

NOW THEREFORE, it is mutually agreed as follows:

A. That **SPONSOR** shall contract with a qualified consultant for a scope of work that may include the following work elements:

1. Consultant will develop design plans and provide to **DEPARTMENT** and **SPONSOR** for review;
2. Consultant will develop entire design plans, specifications and estimate (PS&E) package (and any other bid related documentation) and submit to the **DEPARTMENT** for review and Federal Highway Administration (FHWA) approval;
3. Consultant will prepare construction documents that will include construction cost opinion for the project area upon the completion of the design development stage. The construction documents shall include survey, existing conditions, demolition, layout, grading, Right of Way limits including temporary construction easements or permanent easements, site utilities (primarily storm drainage), details for construction; and

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4. Consultant will provide other relevant project scope of work activities included in the contract with **SPONSOR**.
5. Environmental review;
6. Any other relevant scope of work activities; and
7. **DEPARTMENT** will advertise the project for construction.

B. The **SPONSOR'S** consultant shall submit such designs to **DEPARTMENT** and **SPONSOR** for review and written approval prior to any construction. The **DEPARTMENT** will then advertise the project and contract with a qualified contractor for construction of those project elements approved within the design plan, which may include:

1. Design of pedestrian bridge as a connection to the North Bend Rail Trail;

The above-described scope of work is to hereafter be referred to as **"PROJECT";**

C. That the funding for the Construction Phase is a total of one million four hundred forty-four thousand dollars ($1,444,000.00), with the federal funds being one million one hundred fifty-five thousand two hundred dollars ($1,155,200.00) at eighty percent (80%) and **SPONSOR'S** matching funds of two hundred eighty-eight thousand eight hundred dollars ($288,800.00) at twenty percent (20%).

That **SPONSOR** will submit to **DEPARTMENT**, as the minimum match, a check payable to the West Virginia Division of Highways for the sum of two hundred eighty-eight thousand eight hundred dollars ($288,800.00). The check shall be submitted with the Agreement upon execution by the **SPONSOR**.

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See **Table 1.0** for a project funding breakdown.

D. **SPONSOR** shall be responsible for all cost deemed ineligible by **DEPARTMENT**. **SPONSOR** will also be responsible, at the one hundred percent (100%) level, for any and all costs in excess of the total eligible project cost as set with this Agreement.

E. That **DEPARTMENT** will be the lead agency and will charge the necessary labor, material, and equipment necessary to complete the **PROJECT** directly to the federal authorization. It is also acknowledged and agreed that the funding for the **PROJECT** is limited, and that project costs may not exceed the amount agreed upon in item D of this Agreement without a Supplemental Agreement outlining the amount of funding to be added and the source of funding.

F. That **SPONSOR** shall provide for, or cause to be provided for, the future maintenance of **PROJECT** for a period of no less than ten (10) years once the work under this Agreement is completed. Further it is acknowledged and agreed that all future maintenance of project elements constructed under this Agreement will be the sole responsibility of **SPONSOR**.

G. That when using a contractor, **DEPARTMENT** will comply, and ensure compliance, with established provisions of the Federal Davis-Bacon Act Wage Codes.

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H. That the following attachment(s) is incorporated herein and made a part hereof as though fully set out herein: Attachment A-1 – "Grant Program General Clauses and Covenants (October 29, 2015)" and FHWA-1273 "Required Contract Provisions Federal-Aid Construction Contracts". **DEPARTMENT** and Federal Highway Administration attachment guidelines shall apply if applicable.

IN WITNESS WHEREOF, the parties hereto have caused their respective names to be signed by their duly authorized officers.

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION,
DIVISION OF HIGHWAYS

Secretary of Transportation / Commissioner of Highways

(signature) *(title)*

HARRISON COUNTY COMMISSION

(signature) *(title)*

Distribution:
Harrison County Commission
Planning Division
Legal Division

APPROVED AS TO FORM ON

10/1/2025
ATTORNEY LEGAL DIVISION
WEST VIRGINIA DEPARTMENT
OF TRANSPORTATION.
DIVISION OF HIGHWAYS

Christopher Amos

NUMBER: 2510003

Docusign Envelope ID: 6F9D6467-1275-46B1-8ADE-FB51A39589D2

TABLE 1.0 RAIL TRAIL CONNECTOR TO NORTH BEND RAIL TRAIL
FUNDING BREAKDOWN
STATE PROJECT: U317-RAIL-1. 00
FEDERAL PROJECT: TAP-2024(146)D (CONSTRUCTION)

FUNDING TYPE	FEDERAL FUNDS	MATCHING FUNDS	TOTAL
CONSTRUCTION PHASE TAP-2024(146)D			
TA Grant Funds	$115,200.00	$28,800.00	$144,000.00
2024 CDS Funds	$1,040,000.00	$260,000.00	$1,300,000.00
Total Project Funds	$1,155,200.00	$288,800.00	$1,444,000.00

Notes:
Sponsor shall submit a check in the amount of $288,800.00 upon execution of this Agreement.

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ATTACHMENT A-1

TRANSPORTATION ALTERNATIVES GRANT PROGRAM

GENERAL CLAUSES AND COVENANTS

(May 14, 2025)

1. The **SPONSOR,** by signature on the attached Agreement, confirms that it has: the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including meeting the responsible charge responsibilities) to manage federal assistance; funds sufficient to pay the non-Federal share of project costs and to ensure proper planning, management and completion of the project described in this Agreement.

2. The **SPONSOR** shall not begin work, or cause any work to begin, for which costs the **SPONSOR** intends to seek reimbursement, until such time that the **SPONSOR** receives written notice to proceed from the **DEPARTMENT.**

3. The **SPONSOR** is responsible for **PROJECT** oversight and inspection (i.e. have a person in responsible charge, defined as a full time public employee who is accountable for a project. This person is expected to be able to perform the following duties and functions: Administers inherently governmental project activities, including those dealing with cost, time, adherence to contract requirements, and scope of Federal-aid projects; makes or participates in decisions about changed conditions or scope changes that require change orders or supplemental agreements;

4. The **SPONSOR** shall indemnify and hold harmless the **DEPARTMENT**, its officers and employees from any and all suits, claims, liability, losses, liens and demands, fines, costs, criminal and civil penalties, causes of action or any other obligation, including but not limited to attorney's fees and costs of investigations, arising out of or in any manner connected with the work performed by the **SPONSOR**, its agents, employees or contractors, under this

Docusign Envelope ID: 6F9D6467-1275-46B1-8ADE-FB51A39589D2

Agreement, during or any time after such work is being or has been performed, including (without limitation) liability involving bodily injury, death, property damage or any violation or alleged violation of any Federal, State or local law or regulation, except for any liability or damages due to the willful or intentional unlawful acts or the negligence of the **DEPARTMENT** or its employees.

5. The **SPONSOR** shall establish safeguards to prohibit employees from using their positions for a purpose that constitutes, or presents the appearance of, either personal or organizational conflict of interest, or personal gain.

6. The **SPONSOR** shall comply with and ensure compliance with all Federal Statutes relating to the Anti-Lobbying Requirement, Pub. L. 101-121, Section 319, 31 U.S.C. § 1352, that prohibits the recipient, or any lower tier subrecipients, of a Federal contract, grant, loan or cooperative Agreement from expending Federal funds to pay any person for influencing or attempting to influence a Federal agency or the Congress in connection with the awarding of any Federal contract, the making of any Federal grant or loan or the entering into of any cooperative Agreement.

7. The **SPONSOR** must retain a copy of the contract for the consultant(s) and/or contractor(s)/subcontractor(s) chosen. To ensure compliance with requirements, all bid documents and request for proposal/consultant documents must be kept on file by the **SPONSOR** pending Final Audit by the **DEPARTMENT.** In addition, copies of these documents shall be provided to the **DEPARTMENT** as generated as part of the **DEPARTMENT'S** project record.

8. The **SPONSOR**, if it is a non-Federal entity and has received one million dollars ($1,000,000) or more in Federal funds in the prior fiscal year, shall

Docusign Envelope ID: 6F9D6467-1275-46B1-8ADE-FB51A39589D2

furnish to the **DEPARTMENT** a single or program-specific audit conducted for that year in accordance with the provisions of the Office of Management and Budget Circular No. A-133.

09. The **SPONSOR** shall notify the **DEPARTMENT**, at least thirty (30) days in advance, of any ceremonies or "ribbon-cutting" celebrations commemorating the **PROJECT.**

10. The **SPONSOR** shall recognize both the **DEPARTMENT** and the Federal Highway Administration in all press releases, announcements, brochures, websites and/or literature concerning the **PROJECT**.

11. **SPONSOR** shall ensure that:

a. No person, on the grounds of age, race, religion, color, sex, national origin or disability shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the use of said **PROJECT**.

b. Discrimination against the public shall not be practiced in accommodations operated within the area of use.

c. The property shall be used in compliance with all other requirements imposed by the **DEPARTMENT** pursuant to Title 49, CFR, Part 21, including amendments.

12. The **SPONSOR** shall comply, and ensure compliance by its consultant(s) and contractor(s)/subcontractor(s), with the provisions of the West Virginia Prevailing Wage Code regarding labor standards for Federally assisted construction, the Copeland "Anti-Kickback" Act (40 U.S.C. § 276C and 18 U.S.C. § 874), the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), "Equal Employment Opportunity" Executive Orders 11246 and

Docusign Envelope ID: 6F9D6467-1275-46B1-8ADE-FB51A39589D2

11375 and 41 CFR 60, the Drug Free Workplace Act of 1988, the "Buy American" requirements concerning the purchase of steel for Federally funded projects (23 CFR 635.410 (b), Worker Visibility Regulations that require that all persons working within the right-of-way of a Federal Aid Highway wear highly visible safety apparel that meets the Performance Class 2 or 3 requirements of ANSI/ISEA 107-204 publication entitled, "American National Standard for High-Visibility Safety Apparel and Headwear," and if applicable Davis-Bacon Act Wage Codes (40 U.S.C. §§ 276a to 276a-7).

13. The **SPONSOR** shall ensure that all property and/or right-of-way necessary to construct this **PROJECT** shall be acquired in accordance with all applicable Federal and State laws, policies and procedures, which include but are not limited to Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Pub. L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and Federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

14. The **SPONSOR** shall comply with, and ensure compliance by its consultant(s) and contractor(s)/subcontractor(s) with, all Federal statutes, executive orders, rules, and regulations regarding the "Americans With Disabilities Act," 28 CFR 35 and 29 CFR 1830 and with the "General Prohibitions Against Discrimination," 28 CFR 35 and all other regulations under Title II of "The Americans With Disabilities Act" which are applicable.

15. The **SPONSOR** shall comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (Pub. L. 93-234) which requires recipients in a special flood hazard area to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

Docusign Envelope ID: 6F9D6467-1275-46B1-8ADE-FB51A39589D2

16. It is the policy of the **DEPARTMENT** that Disadvantaged and Women-owned Business Enterprises shall have the maximum opportunity to participate in the performance of contracts financed in whole or in part with Federal funds.

17. The **DEPARTMENT** shall review the **PROJECT'S** applicability to both Federal Highway Administration and State requirements for a Federally funded project and if the **PROJECT** qualifies, will complete the appropriate documents for compliance with the National Environmental Policy Act (NEPA).

18. The **SPONSOR** shall adhere to all existing agreements with State and Federal resource agencies that relate to National Environmental Policy Act (NEPA) compliance. Any special provisions and/or mitigation measures will be strictly followed and monitoring may be required.

19. The **SPONSOR** shall be responsible for any additional documentation, actions, or permits necessary for compliance with the NEPA and the 106 process, which include but are not limited to documentation, actions, or permits involving: historic and archaeological surveys, 4(f) statements, noise assessment and abatement, air quality impact assessment and abatement, water quality impact assessment and abatement, hazardous waste/underground toxic assessment and abatement, navigable stream impact assessment and mitigation, wetland impact assessment and mitigation, endangered species impact assessment and mitigation, wild and scenic river impact assessment and mitigation, and/or any other environmental, cultural, or natural impact statement and mitigation as applicable.

20. The **SPONSOR**, in consultation with the **DEPARTMENT**, shall secure all necessary approvals, permits and licenses from all other governmental agencies as may be required to complete the **PROJECT**. This obligation shall include the responsibility for the preparation or revision of environmental impact statements, environmental assessments, environmental reports or other documents required by law and/or environmental litigation; and the

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defense of environmental litigation resulting from the planning, design and/or construction of the **PROJECT**. At the **DEPARTMENT'S** request, the **SPONSOR** shall furnish to the **DEPARTMENT**, prior to advertising and letting **PROJECT**, evidence of the approvals, permits, licenses and approved environmental documents.

21. The **SPONSOR** shall comply with, and ensure compliance by its consultant(s) and contractor(s)/subcontractor(s) with, all applicable standards, executive orders or regulations, if applicable, issued pursuant to the Clean Air Act (42 U.S.C. §§ 7401 et. seq.), the Federal Water Pollution Control Act (33 U.S.C. §§ 1251 et. seq.), and the Energy Policy and Conservation Act (Pub. L. 94-163).

22. The **SPONSOR** shall administer all contracts/subcontracts and be responsible for insuring that all work shall be performed and purchases made in a manner satisfactory to the **DEPARTMENT** and in accordance with the established practices and procedures of the **DEPARTMENT,** and all Federal and State laws, rules, regulations, executives orders, policies and procedures which include, but are not limited to, those included in the Transportation Alternatives Program Application Package, the Federal Aid Policy Guide 23 CFR 633A and entitled "PART 633 – REQUIRED CONTRACT PROVISIONS", and the Rules and Regulations of the West Virginia Department of Transportation, Division of Highways, Series I Section 8 entitled Procurement Procedures for Negotiated Contracts, as applicable.

23. The **SPONSOR** acknowledges and agrees that the **DEPARTMENT** and the Federal Highway Administration reserve a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, for governmental purpose(s):

    a) the copyright of any work developed under this grant, subgrant or contract under this grant or subgrant; and

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b) any rights of copyright to which a grantee, subgrantee, consultant, or contractor acquires or purchases ownership with support from this grant.

24. The **DEPARTMENT** shall bear one hundred percent (100%) of all administrative costs incurred by the **DEPARTMENT**, such as reviewing and processing invoices from the **SPONSOR**.

25. The **SPONSOR** acknowledges and agrees that the future sale, lease, transfer of title or modification in use of any property either purchased with, or receiving improvements funded through, this Agreement and occurring within the specified maintenance term requires prior approval by the **DEPARTMENT** and/or the Federal Highway Administration and could require repayment, by the **SPONSOR**, of Federal funds involved.

26. The **SPONSOR** acknowledges and agrees that failure to adhere to and comply with, and ensure compliance by its consultant(s), contractor(s) and subcontractor(s) with any item in the attached Project Agreement may result in the repayment, by the **SPONSOR**, of any and all Federal funds expended on the project. It will be at the sole discretion of the Federal Highway Administration and/or the **DEPARTMENT** to determine if the violation warrants repayment and the amount to be repaid. Prior to any obligation of repayment, the **SPONSOR** shall be provided with a written notice of any alleged violation and allowed a reasonable opportunity to cure said violation.

27. By entering into this Agreement the **SPONSOR** assures and certifies, with respect to this **PROJECT**, that it will comply with all applicable Federal laws, regulations, executive orders, policies, guidelines, and requirements as they relate to the application, acceptance, and use of Federal funds for this project. Performance under this Agreement shall be governed by and in compliance with the following requirements as applicable to the type of organization of

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the **SPONSOR.** The applicable provisions to the Agreement include but are not limited to the following:

SUBJECT	USC	CFR	OTHER LAWS	Applicability		
				Construction Contracts		Non-Highway Construction or "Service Contracts"*
				NHS	Non-NHS	
Prohibition Against Use of Local Hiring Preferences (FHWA-1273 - Sec 1-6)		**635.117(b)**		**Yes**	**Yes**	**No**
Prohibition Against the Use of Convict Labor (FHWA-1273 - Sec 1-6)	**23 USC 114(b)**	**23CFR 635.117(a)**		**Yes**	**Yes****	**No**
Nondiscrimination (FHWA-1273 - Sec II)	**23USC 140, 23 USC 324, 49 USC 322, 42 USC 12101-12213, 42 USC 3601-3619**	**23 CFR 200, 23 CFR 230D, 23 CFR 635.17 28 CFR 35 29 CFR 1630 41 CFR 60 49 CFR 21, 23 28 CFR 50.3 49 CFR 25**	***The Civil Rights Act of 1964, Title VI *The Age Discrimination and Employment Act of 1967 *The Age Discrimination of 1975 *The American Disabilities Act of 1990**	**Yes**	**Yes**	**Yes**
Non-segregated Facilities (FHWA-1273 - Sec III)		**23 CFR 633A 41 CFR 60.1.8**	**Title VI**	**Yes**	**Yes**	**Yes**

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SUBJECT	USC	CFR	OTHER LAWS	Applicability		
				Construction Contracts		Non-Highway Construction or "Service Contracts"*
				NHS	Non-NHS	
Payment of Predetermined Minimum Wage (FHWA-1273 - Sec IV)	23 USC 113, 40 USC 276 (a) & (c)	23 CFR 635, 309(f), 29 CFR 1, 3, 5	Davis-Bacon Act Copeland Anti-Kickback Act	Yes	**	**
Statements and Payrolls (FHWA-1273 - Sec V)	40 USC 276 (a) & (c), 18 USC 874	23 CFR 635.118 29 CFR 3, 5	Davis-Bacon Act Copeland Anti-Kickback Act	Yes	**	**
Record of Material, Supplies and Labor (FHWA 47) (FHWA-1273 - Sec VI)		23 CFR 635.126		**Yes	No	No
Subletting or Assigning the Contract (FHWA-1273 - Sec VII)		23 CFR 635.116		Yes	No	No
Safety: Accident Prevention (OSHA compliance) (FHWA-1273 - Sec VIII)	40 USC 333	23 CFR 635.108 29 CFR 1926	OSHA	Yes	Yes	Yes
False Statements Concerning Highway Projects (FHWA-1273 - Sec IX)	18 USC 1020	23 CFR 633A, 23 CFR 635.119		Yes	Yes	Yes

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SUBJECT	USC	CFR	OTHER LAWS	Applicability		
				Construction Contracts		Non-Highway Construction or "Service Contracts"*
				NHS	Non-NHS	
Implementation of the Clean Air Act and Federal Water Pollution Control Act (FHWA-1273 - Sec X)	33 USC 1251 42 USC 1857	23 CFR 633A 40 CFR 15		Yes	Yes	Yes
Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion (FHWA-1273 - Sec X1)		23 CFR 635.112(g) 49 CFR 29		Yes	Yes	Yes
Certification Regarding the Use of Contract Funds for Lobbying (FHWA-1273 - Sec X11)	49 USC 322A	23 CFR 635.112(g) 49 CFR 20 49 CFR 29		Yes	Yes	Yes
Appalachian Contract Employment Preference	40 USC Appendix 201	23 CFR 633B	Appalachian Regional Development Act	**	**	**
Buy America	STAA Section 165 ISTEA Section 1041(a) & 1048(b)	23 CFR 635.410		Yes	Yes	**Yes

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SUBJECT	USC	CFR	OTHER LAWS	Applicability		
				Construction Contracts		Non-Highway Construction or "Service Contracts"*
				NHS	Non-NHS	
Disadvantaged Business Enterprise	23 USC 140(b)	23 CFR 200 & 230B, C, D 49 CFR Part 26 (DBE) 49 CFR Part 21 (Title V1)		**Yes	**Yes	**Yes
Indian Preference on Federal-aid Projects (Labor & Employment)	23 USC 140 42 USC 2000e-2i	23 CFR 635.117		**	**	**
Non-Collusion Certification	23 USC 112	23 CFR 635.112(f)		Yes	Yes	No
On-the-Job Training	23 USC 140(a) & (b)	23 CFR 230A		Yes	**	**
Standardized Changed Conditions Contract Clauses	23 USC 112(e)	23 CFR 635.109		Yes	Yes	No
Drug - Free Workplace		49 CFR 29		**	**	**
Publicly Owned Equipment		23 CFR 635.106	OMB Circular A-87	Yes	Yes	No
Contractor Purchased Equipment for State Ownership	23 USC 302	23 CFR 140 49 CFR Part 18 49 CFR		Yes	Yes	No

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SUBJECT	USC	CFR	OTHER LAWS	Applicability		
				Construction Contracts		Non-Highway Construction or "Service Contracts"*
				NHS	Non-NHS	
		Section 18.3				
Equipment Rental Rates		48 CFR Part 31	OMB Circular A-87 FAPG NS 23 CFR 635.120	Yes	Yes	No
Foreign Contractor and Supplier Restriction		49 CFR 30		Yes	Yes	No
Prohibition Against Convict Produced Materials	23 USC 114(b) (2)	23 CFR 635.417		Yes	**	No
Patented / Proprietary Products	23 USC 112	23 CFR 635.411		Yes	Yes	No
State Preference	23 USC 112	23 CFR 635.409		Yes	Yes	No
State Owned / Furnished/ Designated Materials	23 USC 112	23 CFR 635.407		Yes	Yes	No
Public Agencies in Competition with the Private Sector	23 USC 112	23 CFR 635.112(e)		Yes	Yes	No

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SUBJECT	USC	CFR	OTHER LAWS	Applicability		
				Construction Contracts		Non-Highway Construction or "Service Contracts"*
				NHS	Non-NHS	
Salvage Credits		49 CFR 18.36		Yes	Yes	No
Warranty		23 CFR 635.413		Yes	No	No
Alternate Bids		23 CFR 635.411(b)		Yes	No	No
Incentive / Disincentive Clauses		23 CFR 635.127(d,f)		Yes	No	No
Standard Specifications and Plans		23 CFR 630B		Yes	No	No
Engineer's Estimate		23 CFR 630B		Yes	No	No
Method of Construction (low bid for construction contracts)	23 USC 112(a) & (b)	23 CFR 635.104 49 CFR 18.36		Yes	Yes	No
Owner Force Account / Cost Effective Justification		23 CFR 635B		Yes	Yes	No
Bonding and Prequalification		23 CFR 635.110		Yes	Yes**	No

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SUBJECT	USC	CFR	OTHER LAWS	Applicability		
				Construction Contracts		Non-Highway Construction or "Service Contracts"*
				NHS	Non-NHS	
Advertising for Bids	23 USC 112	23 CFR 635.112(d) (e) (f) (g) (h), 49 CFR 18.36		Yes	**	No
Bid Opening and Tabulation		23 CFR 635.113(a)		Yes	**	No
Bid Analysis and Award of Contract	23 USC 112	23 CFR 635.114		Yes	**	No
Contract Time		23 CFR 635.121		Yes	No	No
Change Orders		23 CFR 635.120-121		Yes	No	No
Claims		23 CFR 635.124		Yes	No	No
Liquidated Damages		23 CFR 635.127		Yes	No	No
Progress Payments		23CFR 635.122		Yes	No	No
Project Supervision and Staffing	23 USC 114 & 302	23 CFR 635.105		Yes	Yes	No

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SUBJECT	USC	CFR	OTHER LAWS	Applicability		
				Construction Contracts		Non-Highway Construction or "Service Contracts"*
				NHS	Non-NHS	
Subcontracting		23 CFR 635.116		Yes	No	No
Suspension and Debarment		49 CFR 29		Yes	Yes	Yes
Termination of Contracts		23 CFR 635.125		Yes	No	No
Audits	23 USC 112(b) (2) (c)	49 CFR 18.26; and 48 CFR 31, Federal Acquisitions Regulations	OMB Circular A-133	Yes	Yes	Yes
Records Retention		49 CFR 18		Yes	Yes	Yes

County Commission of Harrison County, West Virginia

ORDER
Courthouse Security Personnel
Operational Control and Supervisor – Funding Responsibility

Whereas, per statute, in particular §7-7-7, as interpreted by the Supreme Court of West Virginia, a County Commission is a joint employer with other constitutional officials for employees of the County; and,

Whereas, the Harrison County Commission has caused a Vital Services Levy to be presented to the voters of Harrison County which provides funding for courthouse security personnel; and,

Whereas, said Levy has been approved by the voters of Harrison County through the fiscal year ending June 30, 2022; and,

Whereas, the Harrison County Commission will utilize revenue from the Levy, and supplemental appropriations if necessary, to provide funding for courthouse security personnel; and,

Whereas, it is the desire and intent of the Harrison County Commission to maintain control and responsibility of any and all funding sources for courthouse security personnel; and,

Whereas, the Harrison County Commission does hereby charge and delegate operational control and supervision of all courthouse security personnel to the Harrison County Sheriff and his/her designated Chief of Courthouse Security; and,

Whereas, the Harrison County Sheriff is in agreement and concurs with this Order;

Now, therefore be it resolved, the Harrison County Commission does hereby direct the administrative staff with the Office of the County Commission to take the necessary steps to communicate and provide this Order to the appropriate officials and staff.

Order is hereby approved and entered this the 24th day of May , 2017.

By: Ronald Watson
Ronald R. Watson, President

Attest:

Susan J. Thomas, Clerk of the County Commission

HARRISON COUNTY PROSECUTING ATTORNEY'S OFFICE
RACHEL ROMANO, PROSECUTING ATTORNEY

Memo

To: Laura Pysz

From: Rachel Romano

Date: October 28, 2025

Re: Budget Revision

Please make the following line item budget revisions to the current 2025-2026 budget for the Prosecuting Attorney's Office:

From:

405-341 Materials & Supplies	$550.00

To:

405-222 Dues & Subscriptions	$500.00
405-348 Charges by Other Gov Units	$ 50.00

Rachel Romano

Signature Line

2026
THE COURTHOUSE WILL BE CLOSED
TO OBSERVE THE FOLLOWING HOLIDAYS

Thursday, January 1st, 2026	New Year's Day
Monday, January 19th, 2026	Martin Luther King Jr. Day
Monday, February 16th, 2026	Presidents' Day
Friday, April 3rd, 2026	Good Friday
Tuesday, May 12th, 2026	Primary Election Day
Monday, May 25th, 2026	Memorial Day
Friday, June 19th, 2026	Juneteenth
Monday, June 22nd, 2026	West Virginia Day
Friday, July 3rd, 2026	Independence Day
Friday, September 4th, 2026	Close at 12:00 PM
Monday, September 7th, 2026	Labor Day
Monday, October 12th, 2026	Columbus Day
Tuesday, November 3rd, 2026	Election Day
Wednesday, November 11th, 2026	Veterans Day
Thursday, November 26th, 2026	Thanksgiving Day
Friday, November 27th, 2026	Observance of Lincoln Day
Thursday, December 24th, 2026	Close at 12:00 PM
Friday, December 25th, 2026	Christmas Day
Thursday, December 31st, 2026	Close at 12:00 PM

If there are changes during the calendar year, you will be notified in writing by the Harrison County Commission

APPROVED:

Susan J. Thomas

David L. Hinkle

Patsy S. Trecost, II

2026 Harrison County Commission Meeting Schedule

Date of Meeting Wednesdays	Meeting Time	Deadline for Submissions:				Posted to the Public:		
				Requisitions	Agenda Items			
January 7, 2026	10:00am	Tuesday	12-29-2025	11:00am	1:00pm	Wednesday	12-30-2025	4:00pm
January 21, 2026	10:00am	Wednesday	01-14-2026	11:00am	1:00pm	Thursday	01-15-2026	4:00pm
February 4, 2026	10:00am	Thursday	01-29-2026	11:00am	1:00pm	Friday	01-30-2026	4:00pm
February 18, 2026	10:00am	Wednesday	02-11-2026	11:00am	1:00pm	Thursday	02-12-2026	4:00pm
March 4, 2026	10:00am	Thursday	02-26-2026	11:00am	1:00pm	Friday	02-27-2026	4:00pm
March 18, 2026	10:00am	Thursday	03-12-2026	11:00am	1:00pm	Friday	03-13-2026	4:00pm
April 1, 2026	10:00am	Thursday	03-26-2026	11:00am	1:00pm	Friday	03-27-2026	4:00pm
April 15, 2026	10:00am	Thursday	04-09-2026	11:00am	1:00pm	Friday	04-10-2026	4:00pm
May 6, 2026	10:00am	Thursday	04-30-2026	11:00am	1:00pm	Friday	05-01-2026	4:00pm
May 20, 2026	10:00am	Thursday	05-14-2026	11:00am	1:00pm	Friday	05-15-2026	4:00pm
June 3, 2026	10:00am	Thursday	05-28-2026	11:00am	1:00pm	Friday	05-29-2026	4:00pm
June 17, 2026	10:00am	Thursday	06-11-2026	11:00am	1:00pm	Friday	06-12-2026	4:00pm
July 1, 2026	10:00am	Thursday	06-25-2026	11:00am	1:00pm	Friday	06-26-2026	4:00pm
July 15, 2026	10:00am	Thursday	07-09-2026	11:00am	1:00pm	Friday	07-10-2026	4:00pm
August 5, 2026	10:00am	Thursday	07-30-2026	11:00am	1:00pm	Friday	07-31-2026	4:00pm
August 19, 2026	10:00am	Thursday	08-13-2026	11:00am	1:00pm	Friday	08-14-2026	4:00pm
September 2, 2026	10:00am	Wednesday	08-26-2026	11:00am	1:00pm	Thursday	08-27-2026	12:00pm
September 16, 2026	10:00am	Thursday	09-10-2026	11:00am	1:00pm	Friday	09-11-2026	4:00pm
October 7, 2026	10:00am	Thursday	10-01-2026	11:00am	1:00pm	Friday	10-02-2026	4:00pm
October 21, 2026	10:00am	Thursday	10-15-2026	11:00am	1:00pm	Friday	10-16-2026	4:00pm
November 4, 2026	10:00am	Thursday	10-29-2026	11:00am	1:00pm	Friday	10-30-2026	4:00pm
November 18, 2026	10:00am	Thursday	11-12-2026	11:00am	1:00pm	Friday	11-13-2026	4:00pm
December 2, 2026	10:00am	Tuesday	11-24-2026	11:00am	1:00pm	Wednesday	11-25-2026	4:00pm
December 16, 2026	10:00am	Thursday	12-10-2026	11:00am	1:00pm	Friday	12-11-2026	4:00pm

18-A.

Construction – NL

Project: WVDEP 2023 AML Contract
N1 Miller Mine Drainage Phase II

RIGHT OF ENTRY AGREEMENT

THIS AGREEMENT, made and entered into this of _____ day of _____, _____, by and between Harrison County Commission, a corporation, ___ (hereinafter "Owner") and the West Virginia Department of Environmental Protection, Office of Abandoned Mine Lands and Reclamation (hereinafter "WVDEP") relates to the property described below and allows WVDEP a right of entry thereon for the purposes of and subject to the terms described below.

WHEREAS, Owner is the titleholder of record to the following described property:

District: 7-Coal-Outside; 8-Coal-Clarksburg Corp

County: Harrison

State: West Virginia

Property Description: 2 LOTS #10 & PT #9 WILKINSON 3 ADD INC MAP 1113 PCL 325; 1 LOT 18 WILKINSON 3RD ADD (4.24 AC); 1 LOT 18 WILKINSON 3RD ADD DESPARD; 1 LOT PT #9 WILKINSON 3RD ADD; LOT #13 WILKINSON 3RD ADD (0.87 AC); LOT 14 WILKINSON 3RD ADD; LOT 15 WILKINSON 3RD ADD; LOT 16 WILKINSON 3RD ADD; LOT 17 WILKINSON 3RD ADD; 6.35 AC MURPHY RUN & M/O COAL

Tax Map/Parcel No.: 17-07-0288-0033-0000; 17-07-0308-0022-0000; 17-07-1113-0316-0000; 17-07-1113-0325-0000; 17-07-1113-0363-0000; 17-07-1113-0364-0000; 17-07-1113-0365-0000; 17-07-1113-0366-0000; 17-07-1113-0367-0000; 17-08-0308-0051-0021

Deed Book/Page No.: 1607 / 973

NOW THEREFORE, in consideration of the benefits to be derived therefrom, the sufficiency of which is hereby acknowledged, Owner hereby grants to WVDEP, its agents, assigns, employees, and/or contractors the right and permission to enter upon the above-described real property for the purpose of restoring, reclaiming, abating, controlling and/or preventing the adverse effects of past coal mining practices and to do all things necessary or expedient to protect the public health, safety, and general welfare. Owner also grants to WVDEP the right and permission to enter upon the above-described real property for the purpose of obtaining access to and from adjacent properties that may have been affected by past coal mining practices.

Owner hereby grants the aforesaid rights and permission to WVDEP subject to the following terms and provisions:

1. Entry and reclamation and abatement work, if any, performed by WVDEP, its agents, assigns, employees, and/or contractors shall be pursuant to the authority vested in WVDEP by the Abandoned Mine Lands and Reclamation Act, W. Va. Code § 22-2-1, et seq.

2. WVDEP its agents, assigns, employees, and/or contractors. Shall not file any liens against the above-described real property as the result of the reclamation work performed.

3. Owner affirms and attests that it neither consented to nor participated in nor exercised control over the mining operation which necessitated the reclamation work on the real property at issue. Owner further affirms and attests that it is neither the parent corporation of or a subsidiary to a corporate entity that consented to or participated in or exercised control over the mining operation that necessitated the reclamation work on the subject real property, nor does Owner maintain a legal interest in or accrue a benefit from any party or entity that consented to or participated in or exercised control over the mining operation that necessitated the reclamation work on the subject real property.

4. Owner hereby acknowledges they were provided the opportunity to review said plans and hereby consent to the commencement of operations. WVDEP, its consultant and/or contractor agree to reclaim the project site in approximate conformity with the final design plans and specification. Should unforeseen circumstances occur during construction that require design modifications and cause aesthetic changes to the property, WVDEP, its consultant and/or contractor shall obtain written approval from the Owner prior to making such modifications.

5. The term of this Agreement, with exception being given to the hereinafter mentioned maintenance provision shall become null and void after the termination of the contractor's warranty period and upon the release of any (NPDES) National Pollutant Discharge Elimination System Permit should a permit be required. The Contractor's Warranty period shall commence following the WVDEP's final inspection serving to ensure that proper onsite vegetation has been established and that all components of the reclamation remain functional per design. Requirements to obtain an NPDES permit acts to address potential water pollution by regulating point sources and nonpoint source discharges into waters of the United States.

6. Owner hereby agrees that upon the termination of the aforesaid said warranty period and upon the release of any NPDES permit, the WVDEP, its agents, assigns, employees, and/or contractors shall have access to the above-described property to perform periodic inspections and if deemed necessary to conduct essential maintenance activities to ensure the continuance of stability, structural integrity, and the proper function of all components interrelated with the reclamation. Such activities shall be restricted within the original limits of disturbance and all proposed maintenance activities outside the defined limits shall require written approval from the Owner. The term of this provision shall remain in effect until such time the Owner sells, conveys, and/or devises the property to another party, at which time this provision shall become null and void.

8. By entering into this Agreement, Owner does not waive any rights that may be vested in or conferred upon it by the Abandoned Mine Lands and Reclamation Act, W. Va. Code § 22-2-1, et seq.

9. WVDEP shall require its contractor(s) to carry and maintain Public Liability Insurance and Comprehensive Vehicle Liability insurance with coverage in an amount not less than $2,000,000 bodily injury and property damage for each occurrence and not less than $2,000,000 aggregate.

IN WITNESS WHEREOF, the parties hereto have caused their names to be signed hereto as of the date (s) written and acknowledged below.

(**Owner Contact Information**)

229 South 3rd Street
(Address)

Clarksburg, WV 26301
(City, State, Zip)

304-624-8500
(Phone)

(Email) countyadministrator@harrisoncountywv.gov

_____
(By)

_____
(Its)

STATE OF _____:

COUNTY OF _____, to-wit:

I, _____, a Notary Public in and for said County and State do hereby certify that _____, signed the foregoing and hereto annexed writing this _____ day of _____, _____.

My commission expires: _____.

_____
Notary Public

STATE OF _____:

COUNTY OF _____, to-wit:

I, _____, a Notary Public in and for said County and State do hereby certify that _____, signed the foregoing and hereto annexed writing this _____ day of _____, _____.

My commission expires: _____.

_____
Notary Public

PREPARED BY:
Department of Environmental Protection,
Office of Abandoned Mine Lands and Reclamation

18-B.

Construction – NL

Project: WVDEP 2023 AML
Contract N1-West Fork #9

RIGHT OF ENTRY AGREEMENT

THIS AGREEMENT, made and entered into this of _____ day of _____, _____, by and between The Harrison County Commission, West Virginia (hereinafter "Owner") and the West Virginia Department of Environmental Protection, Office of Abandoned Mine Lands and Reclamation (hereinafter "WVDEP") relates to the property described below and allows WVDEP a right of entry thereon for the purposes of and subject to the terms described below.

WHEREAS, Owner is the titleholder of record to the following described property:

District:	6 – Clay-Shinnston Corp
County:	Harrison
State:	West Virginia
Property Description:	3.12 AC ABANDONED R/R R/W MON RIVER BRANCH
Tax Map/Parcel No.:	1004-0334-0002
Deed Book/Page No.:	1757 / 279

NOW THEREFORE, in consideration of the benefits to be derived therefrom, the sufficiency of which is hereby acknowledged, Owner hereby grants to WVDEP, its agents, assigns, employees, and/or contractors the right and permission to enter upon the above-described real property for the purpose of restoring, reclaiming, abating, controlling and/or preventing the adverse effects of past coal mining practices and to do all things necessary or expedient to protect the public health, safety, and general welfare. Owner also grants to WVDEP the right and permission to enter upon the above-described real property for the purpose of obtaining access to and from adjacent properties that may have been affected by past coal mining practices.

Owner hereby grants the aforesaid rights and permission to WVDEP subject to the following terms and provisions:

1. Entry and reclamation and abatement work, if any, performed by WVDEP, its agents, assigns, employees, and/or contractors shall be pursuant to the authority vested in WVDEP by the Abandoned Mine Lands and Reclamation Act, W. Va. Code § 22-2-1, et seq.

2. WVDEP its agents, assigns, employees, and/or contractors. Shall not file any liens against the above-described real property as the result of the reclamation work performed.

3. Owner affirms and attests that it neither consented to nor participated in nor exercised control over the mining operation which necessitated the reclamation work on the real property at issue. Owner further affirms and attests that it is neither the parent corporation of or a subsidiary to a corporate entity that consented to or participated in or exercised control over the mining operation that necessitated the reclamation work on the subject real property, nor does Owner maintain a legal interest in or accrue a benefit from any party or entity that consented to or participated in or exercised control over the mining operation that necessitated the reclamation work on the subject real property.

4. Owner hereby acknowledges they were provided the opportunity to review said plans and hereby consent to the commencement of operations. WVDEP, its consultant and/or contractor agree to reclaim the project site in approximate conformity with the final design plans and specification. Should unforeseen circumstances occur during construction that require design modifications and cause aesthetic changes to the property, WVDEP, its consultant and/or contractor shall obtain written approval from the Owner prior to making such modifications.

5. The term of this Agreement, with exception being given to the hereinafter mentioned maintenance provision shall become null and void after the termination of the contractor's warranty period and upon the release of any (NPDES) National Pollutant Discharge Elimination System Permit should a permit be required. The Contractor's Warranty period shall commence following the WVDEP's final inspection serving to ensure that proper onsite vegetation has been established and that all components of the reclamation remain functional per design. Requirements to obtain an NPDES permit acts to address

potential water pollution by regulating point sources and nonpoint source discharges into waters of the United States.

6. Owner hereby agrees that upon the termination of the aforesaid said warranty period and upon the release of any NPDES permit, the WVDEP, its agents, assigns, employees, and/or contractors shall have access to the above-described property to perform periodic inspections and if deemed necessary to conduct essential maintenance activities to ensure the continuance of stability, structural integrity, and the proper function of all components interrelated with the reclamation. Such activities shall be restricted within the original limits of disturbance and all proposed maintenance activities outside the defined limits shall require written approval from the Owner. The term of this provision shall remain in effect until such time the Owner sells, conveys, and/or devises the property to another party, at which time this provision shall become null and void.

8. By entering into this Agreement, Owner does not waive any rights that may be vested in or conferred upon it by the Abandoned Mine Lands and Reclamation Act, W. Va. Code § 22-2-1, et seq.

9. WVDEP shall require its contractor(s) to carry and maintain Public Liability Insurance and Comprehensive Vehicle Liability insurance with coverage in an amount not less than $2,000,000 bodily injury and property damage for each occurrence and not less than $2,000,000 aggregate.

IN WITNESS WHEREOF, the parties hereto have caused their names to be signed hereto as of the date (s) written and acknowledged below.

(**Owner Contact Information**)

229 South 3rd Street _____
(Address)

Clarksburg ,WV 26301 _____
(City, State, Zip)

(304) 624-8500 _____
(Phone)

(Email) countyadministrator@harrisoncountywv.gov

_____
(By)

_____
(Its)

STATE OF _____:

COUNTY OF _____, to-wit:

I, _____, a Notary Public in and for said County and State do hereby certify that _____, signed the foregoing and hereto annexed writing this _____ day of _____, _____.

My commission expires: _____.

_____
Notary Public

STATE OF _____:

COUNTY OF _____, to-wit:

I, _____, a Notary Public in and for said County and State do hereby certify that _____, signed the foregoing and hereto annexed writing this _____ day of _____, _____.

My commission expires: _____.

_____
Notary Public

PREPARED BY:
Department of Environmental Protection,
Office of Abandoned Mine Lands and Reclamation

Greater Harrison County
Public Service District

West Milford, WV
26451

Phone: 304-745-3463
Fax: 304-745-5327

www.greaterharrison.com

October 17, 2025

Harrison County Commission
301 West Main Street
Clarksburg, WV 26301

RE: Request to Re-appoint existing members: James Scudere, Raymond Mark Leonard, Ruth Ann Messenger and Thomas Roy Michael to the Greater Harrison County Board.

Dear Harrison County Commissioners:

Please accept the Greater Harrison County PSD's Board nomination to reappoint the following individuals, whose terms will expire on December 8, 2025:

James Scudere
Raymond Mark Leonard
Ruth Ann Messenger
Thomas Roy Michael

These members have agreed to another term beginning December 8, 2025, which was also approved by the other members. Please let this letter serve as submission to the Harrison County Commissioners for their approval and selection.

If you have further questions, please contact the Board member at the phone numbers on file.

Respectfully,

William C. Hoover
General Manager/ Greater Harrison PSD

"THIS IS AN EQUAL OPPORTUNITY PROGRAM. DISCRIMINATION IS PROHIBITED BY FEDERAL LAW." TO FILE A COMPLAINT OF DISCRIMINATION, WRITE USDA,DIRECTOR OFFICE OF CIVIL RIGHTS, 1400 INDEPENDENCE AVE., S.W., WASHINGTON, DC 20250-9410 OR CALL (800)795-3272(VOICE) OR (202)720-6382 (TDD).

A RESOLUTION AUTHORIZING THE APPLICATION TO THE STATE OF WEST VIRGINIA FOR GRANT FUNDS UNDER THE LAND AND WATER CONSERVATION FUND, TO ERECT LIGHTING AS (PHASE II) AT THE SUMMIT PARK SOFTBALL/BASEBALL PARK UPPER FIELD; ADOPTING ALL UNDERSTANDINGS AND ASSURANCES CONTAINED IN THE GRANT DOCUMENTS; APPOINTING THE PRESIDENT OF THE HARRISON COUNTY COMMISSION TO ADMINISTER SAID PROGRAM

WHEREAS, the Harrison County Commission recognizes the need for lighting on the Summit Park Softball/Baseball field upper level and wishes to participate in the Land and Water Conservation Fund as Phase II; and

WHEREAS, the completion of the lighting within Summit Park ballfield will allow more effective use of the facilities within the park by providing the means for more citizens to utilize the park at times other than daylight hours; and

WHEREAS, by the terms and provisions of said program, it is necessary for the Harrison County Commission to adopt an official resolution authorizing the application to the State of West Virginia for the Land and Water Conservation Fund and commit matching funds; and

WHEREAS, the Harrison County Commission is also required to adopt by official resolution all understandings and assurances contained in, and made a part of, and agrees to abide by all rules and regulations pertaining to the Land and Water Conservation Fund Program, and to operate and maintain the proposed facility for public use under the requirements of the Land and Water Conservation Fund, should this project receive Federal assistance, and

WHEREAS, it is required that the Harrison County Commission appoint an official representative of the Harrison County Commission to administer said program and to provide all additional information required by the state government, and

NOW, THEREFORE, BE IT RESOLVED, by the Harrison County Commission that:

1. The Harrison County Commission authorizes the application to the State of West Virginia for the Land and Water Conservation Fund Program for Phase II in the amount not to exceed $250,000 and commits 50% match to the project, and

2. The Harrison County Commission hereby appoints the President of the Harrison County Commission to serve as the official representative of the Harrison County Commission in administering said Land and Water Conservation Fund Program, including providing necessary additional information to the State government.

PASSED by the Harrison County Commission on this the 5th day of November 2025.

_____

Susan Thomas, President
Harrison County Commission

ATTEST:

_____

John Spires, County Clerk

A RESOLUTION ACCEPTING FUND FROM THE WV COURTHOUSE FACILITIES IMPROVEMENT FUNDS; ADOPTING ALL UNDERSTANDINGS CONTAINED IN THE GRANT DOCUMENTS; COMMITTING FUNDS TO THE PROJECT APPOINTING THE PRESIDENT OF THE HARRISON COUNTY COMMISSION TO ADMINISTER SAID PROGRAM;

WHEREAS, our courthouse is an important governmental and historical site in Harrison County, and

WHEREAS, the Harrison County Commission participated in the 23rd Cycle of the WV Courthouse Facilities Improvement Program Funds and be used for the purpose Phase II - Courthouse Elevator Replacement Project, and

WHEREAS, by the terms and provisions of said program, it is necessary for the Harrison County Commission to adopt an official resolution authorizing the acceptance of fund from the WV Courthouse Facilities Improvement Program, and

WHEREAS, the Harrison County Commission is also required to adopt by official resolution all understandings contained in, and made a part of, said WV Courthouse Facilities Improvement Grant Program, and

WHEREAS, it is required that the Harrison County Commission appoint an official representative of the Harrison County Commission to administer said program and to provide all additional information required by the State government, and

WHEREAS, it is required that the Harrison County Commission commit funds to the project.

NOW, THEREFORE, BE IT RESOLVED, by the Harrison County Commission that:

1. The Harrison County Commission authorizes the acceptance of the 23rd Cycle WV Courthouse Facilities Improvement Authority funds, in the amount of $100,000.00 for Phase II – Courthouse Elevator Replacement Project.

2. The Harrison County Commission hereby appoints the President of the Harrison County Commission to serve as the official representative of the Harrison County Commission in administering said WV Courthouse Facilities Improvement Grant, including providing necessary additional information to the State government.

3. The Harrison County Commission commits additional funds to the project which satisfies the required 20% match.

PASSED by the Harrison County Commission on this the 5th day of November 2025.

_____

Susan Thomas, President
Harrison County Commission

ATTEST:

_____

John Spires, County Clerk

25-A.

Harrison County Commission

Request to Attend Meeting

Name: Jacob Hyre

Department: 911

Destination: WVU Innovation Corporation, Morgantown

Travel Dates: December 2-4, 2025

Reason: Class - ICS300: Intermediate ICS for Expanding Incidents

Total Estimated Cost $ 0.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 0.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: [signature] Date: 10-27-25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

25-B.

Harrison County Commission

Request to Attend Meeting

Name	Nina Loar
Department	911
Destination	WVU Innovation Corporation, Morgantown
Travel Dates	December 2-4, 2025
Reason	Class - ICS300: Intermediate ICS for Expanding Incidents

Total Estimated Cost			$ 0.00
Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 0.00
Meals (Estimated)			$ 0.00
Incidentals			$ 0.00

Employee Signature: _____ Date: 10-20-2025

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

26-A.

Harrison County Commission

Request to Attend Meeting

Name: Justin Norman

Department: 911

Destination: Monongalia County Emergency Communications Center, Morgantown

Travel Dates: November 6, 2025

Reason: Crisis Intervention Team - 911 Dispatcher Certification

Total Estimated Cost $ 0.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 0.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: _____ Date: 10/22/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove

Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

26-B.

Harrison County Commission

Request to Attend Meeting

Name: Travis Miller

Department: 911

Destination: Monongalia County Emergency Communications Center, Morgantown

Travel Dates: November 6, 2025

Reason: Crisis Intervention Team - 911 Dispatcher Certification

Total Estimated Cost $ 0.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 0.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: _____ Date: 10/21/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove

Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

26-C.

Harrison County Commission

Request to Attend Meeting

Name: Becca Martin

Department: 911

Destination: Monongalia County Emergency Communications Center, Morgantown

Travel Dates: November 6, 2025

Reason: Crisis Intervention Team - 911 Dispatcher Certification

Total Estimated Cost $ 0.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 0.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: [signature] Date: 10/10/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

26-D.

Harrison County Commission

Request to Attend Meeting

Name: Lorenda McConnell

Department: 911

Destination: Monongalia County Emergency Communications Center, Morgantown

Travel Dates: November 6, 2025

Reason: Crisis Intervention Team - 911 Dispatcher Certification

Total Estimated Cost $ 0.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 0.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: Lorenda McConnell Date: 10/10/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval Date: _____

A8 Form Revised: May 1, 2014

26-E.

Harrison County Commission

Request to Attend Meeting

Name: Megan Fox

Department: 911

Destination: Monongalia County Emergency Communications Center, Morgantown

Travel Dates: November 6, 2025

Reason: Crisis Intervention Team - 911 Dispatcher Certification

Total Estimated Cost $ 0.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 0.00
Meals (Estimated)			$ 0.00
Incidentals			$ 0.00

Employee Signature: _____ Date: 10/10/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

27-A.

Harrison County Commission

Request to Attend Meeting

Name: Tyara Martin

Department: 911

Destination: West Virginia Northern Community College - New Martinsville Campus

Travel Dates: December 1, 2025

Reason: Class - APCO Active Shooter Incidents for Public Safety Communications

Total Estimated Cost $ 140.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 140.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: _____ Date: 10/17/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

27-B.

Harrison County Commission

Request to Attend Meeting

Name: Lindsay Atha

Department: 911

Destination: West Virginia Northern Community College - New Martinsville Campus

Travel Dates: December 1, 2025

Reason: Class - APCO Active Shooter Incid nts for Public Safety Communications

Total Estimated Cost $ 140.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 140.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: Lindsay Atha Date: 10/15/2025

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

28-A.

Harrison County Commission

Request to Attend Meeting

Name: Justin Norman

Department: 911

Destination: Washington County Emergency Managment, Marietta, OH

Travel Dates: 12/10/2025

Reason: NENA Class - Reset, Refuel, & Restore Your Purpose in 9-1-1

Total Estimated Cost $ 220.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 220.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: _____ Date: 9/11/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

28-B.

Harrison County Commission

Request to Attend Meeting

Name: Nina Loar

Department: 911

Destination: Washington County Emergency Managment, Marietta, OH

Travel Dates: 12/10/2025

Reason: NENA Class - Reset, Refuel, & Restore Your Purpose in 9-1-1

Total Estimated Cost			$ 220.00
Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 220.00
Meals (Estimated)			$ 0.00
Incidentals			$ 0.00

Employee Signature: _____ Date: 9/11/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove

Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

28-C.

Harrison County Commission

Request to Attend Meeting

Name: Consuela Jones

Department: 911

Destination: Washington County Emergency Managment, Marietta, OH

Travel Dates: 12/10/2025

Reason: NENA Class - Reset, Refuel, & Restore Your Purpose in 9-1-1

Total Estimated Cost $ 220.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 220.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: Consuela Jones Date: 8/15/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval Date: _____

A8 Form Revised: May 1, 2014

28-D.

Harrison County Commission

Request to Attend Meeting

Name: Corey Hagan

Department: 911

Destination: Washington County Emergency Managment, Marietta, OH

Travel Dates: 12/10/2025

Reason: NENA Class - Reset, Refuel, & Restore Your Purpose in 9-1-1

Total Estimated Cost $ 220.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 220.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: Corey Hagan Date: 8/11/2025

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval Date: _____

A8 Form Revised: May 1, 2014

28-E.

Harrison County Commission

Request to Attend Meeting

Name	Jason Sheff
Department	911
Destination	Washington County Emergency Managment, Marietta, OH
Travel Dates	12/10/2025
Reason	NENA Class - Reset, Refuel, & Restore Your Purpose in 9-1-1

Total Estimated Cost $ 220.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 220.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: _____ Date: 8/15/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

28-F.

Harrison County Commission

Request to Attend Meeting

Name: Mica Love

Department: 911

Destination: Washington County Emergency Managment, Marietta, OH

Travel Dates: 12/10/2025

Reason: NENA Class - Reset, Refuel, & Restore Your Purpose in 9-1-1

Total Estimated Cost			$ 220.00
Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 220.00
Meals (Estimated)			$ 0.00
Incidentals			$ 0.00

Employee Signature: Love, Mica Date: 9/1/25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove

Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

28-G.

Harrison County Commission

Request to Attend Meeting

Name: Megan Fox

Department: 911

Destination: Washington County Emergency Managment, Marietta, OH

Travel Dates: 12/10/2025

Reason: NENA Class - Reset, Refuel, & Restore Your Purpose in 9-1-1

Total Estimated Cost $ 220.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 220.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: [signature] Date: 08/11/2025

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval Date: _____

A8 Form Revised: May 1, 2014

28-H.

Harrison County Commission

Request to Attend Meeting

Name: Becca Ayers

Department: 911

Destination: Washington County Emergency Managment, Marietta, OH

Travel Dates: 12/10/2025

Reason: NENA Class - Reset, Refuel, & Restore Your Purpose in 9-1-1

Total Estimated Cost $ 220.00

Transportation			$ $0.00
Air		$ 0.00	
Private Vehicle:			
Mileage	0 X .70	$ 0.00	
Rental Car		$ 0.00	
Lodging			$ 0.00
Registration			$ 220.00
Meals	(Estimated)		$ 0.00
Incidentals			$ 0.00

Employee Signature: _____ Date: 10-15-25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove

Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

28-I.

Harrison County Commission

Request to Attend Meeting

Name	Tess Hawkins
Department	911
Destination	Washington County Emergency Managment, Marietta, OH
Travel Dates	12/10/2025
Reason	NENA Class - Reset, Refuel, & Restore Your Purpose in 9-1-1

Total Estimated Cost				$ 220.00
Transportation				$ $0.00
Air			$ 0.00	
Private Vehicle:				
Mileage	0	X .70	$ 0.00	
Rental Car			$ 0.00	
Lodging				$ 0.00
Registration				$ 220.00
Meals	(Estimated)			$ 0.00
Incidentals				$ 0.00

Employee Signature: Tess Hawkins Date: 09-12-25

Approving Authority: _____ Date: _____
(County Commission or Constitutional Official)

County Commission Action ( ) Approve ( ) Disapprove
Authorized travel within the approved budget by and for other constitutional offices does not require County Commission approval

Date: _____

A8 Form Revised: May 1, 2014

A-1.

United States of America

State of West Virginia **County of Harrison, ss:**

Clerk's Fiduciary Report

Estate from Wednesday, October 8, 2025, through Tuesday, October 28, 2025

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

On, Wednesday, October 8, 2025, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **THELMA J REYNOLDS**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

LINDA R MICHAEL, who was named in the last will and testament of **THELMA J REYNOLDS**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.

A duly certified copy of the last will and testament of **JAMES ELWOOD STARKEY JR**, deceased, late a resident of LEWIS, WEST VIRGINIA, was admitted to record.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **PAMELA CANCELMI** was appointed and qualified as ADMINISTRATRIX of the estate of **HARRY J CANCELMI JR**, deceased. No bond was required.

On, Thursday, October 9, 2025, the following matters were disposed of in the presence of the Clerk:

The said estate of **DAVID DUAINE VANHORN**, deceased was referred to **JAMES VARNER**, a FIDUCIARY COMMISSIONER for the Harrison County, for settlement thereof.

CATHERINE JANY HAZY, who was named in the last will and testament of **PRESTON WELCH JR**, deceased, as ANCILLARY ADMINISTRATOR 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, **RICHARD EUGENE ZORICK II** was appointed and qualified as ADMINISTRATOR of the estate of **RICHARD E ZORICK**, deceased. Bond was 10,000.00.

On, Friday, October 10, 2025, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **MAYME C STOUT DAVIS**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

ANN MOIST, who was named in the last will and testament of **MAYME C STOUT DAVIS**, deceased, as ANCILLARY ADMINISTRATOR thereof, qualified as such. No bond was required.

The last will and testament of **JANET MARLENE CARDER**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

REBECCA STEFFICK, who was named in the last will and testament of **JANET MARLENE CARDER**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.

On, Tuesday, October 14, 2025, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **MARY KATHERINE SPAGNUOLO**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

ERIC JASON BELCASTRO, who was named in the last will and testament of **MARY KATHERINE SPAGNUOLO**, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

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

STUART ESTES ASHWORTH, who was named in the last will and testament of **PAUL ASHWORTH**, deceased, as ADMINISTRATOR CTA DBN thereof, qualified as such. Bond was 325,000.00.

The last will and testament of **JAMES FRANKLIN MERRINER**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

TERRY L FOWLER, who was named in the last will and testament of **JAMES FRANKLIN MERRINER**, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

The last will and testament of **ALMETA LEE DAWSON**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

VERNA LEE KRAFT, who was named in the last will and testament of **ALMETA LEE DAWSON**, deceased, as ANCILLARY ADMINISTRATOR thereof, qualified as such. No bond was required.

The last will and testament of **MARY DAY WEBB**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

STEVEN WEBB, who was named in the last will and testament of **MARY DAY WEBB**, deceased, as EXECUTOR thereof, qualified as such. Bond was 30,000.00.

On, Thursday, October 16, 2025, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **PATRICIA LYNN HEITMAN**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

DEBRA K FLANIGAN, who was named in the last will and testament of **PATRICIA LYNN HEITMAN**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.

The last will and testament of **BARBARA LEE ELLIOTT**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

DONNA ANNE VINCENT, who was named in the last will and testament of **BARBARA LEE ELLIOTT**, deceased, as EXECUTRIX thereof, qualified as such. Bond was 25,000.00.

A duly certified copy of the last will and testament of **CHARLES RUPERT SCHOLA**, deceased, late a resident of BARBOUR, WEST VIRGINIA, was admitted to record.

On, Friday, October 17, 2025, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **PATRICIA ANN PRICE**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

ELEANOR NESTER, who was named in the last will and testament of **PATRICIA ANN PRICE**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.

The last will and testament of **LORETTA JEAN HYMAN**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

DANIEL JOSEPH HYMAN, who was named in the last will and testament of **LORETTA JEAN HYMAN**, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

On, Monday, October 20, 2025, 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, **DENISE BURNSIDE** was appointed and qualified as ADMINISTRATOR of the estate of **WILLIAM ARCHIE BURNSIDE**, deceased. Bond was 70,000.00.

On, Tuesday, October 21, 2025, 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, **ANGELA BRADY** was appointed and qualified as ADMINISTRATRIX of the estate of **TIMOTHY PAUL FERRELL**, deceased. No bond was required.

The last will and testament of **JEROME LANE DAVIS**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

REBECCA A DAVIS, who was named in the last will and testament of **JEROME LANE DAVIS**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.

A duly exemplified copy of the last will and testament of **PATRICIA J SWEENEY**, deceased, late a resident of ROSS, OHIO, was admitted to record.

A duly exemplified copy of the last will and testament of **ROBERT LEE CARDER**, deceased, late a resident of HORRY, SOUTH CAROLINA, was admitted to record.

A duly certified copy of the last will and testament of **DAVID LYLE RANDOLPH**, deceased, late a resident of LEWIS COUNTY, WEST VIRGINIA, was admitted to record.

On, Wednesday, October 22, 2025, 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, **TIFFANY O'DELL** was appointed and qualified as ADMINISTRATOR of the estate of **CHRISTOPHER LEE O'DELL**, deceased. Bond was 142,500.00.

On, Thursday, October 23, 2025, 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, **JENNIFER ANDERSON** was appointed and qualified as ADMINISTRATRIX of the estate of **LONNIE JAY ANDERSON**, deceased. Bond was 21,000.00.

The last will and testament of **GEORGE LUTHER POWELL**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

TAMMY S GRDGON, who was named in the last will and testament of **GEORGE LUTHER POWELL**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.

On, Friday, October 24, 2025, 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, **JOHN SAYERS** was appointed and qualified as ADMINISTRATOR of the estate of **ROBERT HUGH SAYERS**, deceased. No bond was required.

On, Monday, October 27, 2025, the following matters were disposed of in the presence of the Clerk:

A duly exemplified copy of the last will and testament of **NANCY JO RICHARDS**, deceased, late a resident of VOLUSIA, FLORIDA, was admitted to record.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **RICHARD SHAFFER** was appointed and qualified as ADMINISTRATOR of the estate of **ROBERT EUGENE SHAFFER**, deceased. Bond was 10,000.00.

The last will and testament of **RANDALL LYNN NUTTER**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

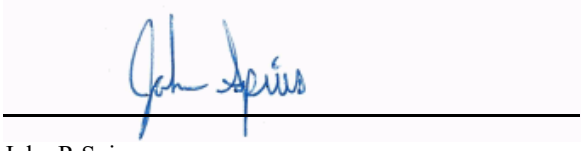
WANDA LOU NUTTER, who was named in the last will and testament of **RANDALL LYNN NUTTER**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.

On, Tuesday, October 28, 2025, the following matters were disposed of in the presence of the Clerk:

The last will and testament of **GLORIA JUEEN MCDONALD**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

WILLIAM H MCDONALD JR, who was named in the last will and testament of **GLORIA JUEEN MCDONALD**, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

A duly exemplified copy of the last will and testament of **TIMOTHY FLEMING FRUSH**, deceased, late a resident of BLADEN, NORTH CAROLINA, was admitted to record.



John R Spires
Clerk of the Harrison County Commission

Wednesday, November 5, 2025

Confirmed

Estate: 13195

B-1.

IN THE COUNTY COMMISSION OF HARRISON COUNTY, WEST VIRGINIA:

ANNE ASEL CARRICO, EXECUTRIX
OF THE ESTATE OF
JUDITH ANNE ASEL

REPORT OF CLAIMS
AND WAIVER OF
FINAL SETTLEMENT

TO THE HONORABLE COUNTY COMMISSION OF HARRISON COUNTY, WV:

Pursuant to Chapter 44, Article 2, Section 29, of the Code of West Virginia, the following is a Waiver of Final Settlement of Anne Asel Carrico, Executrix, and all known heirs and distributes of the estate of Judith Anne Asel, deceased, as presented to and received and approved by James A. Varner, Sr., Fiduciary Commissioner of Harrison County, West Virginia to whom this case was referred, as in such cases made and provided by law:

GIVEN under my hand this 24th day of October, 2025.

James A. Varner Sr.

Fiduciary Commissioner

United States of America

State of West Virginia **County of Harrison, ss:**

Affidavit and Waiver of Final Settlement

I,ANNE ASEL CARRICO, personal representative(s) in the estate of JUDITH ANNE ASEL after being first duly sworn do aver and state as follows:

1. A release of lien, if required by West Virginia Code 11-1-1, has been filed with the County;

2. More than 60 days have elapsed since the filing of any notice required by West Virginia Code 44-1-14(a);

3. The time for filing of claims against the estate has expired;

4. No known unpaid claims exist against the estate;

5. All beneficiaries of the estate have each been advised of the share or shares to which each is entitled from the estate.

ANNE ASEL CARRICO Anne Asel Carrico (L.S.)
EXECUTRIX

STATE OF West Virginia COUNTY OF Harrison

The foregoing instrument was acknowledged before me this 22nd day of October, 2025.

My Commission expires: April 24, 2028 Vicki Reeves
Notary Public

OFFICIAL SEAL
Notary Public, State of West Virginia
Vicki Reeves
49 Hickory View Way, Apt. 103
Shinnston, WV 26431
My commission expires April 24, 2028

ANNE ELIZABETH CARRICO Anne Elizabeth Asel (L.S.)
DAUGHTER

STATE OF West Virginia COUNTY OF Harrison

The foregoing instrument was acknowledged before me this 22nd day of October, 2025.

My Commission expires: April 24, 2028 Vicki Reeves
Notary Public

OFFICIAL SEAL
Notary Public, State of West Virginia
Vicki Reeves
49 Hickory View Way, Apt. 103
Shinnston, WV 26431
My commission expires April 24, 2028

ALESA CARRICO Alesa Asel Carrico (L.S.)
DAUGHTER

STATE OF West Virginia COUNTY OF Harrison

The foregoing instrument was acknowledged before me this 22nd day of October, 2025.

My Commission expires: April 24, 2028 Vicki Reeves
Notary Public

OFFICIAL SEAL
Notary Public, State of West Virginia
Vicki Reeves
49 Hickory View Way, Apt. 103
Shinnston, WV 26431
My commission expires April 24, 2028

Please note for dates of death July 13, 2001 or after, any beneficiaries who are to received a bequest of cash or personal property are not required to sign.

State of West Virginia, County of Harrison, to-wit:

I, John R Spires, Clerk of the Harrison County Commission, do hereby certify that the foregoing writing was this day examined and confirmed by said Commission, there having been no exceptions or objections filed thereto.

Given under my hand this _____day of _____, _____.

_____ By _____

John R Spires
Clerk of the Harrison County Commission

Micah Fisher
Deputy Clerk

First Accounting

B-2.

United States of America

State of West Virginia **County of Harrison, ss:**

ESTATE OF _Terryl _W Dotson____, DECEASED

Social Security No: _235-70-3962_____ Date of Death: _1/28/2025 _____

Report of Receipts, Disbursements and Distribution; Affidavit

filed by Michael G Alastanos, **executor**____ of the estate of Terryl W Dotson_____, as provided by Chapter 44, Article 2, Section 1(b), of the Code of West Virginia, as amended.

RECEIPTS: *(Monies/Income; Proceeds from Sale of Real and/or Personal Property; Interest; Refunds; Advances, Etc.)*

Date Received:	Source:	Amount:
VAR	See Attached Stifel Receipts	2354077
VAR	See Attached Harrison County Bank	106319

TOTAL RECEIPTS: 2460396

DISBURSEMENTS: *(Paid from Estate Monies/Receipts listed above)*

Date Paid:	Payable to:	Amount:
VAR	See Stifel Disbursements	105110
VAR	See HCB Disbursements	62639

TOTAL DISBURSEMENTS: 167749

Net 2292647

Recap Stifel Brokerage Account

Receipts

Transfer From Account 8988	1,636,293.47
Genworth Life Insurance	500,965.60
80% Proceeds From Sale of 311 Sunsbury	172,000.00
Interest & Dividends Thru 9/30/2025	44,818.41
Total Receipts	2,354,077.48

Harrison County Bank Receipts

2/13/2025	Deposits	Misc Refunds	148.69
2/13/2025	Transfer from Harrison County Bank	Account # 3466	1,000.00
2/19/2025	Transfer from Harrison County Bank	Account # 3466	3,427.19
2/24/2025	Deposit Truist Savings	Account # 8280	5,790.23
2/28/2025	Deposit Truist Checking	Account # 1156	16,651.43
2/28/2025	Deposit Peoples Checking	Account # 2095	17,992.14
3/14/2025	Deposit	Misc Refunds	349.06
4/4/2025	Transfer Stifel Brokerage account		100.00
4/10/2025	Transfer Stifel Brokerage account		60,000.00
5/2/2025	Deposit	Refunds	860.11
	Total		106,318.85

Disbursements Stifel Brokerage Account

Transfer to HCB	60,100.00
Preliminary Disbursement to Josh Dotson	45,000.00
Wire Fee	10.00
	105,110.00

Harrison County Bank Disbursements

2/18/2025	Main Street Cks	Check Charge		26.22
3/17/2025	Hope Gas	Utility	EFT	157.69
3/18/2025	First Energy	Utility	EFT	311.40
3/20/2025	City of Bport	Utility	EFT	63.60
3/20/2025	Lindsay Sandy	Credit card Payment reimbursement Wade Dotson	1001	2,377.00
4/1/2025	State Farm Insurance	Insurance	EFT	58.40
3/26/2025	Merideth Burge	ATT Devices Pay Off	1002	1,298.55
3/26/2025	Mountaineer Home Medical	Bill;	1003	257.00
3/31/2025	Merideth Burge	Priest Stipend reimbursement	1004	200.00
4/1/20256	Lindsay Sandy	Reimburse Wonder Bar Dinner	1005	1,431.36
3/20/2025	City of Bport	Utility	EFT	63.60
4/12/2025	Oliverios Florist	Flowers Funeral	1007	449.40
4/12/2025	WV State Tax Departmetn	2024 WV Individual State Taxes	1008	9,870.00
4/12/2025	US Treasury	2024 Federal IndividualTaxes	1009	41,211.00
4/29/2025	City of Bport	Utility	EFT	37.50
5/15/2025	The Rodeheaver Group	Tax Prep Fees 1040	1010	1,600.00
5/21/2025	City of Bport	Utility	EFT	63.60
6/2/2025	State Farm Insurance	Insurance	EFT	58.40
6/24/2025	City of Bport	Utility	EFT	63.60
7/3/2025	County Clerks	filing Fee	1011	12.00
7/8/2025	Varner & Van Volkenburg	fidubiary Fee	1012	450.00
7/11/2025	Michael G Alastanos	Filing Fee	1013	12.00
7/21/2025	City of Bport	Utility	EFT	87.01
9/16/2025	West & Jones	Legal Fees	1014	2,480.00
	Total Disbursements			62,639.33

DISTRIBUTION:

TOTAL DISTRIBUTION: $ 2032006

See Attached Detail

Proposed Partial Settlement:

Madyson A Payez	Nancy & Wade Dotson Trust	50,000	
Savannah G Payez	Nancy & Wade Dotson Trust	50,000	
Carter M Payez	Nancy & Wade Dotson Trust	50,000	
Gracelynn A Sandy	Nancy & Wade Dotson Trust	50,000	
Hunter M Sandy	Nancy & Wade Dotson Trust	50,000	
Kathryn E Burge	Nancy & Wade Dotson Trust	50,000	
	All Payable to Trust		300,000 *

Square Up of Estate	Amounts Prev Paid	Proposed Disbursement	Total
Lindsay Sandy	60,000	118,000	178,000
Merideth Burge	178,000	-	178,000
Joshua Dotson	45,000	133,000	178,000
Jason Dotson		178,000	178,000
Jeremy Dotson		178,000	178,000
Total	283,000	607,000 *	890,000

Additional Payment from Estate

Lindsay Sandy	225,000
Merideth Burge	225,000
Joshua Dotson	225,000
Jason Dotson	225,000
Jeremy Dotson	225,000
	1,125,000 *

Total Proposed Partial Settlement	Σ <*>	2,032,000

AFFIDAVIT:

Michael G. Alastanos 10/24/25
Executor Date

STATE OF WEST VIRGINIA,

COUNTY OF HARRISON, to-wit:

Before the undersigned authority, authorized by law to administer oaths in cases of this character, this day personally appeared Michael G. Alastanos, Executor of the Estate of Terry W. Dotson deceased, who being by me first duly sworn, did depose and say:

That the foregoing Report, dated the 23 day of October, 2025, is a true and correct Report of all Receipts, Disbursements and Distributions made by me as Administrator/rix through the 23 day of October, 2025.

The foregoing instrument was acknowledged before me this 24th day of October, 2025.

My Commission expires: _____. Vicki Reeves
Notary Public

NOTARY SEAL

OFFICIAL SEAL
Notary Public, State of West Virginia
Vicki Reeves
49 Hickory View Way, Apt. 103
Shinnston, WV 26431
My commission expires April 24, 2028

STATE OF WEST VIRGINIA,

COUNTY OF HARRISON, to-wit:

I, John R. Spires, Clerk of the Harrison County Commission of said County, do hereby certify that the foregoing writing was this day examined and confirmed by said Commission, there having been no exceptions or objections filed thereto.

Given under my hand this _____ day of _____, _____.

_____ By _____

John R. Spires
Clerk of the Harrison County Commission

Estate: _____

B-3.

IN THE COUNTY COMMISSION OF HARRISON COUNTY, WEST VIRGINIA

AMY LEAH HONCE,
EXECUTRIX OF THE ESTATE

REPORT OF CLAIMS
AND
WAIVER OF FINAL SETTLEMENT

OF ///

JAMES FRANCIS HONCE, JR.,
DECEASED

TO THE HONORABLE COUNTY COMMISSION OF HARRISON COUNTY, WEST VIRGINIA:

The Report of Norman T. Farley, Fiduciary Commissioner for Harrison County, West Virginia, and Waiver of Final Settlement of the **Estate of James Francis Honce, Jr.,** deceased.

Your Commissioner, who has before him the Affidavit and Waiver of Final Settlement which is duly signed and notarized by the personal representative and all heirs, beneficiaries, and distributees of the **Estate of James Francis Honce, Jr.,** deceased, as provided in Chapter 44, Article 2, Section 29 of the West Virginia Code, as amended, respectfully reports:

That this estate was originally closed by this Commission on May 7, 2025; however, this estate was reopened on May 30, 2025, to sell and distribute certain assets of the estate and said Executrix duly qualified as personal representative of the estate; that this estate was referred to Norman T. Farley, Fiduciary Commissioner, on **June 5, 2025;** and the Amended Appraisement of said estate was recorded in the Office of the Clerk of this Commission; and,

That notice having been previously given to the creditors and beneficiaries of the estate as to the date upon which proofs of claim were to be received against said estate, no additional notice thereof was required; and,

That there were no contingent or unliquidated claims or claims not matured against said estate, and that no necessity exists to reserve any funds in the hands of the personal representative to meet the same; and,

That said personal representative submitted the attached Affidavit and Waiver Of Final Settlement duly executed by the personal representative and all heirs, beneficiaries, and distributees of the **Estate of James Francis Honce, Jr.**, deceased, as provided in Chapter 44, Article 2, Section 29 of the West Virginia Code, as amended; and

Your Commissioner further reports that the name of the personal representative was included in a list of all fiduciaries whose accounts were then before him for settlement, which list was prepared by him and caused by him to be published once a week for two successive weeks, as required by law, said publication having been made on the **9th and 16th days of September, 2025**, in the Clarksburg Exponent-Telegram, a newspaper published and of general circulation in Harrison County, West Virginia, and upon completion of said publication, your Commissioner proceeded to make this final Report for the settlement of the accounts of said personal representative.

This Report and attached Affidavit and Waiver of Final Settlement, filed herewith and expressly made a part hereof, may be filed as the final report of **Amy Leah Honce, Executrix of the Estate of James Francis Honce, Jr., deceased**.

GIVEN under my hand this 23rd day of September, 2025.

Norman T. Farley
Fiduciary Commissioner
Harrison County, West Virginia

United States of America

State of West Virginia **County of Harrison, ss:**

Affidavit and Waiver of Final Settlement

I,AMY LEAH HONCE, personal representative(s) in the estate of JAMES FRANCIS HONCE JR after being first duly sworn do aver and state as follows:

1. A release of lien, if required by West Virginia Code 11-1-1, has been filed with the County;

2. More than 60 days have elapsed since the filing of any notice required by West Virginia Code 44-1-14(a);

3. The time for filing of claims against the estate has expired;

4. No known unpaid claims exist against the estate;

5. All beneficiaries of the estate have each been advised of the share or shares to which each is entitled from the estate.

AMY LEAH HONCE Amy Leah Honce, Exec (L.S.)
EXECUTRIX

STATE OF West Virginia COUNTY OF Harrison

The foregoing instrument was acknowledged before me this 5th day of AUGUST, 2025.

My Commission expires: SEP 12, 2029 _____
Notary Public

JORDAN D JARBOE
Notary Public Official Seal
State of West Virginia
My Comm. Expires Sep 12, 2029
1507 Johnson Avenue Bridgeport WV 26330

JAMES F HONCE JR TESTAMENTARY TRUST Amy L Honce, Trustee (L.S.)
BENEFICIARY

STATE OF West Virginia COUNTY OF Harrison

The foregoing instrument was acknowledged before me this 5th day of AUGUST, 2025.

My Commission expires: SEP 12, 2029 _____
Notary Public

JORDAN D JARBOE
Notary Public Official Seal
State of West Virginia
My Comm. Expires Sep 12, 2029
1507 Johnson Avenue Bridgeport WV 26330

ELIZABETH ANN HONCE _____ (L.S.)
SISTER

STATE OF New Mexico COUNTY OF Bernalillo

The foregoing instrument was acknowledged before me this 30th day of July, 2025.

My Commission expires: August 20, 2028 _____
Notary Public

STATE OF NEW MEXICO
NOTARY PUBLIC
Dylan Lee Eddy
Commission No. 2004033
Expires: August 20, 2028

Please note for dates of death July 13, 2001 or after, any beneficiaries who are to received a bequest of cash or personal property are not required to sign.

State of West Virginia, County of Harrison, to-wit:

I, John R Spires, Clerk of the Harrison County Commission, do hereby certify that the foregoing writing was this day examined and confirmed by said Commission, there having been no exceptions or objections filed thereto.

Given under my hand this _____day of _____, _____.

_____ By _____

John R Spires
Clerk of the Harrison County Commission

Micah Fisher
Deputy Clerk

B-4.

IN THE COUNTY COMMISSION OF HARRISON COUNTY, WEST VIRGINIA

ROBERT F. MATHENY,
ADMINISTRATOR OF THE ESTATE

OF **/ / /** **REPORT OF CLAIMS**
AND
FINAL SETTLEMENT

DOROTHY J. KEHRER,
DECEASED

TO THE HONORABLE COUNTY COMMISSION OF HARRISON COUNTY, WEST VIRGINIA:

The Report of Claims and Final Settlement of the accounts of Robert F. Matheny, Administrator of the Estate of Dorothy J. Kehrer, deceased, was made before me, Norman T. Farley, Fiduciary Commissioner for Harrison County, West Virginia, and reported as follows:

(SEE ATTACHED ACCOUNTING)

United States of America

State of West Virginia **County of Harrison, ss:**

ESTATE OF DOROTHY J KEHRER, DECEASED

Social Security No: 233-52-0088 Date of Death: September 01, 2022

Report of Receipts, Disbursements and Distribution; Affidavit

filed by **ROBERT G MATHENY, ADMINISTRATOR** of the estate of DOROTHY J KEHRER, as provided by Chapter 44, Article 2, Section 1(b), of the Code of West Virginia, as amended.

RECEIPTS: *(Monies/Income; Proceeds from Sale of Real and/or Personal Property; Interest; Refunds; Advances, Etc.)*

Date Received:	Source:	Amount:
2/20/24	City National Bank	$50,417.56
3/13/25	JR Plye Auctions @ Ritchie Co	$18,877.00
3/13/25	PIC Account (received From William)	$237,440.53
5/28/25	JR Plye Auctions @ Trolley Lane	$5,275.41
7/18/25	Insurance Claim (Farm)	$3088.70

TOTAL RECEIPTS: $318,010.50 + $3088.70 (Farm Only)

DISBURSEMENTS: *(Paid from Estate Monies/Receipts listed above)*

Date Paid:	Payable to:	Amount:
	See attached paperwork	

TOTAL DISBURSEMENTS:

DISTRIBUTION:

WILLIAM G KEHRER 316 SUMNER STREET, CLARKSBURG, WV 26301	SON	$45,267.08
FRANK E KEHRER 12 TETER HEIGHTS, BUCKHANNON, WV 26201	SON	$62,792.50
ALBERT P KEHRER 628 LAWMAN AVENUE, BRIGEPORT, WV 26330	SON	$62,792.50
DIANNA K URSE 61 KIMBERLY CIRCLE, FAIRMONT, WV 26554	DAUGHTER	$62,792.50
DORIS CURLEY 8829 RAMSBURY WAY, WILMINGTON, NC 28411	DAUGHTER	$62,792.50
	TOTAL DISTRIBUTION:	$296,437.08

Insurance claim For the Farm $3088.70

William Kehrer 1029.57

Al Kehrer 1029.57

Frank Kehrer 1029.56

AFFIDAVIT:

Robert G. Matheny, Administrator 8/16/25
Date

ROBERT G MATHENY, ADMINISTRATOR
229 S 3RD ST
CLARKSBURG WV 26301

STATE OF West Virginia

COUNTY OF Harrison, to-wit:

Before the undersigned authority, authorized by law to administer oaths in cases of this character, this day personally appeared ROBERT G MATHENY, ADMINISTRATOR of the Estate of DOROTHY J KEHRER deceased, who being by me first duly sworn, did depose and say:

That the foregoing Report, dated the 16 day of August, 2025, is a true and correct Report of all Receipts, Disbursements and Distributions made by me as Executor/rix through the 16 day of August, 2025.

The foregoing instrument was acknowledged before me this 16 day of August, 2025.

My Commission expires: February 10 2029 Joni P Childers
Notary Public

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
Joni P Childers
Sheriff & Treasurer of Harrison County
: 229 South 3rd Street
Clarksburg WV 26301
My Commission Expires February 10, 2029

Date	Num	Transaction	Payment	C	Deposit	Balance
1/11/2024	1482	John Spires, County Clerk cat: miscellaneous memo: qualify Dorothy Kehrer estate	12.00			-12.00
2/26/2024		Deposit cat: income memo: Dorothy Kehrer $ from City National			56,417.56	56,405.56
4/5/2024	1492	John Spires, County Clerk cat: miscellaneous memo: Dorothy Kehrer appraisement	12.00			56,393.56
5/21/2024	1494	W.VA Insurance Co cat: insurance memo: Dorothy Kehrer farm insurance	537.00			55,856.56
6/13/2024	1552	Cooper Law Office PLLC cat: legal expense memo: Dorothy Kehrer mediation	120.00			55,736.56
10/1/2024		Mon Power cat: utilities memo: Dorothy Kehrer estate Farm in Ritchie Co	531.95			55,204.61
11/20/2024		Mon Power cat: utilities memo: Dorothy Kehrer estate	73.42			55,131.19
11/20/2024	1566	Copperhead Electric cat: miscellaneous memo: Dorothy Kehrer estate	702.99			54,428.20
1/10/2025	1570	TRUIST cat: miscellaneous memo: Insurance for Dorothy Kehrer estate	48.00			54,380.20
1/14/2025		Mon Power cat: utilities memo: Dorothy Kehrer farm @ Ritchie	36.24			54,343.96
2/11/2025		Mon Power cat: utilities memo: Dorothy Kehrer farm @ Ritchie	41.65			54,302.31
3/13/2025		Deposit cat: income memo: Kehrer estate			256,317.53	310,619.84
3/14/2025		Mon Power cat: utilities memo: Dorothy Kehrer farm @ Ritchie	52.49			310,567.35
4/16/2025		Mon Power cat: utilities memo: Dorothy Kehrer farm @ Ritchie	54.04			310,513.31
5/2/2025	1578	W.VA Insurance Co cat: insurance memo: annual premium Kehrer estate	537.00			309,976.31
5/21/2025		Mon Power cat: utilities memo: Kehrer estate Ritchie Co farm	20.69			309,955.62
5/23/2025	1583	Ritchie County Sheriff cat: taxes memo: Kehrer Estate 2024 taxes in full	1,657.46			308,298.16
5/28/2025		Deposit cat: income memo: Kehrer Estate Auction @ Trolley Lane			5,275.41	313,573.57

$18,877.00
Auction @ Ritchie
Co Farm
$237,440.53
William Payback

Norman Farley

Date	Num	Transaction	Payment	C	Deposit	Balance
7/11/2025		Mon Power cat: utilities memo: Kehrer Estate Ritchie Co Farm	21.10			313,552.47
7/18/2025		Deposit cat: income memo: insurance co $ from Kehrer Estate			will be divided between 3,088.70 the son's	316,641.17
8/7/2025	1587	Optimum Contracting cat: miscellaneous memo: Kehrer Estate	880.00			315,761.17
8/11/2025	1588	Sheriff & Treasurer cat: Commission memo: Kehrer Estate	15,900.51			299,860.66
8/11/2025	1599	John Spires, County Clerk cat: miscellaneous memo: final settlement Kehrer Estate	14.00			299,846.66
8/11/2025	1600	Norman Farley cat: miscellaneous memo: fiduciary Kehrer Estate	320.88			299,525.78

Disbursements: (Paid from Estate Monies/Receipts listed above) for Dorothy Kehrer

Date Paid:	Payable to:	Amount:
01/11/2024	John Spires County Clerk Qualify	$12.00
04/05/2024	John Spires County Clerk Appraisement	$12.00
05/21/2024	W.Va Insurance Co (Farm)	$537.00
6/13/2024	Cooper Law Office Legal Expense mediation	$120.00
10/01/2024	Mon Power (Farm)	$531.95
11/20/2024	Mon Power (Farm)	$73.42
11/20/2024	Copperhead Electric (repaired electric)	$702.99
01/10/2025	Insurance (on building at the farm)	$48.00
01/14/2025	Utilities	$36.24
01/14/2025	Mon Power (Farm	$41.65
03/14/2025	Mon Power (Farm)	$52.49
04/16/2025	Mon Power (Farm)	$54.04
05/02/2025	W.Va Insurance (Farm)	$537.00
05/21/2025	Mon Power (Farm)	$20.69
05/23/2025	Ritchie County Sheriff (2024 Taxes Farm)	$1657.46
07/11/2025	Utilities	$21.10
08/07/2025	Optimum Contracting (Mowing @ the Farm)	$880.00
08/11/2025	Sheriff's Commission	$15900.51
08/11/2025	John Spires County Clerk Settlement	$14.00
08/11/2025	Norman Farley Fiduciary Commissioner	$320.88
		Total $21,573.42

There was also an insurance claim done at the farm for damage to a carport after a STORM.

Amount received from Insurance was 3088.70.

Amount will be divided between the owners of the Farm.

William Kehrer $1,029.56

Al Kehrer $1,029.57

Frank Kehrer $1,029.57

Total Disbursement from Insurance Claim $3088.70

Your Commissioner certifies that pursuant to the requirements of the West Virginia Code, as amended, the County Commission appointed the 1st day of January, 2023, as the time and place for the presentation of claims against said estate and that it gave notice thereof to the creditors and beneficiaries of said estate by publication in the Clarksburg Exponent-Telegram on the 2nd and 9th days of November, 2022, the time so fixed being according to law; and that one (1) claim had been filed against the estate, but said claim has been paid and released in full.

Your Commissioner certifies that the estate was referred to him as Fiduciary Commissioner on the 10th day of April, 2024.

Your Commissioner certifies that the name of Robert F. Matheny, Administrator of the Estate of Dorothy J. Kehrer, deceased, was included in a list of fiduciaries, whose accounts were before your Commissioner for settlement, and said list was published once a week for two successive weeks on the 8th and 15th days of October, 2025, in the Clarksburg Exponent-Telegram, as required by law.

Whereupon, your Commissioner proceeded to make up this Report, in manner and form as prescribed by the West Virginia Code, and the foregoing constitutes the findings of your Commissioner and the Report of Claims and Final Settlement of the accounts of said fiduciary; that the Report was held in his office for ten (10) days for the examination of any persons interested and the filing of exceptions, if any; that ten (10) days having elapsed since said notice was given, and no exceptions thereto having been filed, the same is respectfully offered for confirmation.

Given under my hand this the 21st day of October, 2025.

Norman T. Farley
Fiduciary Commissioner
Harrison County, West Virginia

United States of America

State of West Virginia **County of Harrison, ss:**

Report of Receipts, Disbursements and Distribution; Affidavit Notice

This day ROBERT G MATHENY reported to the Court a Report of Receipts, Disbursements and Distribution; Affidavit for the estate of DOROTHY J KEHRER, which Report of Receipts, Disbursements and Distribution; Affidavit was filed in the office of the Clerk of the Harrison County Commission on the 24th day of October, 2025 and said estate was presented to this Court on the _____ day of _____, _____, further it appearing to the Court that more than (10) days have lapsed since the date the report was filed with the Clerk of the Harrison County Commission and no objections being made thereto and no errors appearing upon the face thereof and none appearing to the Court and the Court being satisfied that all requirements of the statute in regard to such settlement have been complied with, same being deemed correct and ordered to be recorded and filed.

I, John R Spires, Clerk of the Harrison County Commission, do certify that the aforesaid Report of Receipts, Disbursements and Distribution; Affidavit, was this day admitted to record therein.

Given under my hand on this the _____ day of _____, _____.

John R Spires
Clerk of the Harrison County Commission

C-1.

EXTENSION Homespun News

FAMILY AND COMMUNITY DEVELOPMENT

November
December
2025

Harrison County
Family & Community Development Newsletter

Inside this issue:

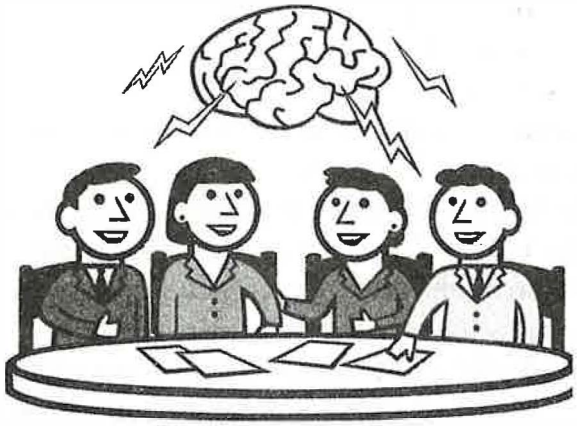
Important Events	1
Announcements, Upcoming Workshops, Featured Project	2
Calendar of Events, Workshop Ideas? Cancellation Policy	3
Poetry Contest Winner	4
Achievement and Demonstration Day Information	5
Short Story Winner	6
Homespun Humor, Contact Information	7

County Council to Meet Nov. 10

Join your fellow CEOS members at 9:30 a.m., Monday, November 10 at the Harrison County 4-H Center for our last County Council meeting of the year.

There will be updates on the Achievement & Demonstration Day scheduled for later in the week.

Those who crafted scarves for the VA hospital project can turn in their items at the meeting. A discussion on Lesson Leader trainings and workshops will be held at the meeting.



The 2026 Blue Yearbook Out Soon

The 2026 Blue Yearbook will again be in the larger format, and distribution is planned for the January County Council meeting. No yearbooks will be mailed. Any changes from last year's publication, such as club meeting times, should be forwarded to the Extension Office as soon as possible.



Committee Reports Due Oct. 30

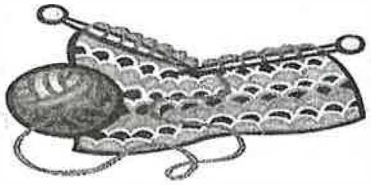


Club committee chairs should remember to complete the reports and send it to John Wickline, 1117 Good Hope Pike, Clarksburg, WV 26301 by Oct. 30 so that the county committee chairs can compile the information and send it on to the state officers by Jan. 30, 2026.

Drop Off Your Scarf at the Extension Office

Those members who have made scarves for the VA nursing home can drop them off at the Extension Office between 8 a.m. and 4 p.m., Monday through Friday so that arrangements can be made to get them to the VA hospital officials for distribution before winter. Please drop the items off by November 21.

Thank you for making this community service project a successful one.



County Belle for 2026

The West Virginia Folk Festival has asked that our County Belle be determined by Jan. 15, 2026. Any person wanting to represent Harrison County at the June festival in Glenville should contact the Extension Office for details.

Featured Project

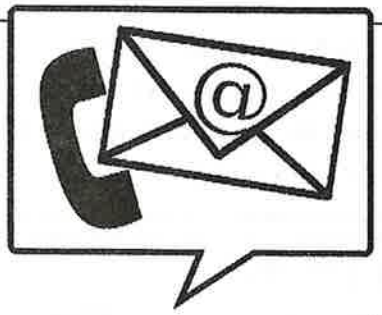
"Craft Bags for Veterans"

Because many of the services that previously required veterans to travel from Clarksburg to Pittsburgh have been localized, the need for donations to the Brown Bags for Veterans initiative has decreased. This program, which started as a collaborative effort with WVU Extension and military support organizations, took hold in the community, and now several companies are donating to the cause.

The VA is now asking for donations for a "Craft Bags for Veterans" program that will provide items for hospitalized veterans to pass the time during their stay. Some of the items being requested include puzzle books, pencil sharpeners, colored pencils, adult coloring books, large-piece puzzles, cards, and stress balls or other fidget items.

The VA is not asking you to stop donating to the Brown Bags program, but only to consider the alternative.

Please update your contact information



Some newsletters and other mailings have been returned lately to the WVU-Harrison County Extension Office, meaning important information is not reaching its intended destination in a timely fashion. Please make sure your contact information, both addresses and telephone numbers, is correct on your club's roster sheet. Any changes can be made by calling the Extension Office at 304-624-8650 between 8 a.m. and 4 p.m., Monday through Friday, so we can update any changes.

Thank you for your attention to this matter.

Fun & Games Workshop Nov. 7

If you enjoyed this event the first time, come back again and bring a friend. The workshop will begin at 9:30 a.m., Friday, Nov. 7 at St. Mark's Church. Bring your favorite game or just jump in with another already there. Some crafts will be available. Bring a lunch or a snack. There is no charge to attend this event. See you there!

2026 CEOS Lessons Chosen

Lesson Leader training will be held during County Council meetings and lessons will be distributed then.

- Making Culinary Extracts at Home
- 100 Years of the State Fair
- How to Make Infused Oils
- From Brine to Boom: The Salt Industry in WV
- Newell and the Legacy of Fiestaware
- Military Bases in West Virginia During WWII
- Marking West Virginia's History
- The Art of Pastry: Pie, A Heritage Tradition
- Christmas Cookies Part 2
- How Hobbies Help
- Beautify with Bulbs

In appreciation for all that you do!

Sincerely,
John Wickline,
Program Assistant



Programs and activities offered by the West Virginia University Extension Service are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, political beliefs, sexual orientation, national origin, and marital or family status. When registering for programs, please designate special access or dietary needs three weeks prior. The information given herein is supplied with the understanding that no discrimination is intended and no endorsement by the Cooperative Extension Service is implied.

Mark Your Calendar



Please Note: Workshops & events are subject to change.

November 2025
- 7 Fun & Games Workshop, St. Mark's
- 10 County Council
- 14 Achievement/Demonstration Day

December 2025
- 5 Clarksburg Winterfest Parade

January 2026
- 5 Executive Board Meeting
- 12 County Council Meeting

February 2026
- 23 Executive Board Meeting

March 2026
- 9 County Council Meeting

April 2026
- 27 Executive Board Meeting

May 2026
- 11 County Council & Cultural Arts Show
- 15 Workshop TBA
- 18 VA Donation Collection

June 2026
- 26 Photo Contest Entries Due
- 29 Executive Board Meeting

July 2026
- 6 County Council & Picnic (evening)
  Collect cleaning supplies
- 14-16 NVON Conference, Wisconsin Dells, WI

August 2026
- 1 CVH Hours Due
- 1 Poetry, Short Story Contest Deadline
- 24 Executive Board Meeting

September 2026
- 14 County Council Meeting

October 2026
- 26 Executive Board Meeting
- 30 Reorganization Forms Due
- 30 Club Dues, Roster Sheets Due
- 30 Club Committee Reports Due

November 2026
- 6 Workshop TBA
- 9 County Council Meeting
- 13 Achievement & Demonstration Day

December 2026
- 4 Clarksburg Winterfest Parade

Weather Cancellation Policy

If school is cancelled and the buses are not running in Harrison County due to inclement weather on a day a county meeting or activity is scheduled, the event will automatically be cancelled. A school delay has no influence on CEOS activities.

Workshops sought for 2026

Have an idea for a workshop for next year? Do you have a craft or community service idea you would like to see the CEOS do? The Extension Office is in the process of setting up workshops for 2026, and we would like to include your thoughts as to what types of workshops you would like to see on the schedule. Please email us at the address on page 7, or call us at 304-624-8650, and we will try to find a workshop leader and a date for that event.

"The Clock on the Wall"

David Wilson
Sycamore CEOS
1st Place, Poetry

The clock on the wall reveals the time
In minutes and hours alone
We see it and hear
Its rich sounds and tones

A gift from our roots
To help plan the day
Was I to know
How time slips away

From Georgia to Germany
Back to the states
A long time in Maryland
Never putting down stakes

You sent letters and pictures
To far away places
And cried tears of joy
When we saw each other's faces

Small dresses to gowns
And Barbies to cars
You soon would find out
All men are from Mars

Dozens of moves
To many locations
Where I could continue
To serve this great nation

The clock on the wall
Announced loud and clear
Another day done
Another day near

It did more than that
For my daughter so dear
A memory so precious
So vivid and clear

Years flew by fast
It's all part of life
My little girl grown
A Mother and Wife

This clock on the wall
To her I will give
A place where love grows
And memories will live

A gentle reminder
Of days in the past
Good ones I hope
That always will last

So take this mechanical
Clock on the wall
And cherish each thought
Cherish them all

Remember to think
Now and then when you can
That each little gong
Says I love you so grand

The clock on the wall
Is more than it seems
A memory of past
And future of dreams

A Huge Shout-Out to Our Members

The 15 Harrison County CEOS clubs turned in 56,000 Celebrate Volunteer Hours in 2025, easily topping last year. Using the Non-Profit Leadership Center's figures, that amounts to having an impact of more than $1.9 million to the community.

Achievement & Demonstration Day Set for November 14



We Can Do It!

Join us for a celebration as we applaud the accomplishments of 2025 at Demonstration & Achievement Day at the Harrison County 4-H Center. The theme for this year's event is "Rosie the Riveter." Registration will start at 9:30 a.m., and the program will get under way at 10 a.m. The committee is asking everyone to bring a covered dish, and there will be no charge to attend the event. There will be an auction of donated items, and a table will be set up for those wishing to trade items such as books, craft materials, etc. Those wishing to perform a skit or offer up a helpful hint are asked to fill out the form below so that it can be included in the program. Please indicate the number of people who will be participating in your skit, fashion show, demonstration, etc. We will be honoring those members who have reached milestones in their years of service to their clubs, and we will also pause to remember those members who are no longer with us.

Demonstration Day Registration Form

__ Skit __ Demonstration __ Fashion Show

Name _____
Club _____
Title _____
Others Involved _____
_____

Achievement & Demonstration Day Registration

9:30 a.m., Friday, November 14 at the Harrison County 4-H Center

Name_____
Club_____
Address _____
Telephone _____

Mail to: **John Wickline**
1117 Good Hope Pike
Clarksburg, WV 26301

Deadline: November 1, 2025
Or call 304-624-8650

"Pony Boy"
Deaonna Crowe
Anmoore CEOS
1st Place, Short Story

When I returned from the cemetery the day of my dad's funeral, I went into the attic. I searched until I found the brown box with my name on it. Sitting on an old trunk, I opened it. Inside there were various items I had collected throughout my childhood. Each item held its treasure of memories, but I was looking for just one. Right now, it meant more to me than all the others combined.

I sorted through the box, searching. It had to be there. Yes, there it was — a stuffed pony, tattered and torn, with patches of fur missing. I took it out of the box, held it tightly, and remembered the day I received it.

It was my sixth birthday when Dad returned home from a trip. He always remembered to bring me a small gift, knowing how much I loved horses and hoped to have one someday. This made me very happy. Wrapping my arms around the pony, I exclaimed, "I love it! Thank you, Dad!"

Later that night, as I lay in bed, I wound up the little stuffed pony. It began to play a song that Dad used to sing to me:

"Ponyboy, Ponyboy, won't you be my Ponyboy? Carry me, marry me, up across the plains. Giddy up, giddy up, giddy up go. My Ponyboy."

It wasn't big or fancy; it probably wasn't even worth a dollar. But on the day of his funeral, just holding it provided me with a sense of comfort. Thinking about that happy day years ago allowed me to feel close to him even now.

I kept that little pony and later gave it to my son when he was born. After many years of wear and tear, the pony lost many parts and nearly all of its fur. Unfortunately, we lost it during a move, but it will never be forgotten; it will always linger in my heart. "My Ponyboy." I never knew the meaning of the song, but its melody was forever tied to my heart.

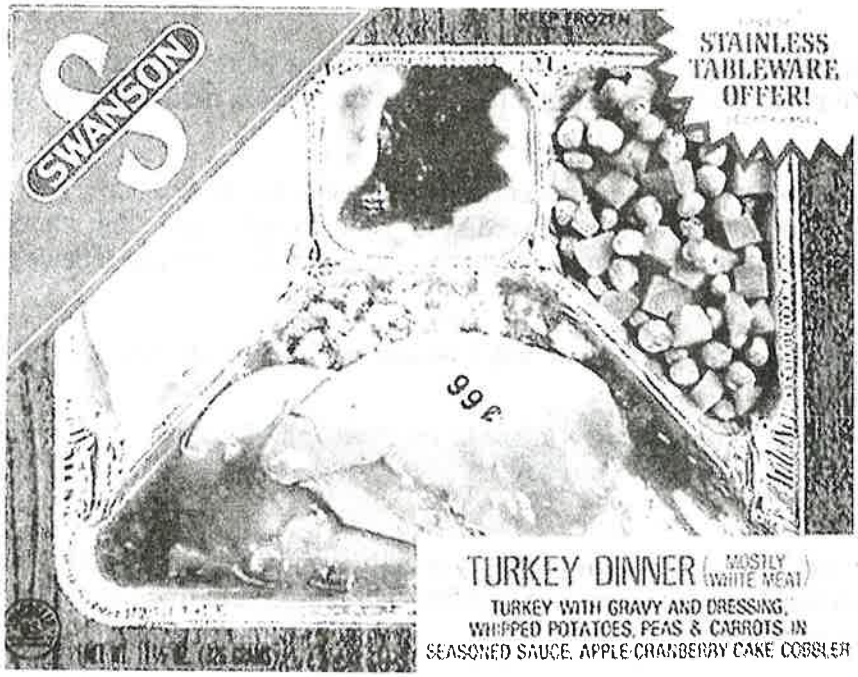
Homespun Humor

A Blessing in Disguise

It seems the Swanson Company had severely overestimated the amount of turkeys that would be needed to get through the 1953 Thanksgiving holiday by more than 250 tons. Since the next turkey holiday was a year away, Swanson officials went into crisis mode. A way to get rid of the excess poultry led to someone ordering 5,000 aluminum trays, creating a menu and having workers assemble those items into a ready-to-ship product. Swanson marketed the idea as a frozen TV dinner, featuring turkey with gravy and dressing, whipped potatoes, peas and carrots, and apple-cranberry cake for dessert. Company officials hoped to capitalize on the growing popularity of television sets in the home.

Still, Swanson was not optimistic that this idea would take off, just really hoping to sell the 5,000 initially put together.

But by the end of 1954, when nearly half of American households had a television set, the company had sold more than 10 million TV dinners. The cost of a TV dinner in 1953? 99 cents, which would translate to about $12 today.



— Courtesy of thesocietypages.org

WVU Extension Harrison County
1117 Good Hope Pike
Clarksburg, WV 26301
Phone 304-624-8650

E-mail:
John.wickline@mail.wvu.edu

"Don't be the best thing nobody has ever heard of."

https://extension.wvu.edu/harrison
or check out our Harrison County CEOS Facebook page

www.wvu.edu

2025 Harrison County CEOS Officers

President	Patricia Rummel Shinn's Run CEOS
Vice President	Delores Wilson Stonewood CEOS
Secretary	Jean Papenburg Member-at-large
Treasurer	Rena Lawrence Member-at-large
Board Advisor	Carolyn Romine Friendly Neighbors CEOS

C-2.

GHCPSD - WATER DIVISION
INCOME STATEMENT
FOR THE PERIOD
09/01/2025 - 09/30/2025

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	241,133.01	238,544.25	2,588.76	96.33%
COONS RUN O&M AGREEMENT	6,191.42	3,455.83	2,735.59	2.47%
FACILITIES CHARGE	-	-	-	0.00%
INTEREST INCOME	988.08	1,333.33	(345.25)	0.39%
MISCELLANEOUS/RECONNECT FEES	-	824.17	(824.17)	0.00%
QUIET DELL LEASE	1,500.00	500.00	1,000.00	0.60%
TAP FEES	500.00	666.67	(166.67)	0.20%
UNUSUAL CHARGE	-	-	-	0.00%
TOTAL INCOME	250,312.51	245,324.25	4,988.26	
EXPENSES				
ACCT, BILLING, & COLLECTING	5,585.21	6,490.00	(904.79)	2.58%
BRIDGEPORT SANITARY BOARD	-	-	-	0.00%
TOWN OF WORTHINGTON	-	-	-	0.00%
CHEMICALS	511.00	190.83	320.17	0.24%
CLARKSBURG SANITARY BOARD	-	-	-	0.00%
DEBT SERVICE	24,610.85	24,596.00	14.85	11.37%
DIRECTORS FEES	523.35	483.75	39.60	0.24%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	12,613.56	11,551.67	1,061.89	5.83%
LAB SERVICE	2,126.20	915.83	1,210.37	0.98%
LABOR	38,359.35	36,732.50	1,626.85	17.72%
MAINTENANCE	18,740.03	19,305.00	(564.97)	8.66%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	-	100.00	(100.00)	0.00%
OUTSIDE SERVICES/CONTRACT LABOR	5,958.80	4,231.67	1,727.13	2.75%
POWER PURCHASED	3,690.17	3,598.33	91.84	1.70%
PROPERTY/LIABILITY & INJURIES INSURANCE	1,056.12	2,424.17	(1,368.05)	0.49%
REGULATORY COMMISSION	2,890.00	1,186.67	1,703.33	1.34%
RENEWAL & REPLACEMENT	3,200.00	15,000.00	(11,800.00)	1.48%
RENT EXPENSE	2,500.00	2,500.00	-	1.16%
TAXES	3,218.46	2,859.17	359.29	1.49%
TRANSPORTATION	2,903.75	2,536.67	367.08	1.34%
UTILITIES	320.17	822.50	(502.33)	0.15%
WATER PURCHASED	87,625.44	93,545.00	(5,919.56)	40.49%
TOTAL EXPENSES	216,432.46	229,069.75	(12,637.29)	
NET SURPLUS (DEFICIT)	33,880.05	16,254.50	17,625.55	

GHCPSD - SEWER DIVISION
INCOME STATEMENT
FOR THE PERIOD
09/01/2025 - 09/30/2025

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	257,690.97	263,062.50	(5,371.53)	95.69%
COONS RUN O&M AGREEMENT	-	-	-	0.00%
FACILITIES CHARGE	2,500.00	2,500.00	-	0.93%
INTEREST INCOME	3,488.79	4,166.67	(677.88)	1.30%
MISCELLANEOUS/RECONNECT FEES	-	88.33	(88.33)	0.00%
QUIET DELL LEASE	-	-	-	0.00%
TAP FEES	250.00	166.67	83.33	0.09%
UNUSUAL CHARGE	5,363.39	9,141.67	(3,778.28)	1.99%
TOTAL INCOME	269,293.15	279,125.83	(9,832.68)	
EXPENSES				
ACCT, BILLING, & COLLECTING	1,966.49	1,958.33	8.16	0.83%
BRIDGEPORT SANITARY BOARD	4,489.37	9,567.50	(5,078.13)	1.89%
TOWN OF WORTHINGTON	2,558.07	3,247.50	(689.43)	1.08%
CHEMICALS	-	-	-	0.00%
CLARKSBURG SANITARY BOARD	2,441.67	2,818.33	(376.66)	1.03%
DEBT SERVICE	112,379.86	113,707.50	(1,327.64)	47.43%
DIRECTORS FEES	476.65	484.17	(7.52)	0.20%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	9,142.45	8,714.17	428.28	3.86%
LAB SERVICE	654.10	1,050.00	(395.90)	0.28%
LABOR	21,795.93	27,710.00	(5,914.07)	9.20%
MAINTENANCE	33,470.38	24,733.33	8,737.05	14.13%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	2,127.63	1,641.67	485.96	0.90%
OUTSIDE SERVICES/CONTRACT LABOR	13,844.98	15,066.67	(1,221.69)	5.84%
POWER PURCHASED	13,526.53	15,491.67	(1,965.14)	5.71%
PROPERTY/LIABILITY & INJURIES INSURANCE	961.88	3,483.33	(2,521.45)	0.41%
REGULATORY COMMISSION	475.00	1,150.00	(675.00)	0.20%
RENEWAL & REPLACEMENT	12,104.04	19,425.00	(7,320.96)	5.11%
RENT EXPENSE	-	-	-	0.00%
TAXES	1,394.51	2,156.67	(762.16)	0.59%
TRANSPORTATION	2,644.67	2,791.67	(147.00)	1.12%
UTILITIES	475.62	2,241.67	(1,766.05)	0.20%
WATER PURCHASED	-	-	-	0.00%
TOTAL EXPENSES	236,929.83	257,439.17	(20,509.34)	
NET SURPLUS (DEFICIT)	32,363.32	21,686.67	10,676.65	

GHCPSD - COMBINED
INCOME STATEMENT
FOR THE PERIOD
09/01/2025 - 09/30/2025

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	498,823.98	501,606.75	(2,782.77)	96.00%
COONS RUN O&M AGREEMENT	6,191.42	3,455.83	2,735.59	1.19%
FACILITIES CHARGE	2,500.00	2,500.00	-	0.48%
INTEREST INCOME	4,476.87	5,500.00	(1,023.13)	0.86%
MISCELLANEOUS/RECONNECT FEES	-	912.50	(912.50)	0.00%
QUIET DELL LEASE	1,500.00	500.00	1,000.00	0.29%
TAP FEES	750.00	833.33	(83.33)	0.14%
UNUSUAL CHARGE	5,363.39	9,141.67	(3,778.28)	1.03%
TOTAL INCOME	519,605.66	524,450.08	(4,844.42)	
EXPENSES				
ACCT, BILLING, & COLLECTING	7,551.70	8,448.33	(896.63)	1.67%
BRIDGEPORT SANITARY BOARD	4,489.37	9,567.50	(5,078.13)	0.99%
TOWN OF WORTHINGTON	2,558.07	3,247.50	(689.43)	0.56%
CHEMICALS	511.00	190.83	320.17	0.11%
CLARKSBURG SANITARY BOARD	2,441.67	2,818.33	(376.66)	0.54%
DEBT SERVICE	136,990.71	138,303.50	(1,312.79)	30.22%
DIRECTORS FEES	1,000.00	967.92	32.08	0.22%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	21,756.01	20,265.83	1,490.18	4.80%
LAB SERVICE	2,780.30	1,965.83	814.47	0.61%
LABOR	60,155.28	64,442.50	(4,287.22)	13.27%
MAINTENANCE	52,210.41	44,038.33	8,172.08	11.52%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	2,127.63	1,741.67	385.96	0.47%
OUTSIDE SERVICES/CONTRACT LABOR	19,803.78	19,298.33	505.45	4.37%
POWER PURCHASED	17,216.70	19,090.00	(1,873.30)	3.80%
PROPERTY/LIABILITY & INJURIES INSURANCE	2,018.00	5,907.50	(3,889.50)	0.45%
REGULATORY COMMISSION	3,365.00	2,336.67	1,028.33	0.74%
RENEWAL & REPLACEMENT	15,304.04	34,425.00	(19,120.96)	3.38%
RENT EXPENSE	2,500.00	2,500.00	-	0.55%
TAXES	4,612.97	5,015.83	(402.86)	1.02%
TRANSPORTATION	5,548.42	5,328.33	220.09	1.22%
UTILITIES	795.79	3,064.17	(2,268.38)	0.18%
WATER PURCHASED	87,625.44	93,545.00	(5,919.56)	19.33%
TOTAL EXPENSES	453,362.29	486,508.92	(33,146.63)	
NET SURPLUS (DEFICIT)	66,243.37	37,941.17	28,302.20	

GHCPSD - WATER DIVISION
INCOME STATEMENT
FOR THE PERIOD
07/01/2025-09/30/2025

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	786,411.83	715,632.75	70,779.08	96.73%
COONS RUN O&M AGREEMENT	15,313.97	10,367.50	4,946.47	1.88%
FACILITIES CHARGE	-	-	-	0.00%
INTEREST INCOME	2,848.56	4,000.00	(1,151.44)	0.35%
MISCELLANEOUS/RECONNECT FEES	4,426.66	2,472.50	1,954.16	0.54%
QUIET DELL LEASE	1,500.00	1,500.00	-	0.18%
TAP FEES	2,500.00	2,000.00	500.00	0.31%
UNUSUAL CHARGE	-	-	-	0.00%
TOTAL INCOME	813,001.02	735,972.75	77,028.27	100.00%
EXPENSES				
ACCT, BILLING, & COLLECTING	16,760.52	19,470.00	(2,709.48)	2.45%
BRIDGEPORT SANITARY BOARD	-	-	-	0.00%
TOWN OF WORTHINGTON	-	-	-	0.00%
CHEMICALS	2,339.00	572.50	1,766.50	0.34%
CLARKSBURG SANITARY BOARD	-	-	-	0.00%
DEBT SERVICE	73,832.55	73,788.00	44.55	10.80%
DIRECTORS FEES	1,465.64	1,451.25	14.39	0.21%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	38,500.98	34,655.00	3,845.98	5.63%
LAB SERVICE	4,850.50	2,747.50	2,103.00	0.71%
LABOR	121,511.81	110,197.50	11,314.31	17.78%
MAINTENANCE	60,410.59	57,915.00	2,495.59	8.84%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	884.68	300.00	584.68	0.13%
OUTSIDE SERVICES/CONTRACT LABOR	18,031.65	12,695.00	5,336.65	2.64%
POWER PURCHASED	10,677.49	10,795.00	(117.51)	1.56%
PROPERTY/LIABILITY & INJURIES INSURANCE	14,473.78	7,272.50	7,201.28	2.12%
REGULATORY COMMISSION	8,930.12	3,560.00	5,370.12	1.31%
RENEWAL & REPLACEMENT	7,512.09	45,000.00	(37,487.91)	1.10%
RENT EXPENSE	7,500.00	7,500.00	-	1.10%
TAXES	10,162.00	8,577.50	1,584.50	1.49%
TRANSPORTATION	9,644.30	7,610.00	2,034.30	1.41%
UTILITIES	1,900.53	2,467.50	(566.97)	0.28%
WATER PURCHASED	273,964.90	280,635.00	(6,670.10)	40.09%
TOTAL EXPENSES	683,353.13	687,209.25	(3,856.12)	100.00%
NET SURPLUS (DEFICIT)	129,647.89	48,763.50	80,884.39	

GHCPSD - SEWER DIVISION
INCOME STATEMENT
FOR THE PERIOD
07/01/2025-09/30/2025

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	738,098.15	789,187.50	(51,089.35)	93.23%
COONS RUN O&M AGREEMENT	-	-	-	0.00%
FACILITIES CHARGE	7,500.00	7,500.00	-	0.95%
INTEREST INCOME	13,342.08	12,500.00	842.08	1.69%
MISCELLANEOUS/RECONNECT FEES	-	265.00	(265.00)	0.00%
QUIET DELL LEASE	-	-	-	0.00%
TAP FEES	500.00	500.00	-	0.06%
UNUSUAL CHARGE	32,270.08	27,425.00	4,845.08	4.08%
TOTAL INCOME	791,710.31	837,377.50	(45,667.19)	100.00%
EXPENSES				
ACCT, BILLING, & COLLECTING	5,461.93	5,875.00	(413.07)	0.74%
BRIDGEPORT SANITARY BOARD	23,509.89	28,702.50	(5,192.61)	3.17%
TOWN OF WORTHINGTON	9,781.12	9,742.50	38.62	1.32%
CHEMICALS	-	-	-	0.00%
CLARKSBURG SANITARY BOARD	8,068.83	8,455.00	(386.17)	1.09%
DEBT SERVICE	337,139.58	341,122.50	(3,982.92)	45.52%
DIRECTORS FEES	1,334.36	1,452.50	(118.14)	0.18%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	29,752.80	26,142.50	3,610.30	4.02%
LAB SERVICE	2,608.80	3,150.00	(541.20)	0.35%
LABOR	92,278.83	83,130.00	9,148.83	12.46%
MAINTENANCE	79,644.83	74,200.00	5,444.83	10.75%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	5,219.56	4,925.00	294.56	0.70%
OUTSIDE SERVICES/CONTRACT LABOR	42,069.94	45,200.00	(3,130.06)	5.68%
POWER PURCHASED	41,921.88	46,475.00	(4,553.12)	5.66%
PROPERTY/LIABILITY & INJURIES INSURANCE	13,176.72	10,450.00	2,726.72	1.78%
REGULATORY COMMISSION	7,769.17	3,450.00	4,319.17	1.05%
RENEWAL & REPLACEMENT	21,427.04	58,275.00	(36,847.96)	2.89%
RENT EXPENSE	-	-	-	0.00%
TAXES	6,178.23	6,470.00	(291.77)	0.83%
TRANSPORTATION	8,791.84	8,375.00	416.84	1.19%
UTILITIES	4,550.30	6,725.00	(2,174.70)	0.61%
WATER PURCHASED	-	-	-	0.00%
TOTAL EXPENSES	740,685.65	772,317.50	(31,631.85)	100.00%
NET SURPLUS (DEFICIT)	51,024.66	65,060.00	(14,035.34)	

GHCPSD - COMBINED
INCOME STATEMENT
FOR THE PERIOD
07/01/2025 -09/30/2025

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	1,524,509.98	1,504,820.25	19,689.73	95.00%
COONS RUN O&M AGREEMENT	15,313.97	10,367.50	4,946.47	0.95%
FACILITIES CHARGE	7,500.00	7,500.00	-	0.47%
INTEREST INCOME	16,190.64	16,500.00	(309.36)	1.01%
MISCELLANEOUS/RECONNECT FEES	4,426.66	2,737.50	1,689.16	0.28%
QUIET DELL LEASE	1,500.00	1,500.00	-	0.09%
TAP FEES	3,000.00	2,500.00	500.00	0.19%
UNUSUAL CHARGE	32,270.08	27,425.00	4,845.08	2.01%
TOTAL INCOME	1,604,711.33	1,573,350.25	31,361.08	100.00%
EXPENSES				
ACCT, BILLING, & COLLECTING	22,222.45	25,345.00	(3,122.55)	1.56%
BRIDGEPORT SANITARY BOARD	23,509.89	28,702.50	(5,192.61)	1.65%
TOWN OF WORTHINGTON	9,781.12	9,742.50	38.62	0.69%
CHEMICALS	2,339.00	572.50	1,766.50	0.16%
CLARKSBURG SANITARY BOARD	8,068.83	8,455.00	(386.17)	0.57%
DEBT SERVICE	410,972.13	414,910.50	(3,938.37)	28.86%
DIRECTORS FEES	2,800.00	2,903.75	(103.75)	0.20%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	68,253.78	60,797.50	7,456.28	4.79%
LAB SERVICE	7,459.30	5,897.50	1,561.80	0.52%
LABOR	213,790.64	193,327.50	20,463.14	15.01%
MAINTENANCE	140,055.42	132,115.00	7,940.42	9.84%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	6,104.24	5,225.00	879.24	0.43%
OUTSIDE SERVICES/CONTRACT LABOR	60,101.59	57,895.00	2,206.59	4.22%
POWER PURCHASED	52,599.37	57,270.00	(4,670.63)	3.69%
PROPERTY/LIABILITY & INJURIES INSURANCE	27,650.50	17,722.50	9,928.00	1.94%
REGULATORY COMMISSION	16,699.29	7,010.00	9,689.29	1.17%
RENEWAL & REPLACEMENT	28,939.13	103,275.00	(74,335.87)	2.03%
RENT EXPENSE	7,500.00	7,500.00	-	0.53%
TAXES	16,340.23	15,047.50	1,292.73	1.15%
TRANSPORTATION	18,436.14	15,985.00	2,451.14	1.29%
UTILITIES	6,450.83	9,192.50	(2,741.67)	0.45%
WATER PURCHASED	273,964.90	280,635.00	(6,670.10)	19.24%
TOTAL EXPENSES	1,424,038.78	1,459,526.75	(35,487.97)	100.00%
NET SURPLUS (DEFICIT)	180,672.55	113,823.50	66,849.05	

GREATER HARRISON COUNTY PSD - WATER
Statement of Cash Flows
September 2025

OPERATING ACTIVITIES		
Net Income (Loss)	$	33,880.05
Adjustments to reconcile Net Income to net cash provided by operations:		
Accounts Receivable	$	2,931.13
Accounts Payable	$	(13,719.11)
Customer Deposits	$	859.54
Due (From) To Sewer Fund	$	(38,699.53)
Net cash provided by Operating Activities	$	(14,747.92)
INVESTING ACTIVITIES		
Fixed Assets Projects	$	(827,846.97)
Interest Income	$	-
Net cash provided by Investing Activities	$	(827,846.97)
FINANCING ACTIVITIES		
5.5 Agreement	$	-
Grants/Loans	$	825,911.97
Net cash provided by Financing Activities	$	825,911.97
Net cash increase (decrease)for period	$	(16,682.92)
Cash at beginning of period	$	1,503,565.82
Cash at end of period	**$**	**1,486,882.90**
Unrestricted Cash	$	629,742.14
Restricted Cash		
Depreciation Reserve	$	210,035.54
Bond Commission Sweep	$	26,503.00
Construction	$	233.26
ARPA	$	100.00
SB 234	$	21,000.00
Customer Deposits	$	22,251.94
CD-Customer Deposits	$	66,158.82
CD-Depreciation Reserve	$	278,223.84
CD-SB 234	$	232,634.36
Total Restricted Cash	$	857,140.76
Total Unrestricted & Restricted Cash	**$**	**1,486,882.90**
	$	-

GREATER HARRISON COUNTY PSD - SEWER
Statement of Cash Flows
September 2025

OPERATING ACTIVITIES		
Net Income (Loss)	$	32,363.32
Adjustments to reconcile Net Income to net cash provided by operations:		
Accounts Payable	$	4,588.70
Customer Deposits	$	2,139.35
Payroll Liabilities	$	(15,704.40)
Due (From) To Water Fund	$	38,699.53
Net cash provided by Operating Activities	$	62,086.50
INVESTING ACTIVITIES		
Interest Income	$	-
Fixed Assets	$	(694,702.65)
Net cash provided by Investing Activities	$	(694,702.65)
FINANCING ACTIVITIES		
	$	-
Loan Payment	$	(848.89)
Draw on Bond & Grants	$	679,716.65
Net cash provided by Financing Activities	$	678,867.76
Net cash increase (decrease) for period	$	46,251.61
Cash at beginning of period	$	2,578,698.17
Cash at end of period	**$**	**2,624,949.78**
Unrestricted Cash	$	708,853.51
Restricted Cash		
Construction Account	$	1,856.60
Depreciation Reserve	$	643,412.21
Rural Development Reserve	$	-
Bond Commission Sweep	$	74,352.47
ARPA	$	100.00
SB 234	$	30,000.00
Customer Deposits	$	127,826.47
CD-Customer Deposits	$	110,221.99
CD-Depreciation Reserve	$	668,124.88
CD-Rural Development Reserve	$	27,567.29
CD-SB 234	$	232,634.36
Total Restricted Cash	$	1,916,096.27
Total Unrestricted & Restricted Cash	**$**	**2,624,949.78**
	$	-

C-3.

GREATER HARRISON COUNTY P.S.D.

"Meeting held in Town of West Milford Council Chambers"

Agenda
October 16, 2025
9:00 am

Appointments
9:00 am – Call to order

ACTION ITEMS

1. Approve/Edit Previous Minutes
2. Public Comment Period
3. P&B Services, LLC
   - 3.1 Package Plant Report
4. Bennett and Dobbins, PLLC
   - 4.1 Drawdowns – Review, discuss and act.
5. Ruth Ann Messenger – Treasurer – Review, discuss and act
   - 5.1 Sewer Check Register and debit card transactions
   - 5.2 Water Check Register
6. The Thrasher Group, Inc.
   - 6.1 Sewer
     - 6.1.a. Quiet Dell – Review, discuss and act
       - Construction Update
       - Contract #1 – Change Order #2
     - 6.1.b. Woodstock Heights Sanitary Sewer Extension Project- Review, discuss and act
       - Construction Update
       - Change Order #3
     - 6.1.c. River Crossings – Review, discuss and act
       - Project Update
       - Mussel Survey Report
     - 6.1.d. 10-year Plan – Review, discuss and act
       - 2026 Review as necessary
   - 6.2 Water
     - 6.2.a. Overall Water Project – Review, discuss and act
       - Construction Update
       - Contract #1 – Change Order #2
       - Contract #2 – Change Order #3
     - 6.2.b. Buffalo Lake Road Water Line Extension
       - Planning Update
     - 6.2.c. 10-year Plan – Review, discuss and act
       - 2026 Review as necessary

7. Bill Hoover – General Manager
    7.1 Water
        7.1.a. Water Loss Report
        7.1.b. Water Leak Report
        7.1.c. General Updates
    7.2 Sewer
        7.2.a. General Updates
    7.3 Good of the District
        7.3.a. General Update
8. Sam Harold – Mountain State Law
    9.1 Available for general consult
9. Executive Session

Adjournment of meeting

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C-4.

Greater Harrison County
Public Service District

West Milford, WV
26451

Phone: 304-745-3463
Fax: 304-745-5327

www.greaterharrison.com

At the regular meeting of Greater Harrison County PSD held on Thursday September 18, 2025, Chairman James Scudere, Treasurer Ruth Ann Messenger, Member Gary Auvil, Member Thomas Michael and Secretary Raymond Leonard. Also present were Bill Hoover, General Manager, Matt Evans, Assistant Manager, Zack Dobbins of Bennett and Dobbins, Kylea Radcliff of Thrasher Engineering and Sam Harrold of Mountain State Law.

1. Minutes and/or Amended Minutes of Previous Meetings: Messenger moved to approve minutes. Board concurred.
2. Public Comment Period: None present
3. Patrick Lesmann – P&B Services provided by Bill Hoover
   General update – No issues currently, no violations. All the signs have been taken care of.
4. Finance Report provided by Ruth Ann Messenger
   Leonard moved to approve financial transactions. Board concurred.
   Dobbins presented detail on August expenses. We will have to work on water rate increase based on Clarksburg Water Board recent announcement.
5. Zack Dobbins – Bennett and Dobbins
   5.1 Drawdown #10 for Overall Water Project presented. Leonard to approve as presented. Board concurred.
   Drawdown #9 ARPA #23 Quiet Dell Sewer Project presented. Leonard moved to approve as presented. Board concurred.
6. Thrasher Group, Inc. provided by Clay Riley
   6.1 Sewer
   6.1.a Quiet Dell
   - Construction Update – Construction agenda provided with photographs. The construction meeting will be held later today. Contract #1 - the road is in now, starting on foundation work. Contract #2 may end up doing night work on Zack's Run Rd due to traffic, would require DOH approval. Pump station is set.

   6.1.b Woodstock Heights Sanitary Sewer Extension Project
   - Both ponds are emptied. The entirety of pond has been seeded and mulched. Everything is stabilized and limed. Construction is complete. Will have a change order next month. There is still no gas line for pumping station, Hope Gas requires permission from Columbia Gas to tap the line.

   6.1.c River Crossings
   - Phase 1 and mussel survey have been completed. Live mussels were found, divers will collect them. Recommend waiting till May of next year to start this project.

   6.1.d 10-year Plan Sewer
   - Tabled to the end of the meeting.

   6.2 Water
   6.2.a Overall Water Project
   - Construction Update – Construction agenda provided from yesterday's meeting. Contract #1 under way, section on Suds Run is complete. Working on service tie ins on Zacks Run and service line tie ins on Brushy Fork. Contract #2 Coon's Run has all the main line installed, working on flushing, testing and service reconnects. It is 29% complete for combined both projects. Contract #3 is really just getting started. The foundation is complete. Anticipate starting the build in the next two weeks. There have been a few complaints but nothing significant. Contractor has addressed all issues.

6.2.b Buffalo Lake Road Water Line Extension

- We need to figure out if we are going to amend the application to include Long Run.

6.2.c 10-year Plan Water

- Tabled to the end of the meeting.

7. Bill Hoover – General Manager
   7.1 Water
      7.1.a 21% Overall - Lost Creek Mount Clare was at 24%, Valley of Good Hope at 17%, and Quiet Dell at 20%.
      7.1.b Water Leak Report – Lost Creek Mount Clare had 7 main and 7 service line breaks. Quiet Dell had 2 main and 1 service line leaks. Coon's Run had 3 service line leaks. A large leak was found on Chub Run which dropped the usage by 25,000 gallons
      7.1.c Painting of the fire hydrants should be complete by late fall. The Town of Monongah refused to remove the late payment fee charged to Coon's Run.
   7.2 Sewer
      7.2.a JH Water will be patching the pond liner, materials will be delivered on Monday. We are going to check on the cost of an annual inspection fee for the blowers.
   7.3 Good of the district
      7.3.a Young and Stout is requesting credit due to not being able to use water for 6 days due to outages and boil water advisories. Board concurred that existing members expiring in December be reappointed.

6.2.c. 10- year Plan Water – Valley of Good Hope system we can remove Buffalo Lake Road extension, we are doing the tank and booster stations. McWhorter, Stark Hollow and Jake Run are all scheduled to be done within the year. There was lack of interest on Hastings Run. Remaining items will be Long Run and Buffalo Lake Road Extension, potentially fire service upgrade on Rt. 270, upgrading the 4' from South Harrison to Duck Creek. Adding Rt. 57 to County Line, Meter upgrades, Lost Creek line replacement. The plan will be updated and finalized after next months meeting.

6.1.d. 10-year Plan Sewer - Modify Quiet Dell Phase 11 Chicken Inn Hill to continue to 57/20 split, Good Hope extend water service needs to remain. Owens was to contact the City of Shinnston and it wasn't feasible for us; Michael moved to keep on plan. Corbin Branch will also remain on plan. Adding Mount Clare and Rockford to plan. The plan will be organized and reviewed again at next months meeting. Matt added that he would like to look at new office facility. Bill added that the available property should be used for treatment in the future. Board agreed to add to 10-year plan. Matt added that he would like to add paving of the road to the office. Bill added that it would be difficult with the amount of rock that would need hammered and lack of ditches.

8. Sam Harold – Mountain State Law
   8.1 Nothing new presented.
9. Executive Session
   9.1 Leonard motioned to move into Executive session. Board concurred.
   Leonard motioned to leave Executive session. Board concurred.

The next meeting will be held on October 16, 2025.
Auvil moved to adjourn meeting. Board concurred.

Chairman James Scudere

Secretary Mark Leonard

Member Gary Auvil

Treasurer Ruth Ann Messenger

Member Thomas Michael

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C-5.

Enlarged Hepzibah PSD

Regular Board Meeting

Monday, August 11, 2025

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

Present	Employees	Guest
Darlene Swiger	Kevin Short	Zack Dobbins
Fred Martin	Rhonda Beezel	Lance Hutson
Sharon Hamilton		

1. **Approval of Minutes**
   Sharon Hamilton made a motion to approve the Regular Board minutes for Monday July 14, 2025, as read. Fred Martin seconded the motion. All in favor, none opposed and none abstained.

2. **Signing of the Checks**
   Fred Martin made a motion to approve the Checks Signed Document dated 07/01/2025 through 07/31/2025. Sharon Hamilton seconded the motion. All in favor, none opposed and none abstained.

3. Zack Dobbins discussed in detail a proposed Sewer Rate increase of 16.20% and a Water Rate increase of 11.60%. Zack will submit the 19 A application to the Public Service Commission to get the process started and approved for the rate increase. Zack and the Board discussed in detail.
   Sharon Hamilton made a motion to move forward with the 19 A proposed rate increase for Water and Sewer to be sent to the Public Service Commission. Fred Martin seconded the motion. All in favor, none opposed and none abstained.

4. **Managers' Report**
   - **A.** Kevin informed the Board the progress and upgrades that have been completed on the Spelter plant including new gear boxes, covers, bearings and everything has been installed on both A and B sides. Kevin discussed in detail.
   - **B.** Kevin discussed with the Board the purchase of a Dell Inspiron Business Laptop for Rhonda. The cost was $822.83 and she will be able to work remotely. Kevin and the Board discussed in detail.
   - **C.** Kevin informed the Board that he needs a motion for the Sewer ARPA Funds Allocation Pay Application #8, in the amount of $43,309.41. Kevin and the Board discussed in detail.
     Sharon Hamilton made a motion to accept the Sewer ARPA Funds Allocation Pay Application #8 in the amount of $43,309.41. Fred Martin seconded the motion. All in favor, none opposed and none abstained.
   - **D.** Kevin informed the Board that the Communication Plan was written up and submitted to the Public Service Commission on August 6, 2025.

E. Kevin discussed with the Board the information the Public Service Commission requested in regards to the Show Cause Hearing. Kevin and the Board discussed in detail.

F. Kevin provided the Board with a copy of the Accounts Payable by Aging Period as of July 31, 2025 and the A/P Aging Summary as of July 31, 2025. Kevin also, provided the Profit and Loss for July 2025 and the Income and Expense by month for July 2025, plus the Statement of Cash Flows as of July 2025. Kevin and the Board discussed.

G. Kevin provided a copy of the Water Loss report for July 2025 through June 2026, with a water loss of 31.43% for the month of July 2025, and he said that we have a 30.78% Adjusted Water Loss year-to-date 2025-2026. Kevin and the Board discussed.

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

Fred Martin announced the next Board meeting will be September 8, 2025.

6. <u>Adjournment</u>

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

Darlene J. Swiger
Chairman

Fred Martin
Secretary

Sharon Hamilton
Treasurer

jd

Enlarged Hepzibah PSD
A/P Aging Summary
As of July 1, 2025

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL
ACE AGGREGATES	0.00	627.12	0.00	0.00	0.00	627.12
Bennett & Dobbins PLLC	0.00	0.00	1,110.00	7,767.57	44,378.14	53,255.71
CITCO	0.00	1,525.47	0.00	0.00	0.00	1,525.47
CORKY WELLS ELECTRIC	0.00	1,430.00	3,514.27	0.00	0.00	4,944.27
Cummins Sales and Service	0.00	1,307.32	0.00	0.00	0.00	1,307.32
Public Service Commission of WV	0.00	0.00	0.00	0.00	2,683.53	2,683.53
Sun Valley Public Service District	0.00	0.00	0.00	0.00	58,106.56	58,106.56
TOTAL	**0.00**	**4,889.91**	**4,624.27**	**7,767.57**	**105,168.23**	**122,449.98**

Enlarged Hepzibah PSD
Profit & Loss
July 2024 through June 2025

	Jul '24 - Jun 25
Income	
SEWER PROJECT ARPA FUNDS	593,816.37
1500 · Late Fees	9,780.03
1501 · Metered Sales	
1571 · Reconnect Fee	25.00
1501 · Metered Sales - Other	392,881.53
Total 1501 · Metered Sales	392,906.53
1502 · Sewer Taps	2,339.54
1505 · Misc Income	3,584.44
1525 · Interest Income	25.20
4190 · Interest Inc	40.10
4610 · Metered Water Sales	762,377.57
4700 · Water Late Fees	14,547.66
4741 · Reconnect Fees	2,153.47
4742 · Water Taps	2,450.00
4744 · Misc Water Income	4,534.50
Total Income	1,788,555.41
Gross Profit	1,788,555.41
Expense	
ARPA Sewer Project	181,945.72
ENLARGED HEPZIBAH PSD	1,784.26
1507 · FICA Expense	4,420.85
1508 · Workers Compensation	1,888.00
1704 · Utilities - Sewer Plant	28,365.86
1725 · Maintenance of Pumps	11,757.51
1726 · Maint of Sewer Plant	20,278.83
1743 · Transportation Expense	18,456.59
1781 · Accounting & Legal	14,582.57
1789 · Petty Cash	200.00
1790 · Postage	7,273.06
1791 · Board Salaries	3,707.32
1793 · Supplies	41,806.40
1794 · Uniforms	3,686.45
1795 · Telephone	7,104.23
1796 · Outside Services	53,686.07
1797 · Misc Expense	2,208.53
1798 · Property Insurance	26,813.30
1799 · Advertising	232.36
1800 · Bank Charges	675.82
1801 · Employee Pension & Benefits	-4,063.77
1804 · Regulatory	5,587.01
1805 · Sludge Disposal	1,560.00
4081 · FICA	9,980.58
6020 · Purchased Water	220,425.40
66000 · Payroll Expenses	228,483.12
6661 · Water Testing	2,123.03
6662 · Power & Fuel	
6662.1 · HREA	8,419.42
6662.2 · Mon Power	2,825.06
6662.3 · Cardinal Gas	1,815.09
Total 6662 · Power & Fuel	13,059.57

Enlarged Hepzibah PSD
Profit & Loss
July 2024 through June 2025

	Jul '24 - Jun 25
66900 · Reconciliation Discrepancies	-206.88
6760 · Maint of Meters	3,267.77
6770 · Maint of Hydrants	567.65
9020 · Meter Reading Expense	1,562.20
9200 · Admin & Board Salaries	345.82
9210 · Office Supplies	6,969.90
9240 · Property Insurance - Water	5,793.70
9260 · Pensions & Benefits	95,941.92
9280 · Regulatory Expenses	2,500.00
9290 · Bank Charges Water	63.14
9302 · Misc Expenses Water	786.48
Total Expense	1,025,620.37
Net Income	**762,935.04**

Enlarged Hepzibah PSD

Regular Board Meeting

Monday, September 08, 2025

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

Present	**Employees**
Darlene Swiger	Kevin Short
Fred Martin	
Sharon Hamilton	

1. **Approval of Minutes**
   Sharon Hamilton made a motion to approve the Regular Board minutes for Monday August 11, 2025, as read. Fred Martin seconded the motion. All in favor, none opposed and none abstained.

2. **Signing of the Checks**
   Fred Martin made a motion to approve the Checks Signed Document dated 08/01/2025 through 08/31/2025. Sharon Hamilton seconded the motion. All in favor, none opposed and none abstained.

3. **Managers' Report**
   - **A.** Kevin presented the Board with Pay Application #9 from the ARPA funds for a total of $1,110.22 to purchase a pump from Cardinal Sales, and discussed.
     Fred Martin made a motion to approve Pay Application #9 in the amount $1,110.22 for a pump from Cardinal Sales. Sharon Hamilton seconded the motion. All in favor, none opposed and none abstained.
   - **B.** Kevin updated the Board on the Show Cause Proceedings that require Enlarged Hepzibah PSD to comply with CWCR requirements for both Water and Sewer. Kevin discussed in detail.
   - **C.** Kevin provided the Board with the audit report for Enlarged Hepzibah P.S.D, regular audit year ended June 30, 2024. Provided by BHM CPA Group, Inc. Kevin and the Board discussed in detail.
   - **D.** Kevin discussed the requirements for the 19-A application to increase rates and charges. The PSC Staff report is to be filed with Commission on or before December 12, 2025 and the final order from PSC is to be completed by April 10, 2026. Kevin and the Board discussed in detail.
   - **E.** Kevin informed the Board of a new sewer line extension in Gypsy that ran 280 feet, 160 feet was a 6-inch line, and the rest was a 4-inch line that took three days to complete. The new customer is having a doublewide brought in. Kevin and the Board discussed in detail.
   - **F.** Kevin provided the Board with a copy of the Accounts Payable by Aging Period as of August 31, 2025 and the A/P Aging Summary as of August 31, 2025. Kevin also, provided the Profit and Loss for July through August 2025 and the Income and Expense by month for July through August 2025, plus the Statement of Cash Flows as of July through August 2025. Kevin and the Board discussed.

G. Kevin provided a copy of the Water Loss report for July 2025 through June 2026, with a water loss of 33.31% for the month of August 2025, and he said that we have a 32.40% Adjusted Water Loss year-to-date 2025-2026. Kevin and the Board discussed.

4. **Next Board Meeting**
   Fred Martin made a motion to change the time of the October 13, 2025 meeting to 11:00 am. Sharon Hamilton seconded the motion. All in favor, none opposed and none abstained.

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

Darlene J. Swieger
Chairman

Secretary

Sharon Hamilton
Treasurer

jd

Enlarged Hepzibah PSD
A/P Aging Summary
As of September 30, 2025

	Current	1 - 30	31 - 60	61 - 90	> 90	TOTAL
ACE AGGREGATES	117.26	0.00	0.00	0.00	0.00	117.26
Ace Hardware	115.30	0.00	0.00	0.00	0.00	115.30
Advance Auto Parts	36.99	0.00	0.00	0.00	0.00	36.99
Bennett & Dobbins PLLC	0.00	0.00	1,295.00	0.00	51,155.71	52,450.71
Clarksburg Water Board	17,440.04	0.00	0.00	0.00	0.00	17,440.04
Core & Main LP	2,012.16	0.00	0.00	0.00	0.00	2,012.16
CORKY WELLS ELECTRIC	2,291.65	0.00	0.00	0.00	0.00	2,291.65
Enlarged Hepzibah PSD	553.66	0.00	0.00	0.00	0.00	553.66
Hart Office Solutions	30.00	0.00	0.00	0.00	0.00	30.00
HAYES INSURANCE AGENCY	12,340.75	0.00	0.00	0.00	0.00	12,340.75
PACE ANALYTICAL	832.90	0.00	0.00	0.00	0.00	832.90
Sun Valley Public Service District	99.42	0.00	0.00	0.00	58,106.56	58,205.98
USA Bluebook	432.47	0.00	0.00	0.00	0.00	432.47
Wholesale Tire, Inc.	298.81	0.00	0.00	0.00	0.00	298.81
TOTAL	**36,601.41**	**0.00**	**1,295.00**	**0.00**	**109,262.27**	**147,158.68**

Enlarged Hepzibah PSD
Profit & Loss
September 2025

	Sep 25	
Income		
1500 · Late Fees		969.24
1501 · Metered Sales		
1571 · Reconnect Fee	36.81	
1501 · Metered Sales - Other	37,882.34	
Total 1501 · Metered Sales		37,919.15
4610 · Metered Water Sales		66,994.55
4700 · Water Late Fees		1,200.43
4741 · Reconnect Fees		53.00
Total Income		107,136.37
Gross Profit		107,136.37
Expense		
ARPA Sewer Project		19,810.22
ENLARGED HEPZIBAH PSD		137.57
1704 · Utilities - Sewer Plant		3,480.55
1743 · Transportation Expense		1,937.44
1790 · Postage		717.31
1791 · Board Salaries		332.32
1793 · Supplies		2,092.58
1795 · Telephone		657.90
1796 · Outside Services		2,291.65
1797 · Misc Expense		179.65
1798 · Property Insurance		12,090.75
1800 · Bank Charges		12.00
1804 · Regulatory		898.40
6020 · Purchased Water		17,394.04
66000 · Payroll Expenses		12,416.71
6661 · Water Testing		862.97
6662 · Power & Fuel		
6662.1 · HREA	78.05	
Total 6662 · Power & Fuel		78.05
9210 · Office Supplies		134.54
9260 · Pensions & Benefits		7,528.06
Total Expense		83,052.71
Net Income		**24,083.66**

Sun Valley Public Service District

Regular Board Meeting

Tuesday, September 9, 2025

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

Present	Employees	Also Present
Richard "Gregg" Dale	Kevin Short	Cody Turner
Connor Thompson		Zack Dobbins
Sandra Patterson		

1. **Approval of Minutes**
   Sandra Patterson made a motion to approve the minutes from the Regular Board meeting on Tuesday August 12, 2025, as read. Connor Thompson seconded the motion. All in favor, none opposed and none abstained.

A. Kevin provided the Board with a copy of the CWCR (Current Cash Working Capital Reserve), Water Revenue to Water working Capital Reserve Savings Account for FY 2025-2026 and discussed. After discussion, **Connor Thompson made a motion to approve the CWCR (Current Cash Working Capital Reserve, Water Revenue to Water working Capital Reserve Savings Account for FY 2025-2026. Sandra Patterson seconded the motion. All in favor, none opposed and none abstained.**

B. Kevin provided the Board with a copy of the CWCR (Current Cash Working Capital Reserve), Sewer Revenue to Sewer working Capital Reserve Savings Account for FY 2025-2026 and discussed. After discussion, **Connor Thompson made a motion to approve the CWCR (Current Cash Working Capital Reserve, Sewer Revenue to Sewer working Capital Reserve Savings Account for FY 2025-2026. Sandra Patterson seconded the motion. All in favor, none opposed and none abstained.**

2. **Signing of Checks**
   Sandra Patterson made a motion to approve the Check Signed Document dated 8/14/25 through 9/9/25. Connor Thompson seconded the motion. All in favor, none opposed and none abstained.

3. **Phase IIIB Sewer Project**
   Zack informed the Board that he had the 8th Payment Request for the Phase IIIB Sewer Collection System Upgrades Project. After discussion, **Sandra Patterson made a motion to approve Resolution #8 for the Phase IIIB Sewer Project, with $41,803.20 going to Thrasher Engineering; with $305,794.69 going to Pro Contracting Inc., and $3,060.00 going to JD Utilities, for a grand total of $350,657.89 to be submitted to WVDEP (SRF) and the WV WDA EEG. Connor Thompson seconded the motion. All in favor, none opposed and none abstained.**

4. **Thrasher Engineering Progress Report**

Cody Turner gave the Board a progress report on the construction.

Phase IIIA – Zach Dobbins informed the Board that they approved a change order on IIIA for some smoke testing, etc., so he needs a motion for this. After discussion, **Sandra Patterson made a motion to approve Resolution #13 for the Phase IIIA Sewer Project in the amount of $4,030.00 and to be submitted to the Harrison County Commission. Connor Thompson seconded the motion. All in favor, none opposed and none abstained.**

The Board, Kevin and Zack and Cody discussed the remaining money left in IIIA and what they would like to see it used for to make the final payment request.

Phase IIIB – Cody informed the Board that they brought the 2nd crew in to work and they have already went up to the end of Davisson Run Road. Cody said they are close to being 50% completed. The other crew is to move to Cork Street when the spur lines, bores and creek crossing are complete on Davisson Run Road. They will be doing grouting and testing as work is complete. Cody said the pumps for the lift station should be arriving soon, and installation needs to be coordinated with the City of Clarksburg for the work to be completed. Cody said that all of the customers seem to be happy with the progress being made with the Contractors.

Indian Run – Kevin informed the Board that he ran into Doug Mazer and he told him they have a problem with a gentleman that doesn't want water. Kevin and Cody discussed this and decided they will get a survey done and hopefully, run the line through Doug Mazer's property. This man says he doesn't want us on his property, period. Kevin and the Board discussed this in detail. After discussion, **Connor Thompson made a motion to approve Thrasher Engineering in doing a survey for Indian Run to see if corrections need made to the right of way. Sandra Patterson seconded the motion. All in favor, none opposed and none abstained.**

5. **Manager's Report**

A. Kevin informed the Board that we received an email from the PSC dated August 14, 2025 regarding the 19-A application to increase rates and charges. The email said it will file the report with the Commission on or before December 12, 2025 and render their decision on or before April 13, 2026. Kevin and the Board discussed this in detail.

B. Kevin provided the Board with a copy of the response Dave Glover made to the PSC regarding "the show cause proceeding to require SVPSD to comply with CWCR requirements", dated August 26, 2025. Kevin and the Board discussed.

C. Kevin provided the Board with a copy of an email he received from the PSC regarding the response to Staff's Final Joint Staff Memorandum dated September 5, 2025. Kevin and the Board discussed this in detail.

D. Kevin provided the Board with copies of the Delinquency report that includes Lake Floyd PSD and Sun Valley PSD sewer showing the total amounts still past due before charges were created on August 28, 2025 and discussed.

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

F. Kevin provided the Board with a copy of the Water Loss Report for July 2025 through June 2026. Kevin informed the Board that we had a Water Loss of 22.27 % for the month of August, 2025. He said that we have a 17.86 % adjusted Water Loss for FY 2025-2026. Kevin and the Board discussed this in detail.

G. Kevin provided the Board with a copy of the Water and Sewer spreadsheets that show the total amount billed compared to the total amount purchased for the month of August, 2025 and discussed.

H. Kevin provided the Board with a copy of the Vendor Invoice Report dated 08/31/25, for SVPSD Water, SVPSD Sewer and Lake Floyd PSD and discussed.

I. Kevin provided the Board with a copy of an email that was received from Clarksburg Water Board. They are proposing a resale water rate increase that will affect us. The email states that the final vote of said ordinance will be September 24, 2025 at 3:00 PM. This increase will become effective for bills rendered November 10, 2025. Kevin and the Board discussed this further.

J. Kevin informed the Board that we have 182 fire hydrants, but right now, we have 6 (six) hydrants that are black bagged and need to be replaced. Kevin said for 6 fire hydrants, we are looking at approximately $21,000.00 as they are not cheap. Kevin said what he is thinking since we don't have the money to buy all 6 at this time, we can replace 1 (one) a month for the next 8 (eight) months. Kevin and the Board discussed this and after discussion, **Connor Thompson made a motion to authorize Kevin Short to replace 1 (one) fire hydrant a month for the next 8 (eight) months until they are all working. Sandra Patterson seconded the motion. All in favor, none opposed and none abstained.**

6. **Next Board Meeting**
   Sandra Patterson announced that the next Board meeting would be October 14, 2025.

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

Chairman

Treasurer

Secretary

aja

C-8.

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

** OPEN INVOICES ** DUE DATE: 9/30/25 ** BANK:ALL **

** BEGINNING DATE: 1/01/62 - ENDING DATE: 9/30/25 **

** PAY-TO VENDOR **

ALL FUNDS

	ACCOUNT #	TITLE	QUAN	AMOUNTS	QUAN	BALANCES
B	80 651 200 00	MAINTENANCE OF MAINS-HYDRANTS	1	1,341.86	1	1,341.86
B	80 653 000 00	MAINTENANCE OF METERS	1	4,550.00	1	4,550.00
B	80 923 400 00	OUTSIDE SERVICES-ACCOUNTING	2	7,508.30	2	7,508.30
B	80 924 000 00	PROPERTY INS & BLANKET BONDS	1	9,358.82	1	9,358.82
B	80 928 000 00	REGULATORY COMMISSION EXPENSE	1	3,279.28	1	3,279.28
	FUND# 80	WATER FUND	6	26,038.26	6	26,038.26
B	81 795 100 00	OUTSIDE SERVICES-ACCOUNTING	24	32,644.99	24	32,644.99
B	81 797 000 00	REGULATORY COMMISSION EXPENSES	1	1,405.41	1	1,405.41
B	81 798 000 00	PROPERTY INSURANCE & BONDS	1	4,010.93	1	4,010.93
	FUND# 81	SEWER FUND	26	38,061.33	26	38,061.33
		ALL FUNDS	32	64,099.59	32	64,099.59

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C-9.

EXTENDED TO NOVEMBER 17, 2025

Form 990 Return of Organization Exempt From Income Tax

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

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization: LOST CREEK FIRE COMPANY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): P.O. BOX 94

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: LOST CREEK, WV 26385

F Name and address of principal officer: KEITH LINGER
PO BOX 375, LOST CREEK, WV 26385

D Employer identification number: 55-0687356

E Telephone number: 304-745-4004

G Gross receipts $: 142,622.

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: 1946 M State of legal domicile: WV

Part I Summary

1	Briefly describe the organization's mission or most significant activities: FIREFIGHTING AND MEDICAL STABILIZATION SERVICES		
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	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	21
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)	162,183.	139,219.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	661.	1,270.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	395.	2,133.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	163,239.	142,622.
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)	93,366.	105,514.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,366.	105,514.
19	Revenue less expenses. Subtract line 18 from line 12	69,873.	37,108.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	175,407.	174,809.
21	Total liabilities (Part X, line 26)	37,706.	0.
22	Net assets or fund balances. Subtract line 21 from line 20	137,701.	174,809.

Part II Signature Block

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

Sign Here

Signature of officer — Date

KEITH LINGER, TREASURER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
THEODORE A. LOPEZ	THEODORE A. LOPEZ	09/30/25	☐	P00247850

Firm's name: BAKER TILLY ADVISORY GROUP, LP — Firm's EIN: 39-0859910

Firm's address: PO BOX 908, BRIDGEPORT, WV 26330 — Phone no. 304.624.5471

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

Public Copy

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:
PRESERVATION OF LIFE AND PROPERTY BY FIREFIGHTING, MEDICAL STABILIZATION, HELP WITH VEHICULAR AND HAZARDOUS MATERIALS ACCIDENTS, FLOODING, FALLEN TREES, AND OTHER COMMUNITY SERVICE ACTIVITIES.

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 $ 101,415. including grants of $) (Revenue $)
THE FIRE DEPARTMENT RESPONDED TO EMERGENCY CALLS COVERING ANYTHING FROM A STRUCTURE FIRE TO AN AUTOMOBILE ACCIDENT TO EMERGENCY MEDICAL FIRST RESPONDER DUTY. THE FIRE DEPARTMENT IS ALSO ACTIVE IN PROMOTING FIRE SAFETY.

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 101,415.

Public Copy

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

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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 noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		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	1		
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 X	

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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		

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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 ..... 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.	1a	8		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8		
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 WV

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

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

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

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

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

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

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

☐ 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) BILL MCNEMAR ASST. CHIEF/VP	5.00			X				0.	0.	0.
(2) JIM LINGER PRESIDENT	10.00			X				0.	0.	0.
(3) WALTER KNIGHT BOD/CHIEF	10.00			X				0.	0.	0.
(4) DARREN HUTSON BOD	1.00	X						0.	0.	0.
(5) KEITH LINGER DEP CHIEF/SECRETARY/TREASU	10.00			X				0.	0.	0.
(6) WORTHY HALL BOD	1.00	X						0.	0.	0.
(7) NATHAN DAVIS BOD	1.00	X						0.	0.	0.
(8) ORVILLE LAKE BOD	1.00	X						0.	0.	0.

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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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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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	81,408.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	57,811.			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a-1f		139,219.			
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)		1,270.			1,270.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales 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					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	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 MISCELLAENOUS INCOME	900099	2,133.	2,133.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		2,133.			
	12 **Total revenue.** See instructions		142,622.	2,133.	0.	1,270.

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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	1,795.		1,795.	
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	2,304.		2,304.	
14 Information technology				
15 Royalties				
16 Occupancy	6,699.	6,699.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,391.	2,391.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,296.	14,296.		
23 Insurance	19,644.	19,644.		
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 REPAIRS & MAINTENANCE	25,463.	25,463.		
b TRUCK OPERATING EXPENSE	16,395.	16,395.		
c SMALL EQUIP & SUPPLIES	9,479.	9,479.		
d FUEL	2,524.	2,524.		
e All other expenses	4,524.	4,524.		
25 **Total functional expenses.** Add lines 1 through 24e	105,514.	101,415.	4,099.	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)				

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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	80,861.	1	84,744.
	2	Savings and temporary cash investments	36,272.	2	45,587.
	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: 995,078.			
	b	Less: accumulated depreciation — 10b: 950,600.	58,274.	10c	44,478.
	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)	175,407.	16	174,809.
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	37,706.	23	0.
	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	37,706.	26	0.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	137,701.	27	174,809.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	137,701.	32	174,809.
	33	Total liabilities and net assets/fund balances	175,407.	33	174,809.

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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	142,622.
2	Total expenses (must equal Part IX, column (A), line 25)	2	105,514.
3	Revenue less expenses. Subtract line 2 from line 1	3	37,108.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	137,701.
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	174,809.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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		

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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

2024

Open to Public Inspection

Name of the organization

LOST CREEK FIRE COMPANY

Employer identification number

55-0687356

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						

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	68,036.	93,637.	92,688.	162,183.	139,219.	555,763.
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	68,036.	93,637.	92,688.	162,183.	139,219.	555,763.
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.						555,763.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	68,036.	93,637.	92,688.	162,183.	139,219.	555,763.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25.	34.	74.	661.	1,270.	2,064.
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.)	6,736.	277.	294.	395.	2,133.	9,835.
11 **Total support.** Add lines 7 through 10						567,662.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 9,835.

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 2024 (line 6, column (f), divided by line 11, column (f)) ..... 14 97.90 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 ..... 15 98.09 %

16a **33 1/3% support test - 2024.** 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 - 2023.** 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 - 2024.** 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 - 2023.** 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 ..... ☐

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** 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 - 2023.** 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 ☐

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Part IV Supporting Organizations

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

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		

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Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

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

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

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

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI.**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	3b	

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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).

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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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Public Copy

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.)

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Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

LOST CREEK FIRE COMPANY

Employer identification number

55-0687356

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Public Copy

Name of organization

LOST CREEK FIRE COMPANY

Employer identification number

55-0687356

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 44,860.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
2		$ 81,408.	Person [X] Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Public Copy

LOST CREEK FIRE COMPANY

Employer identification number
55-0687356

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Public Copy

Name of organization

LOST CREEK FIRE COMPANY

Employer identification number

55-0687356

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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SCHEDULE D (Form 990) (Rev. December 2024)
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

Open to Public Inspection

Name of the organization
LOST CREEK FIRE COMPANY

Employer identification number
55-0687356

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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	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 2d 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 $ _____

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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 in 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				
b Buildings		49,924.	30,380.	19,544.
c Leasehold improvements				
d Equipment		938,990.	914,056.	24,934.
e Other		6,164.	6,164.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				44,478.

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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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))*	

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, line 25, col. (B))*	

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 ☐

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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.

Public Copy

SCHEDULE O (Form 990)
(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LOST CREEK FIRE COMPANY

Employer identification number
55-0687356

FORM 990, PART VI, SECTION A, LINE 2:
JIM LINGER, PRESIDENT, IS THE FATHER OF KEITH LINGER, SECRETARY-TREASURER.

FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION'S APPROXIMATE 25 MEMBERS ELECT THE BOARD OF DIRECTORS AND VOTE ON MAJOR BUSINESS ISSUES.

FORM 990, PART VI, SECTION A, LINE 7A:
ANY PERSON MAY BECOME A MEMBER UPON APPROVAL OF THE OTHER MEMBERS. THE ORGANIZATION'S APPROXIMATE 25 MEMBERS ELECT THE BOARD OF DIRECTORS AND VOTE ON MAJOR BUSINESS ISSUES. THERE IS ONLY ONE CLASS OF MEMBERSHIP AND ALL MEMBERS ARE ENTITLED TO VOTE.

FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT FROM 990 WAS REVIEWED BY A GROUP OF BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ALL GOVERNANCE DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST IN WRITNG OR IN PERSON AT THE ADDRESS LISTED ON PAGE 1 OF FORM 990.

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
14	FIREFIGHTING EQUIP.	07/01/78	SL	7.00		16	20,000.				20,000.	20,000.		0.	20,000.
15	FIREFIGHTING EQUIP.	07/01/86	ADS	7.00	HY	17	5,000.				5,000.	5,000.		0.	5,000.
16	FIREFIGHTING EQUIP.	07/01/87	ADS	7.00	HY	17	5,000.				5,000.	5,000.		0.	5,000.
17	FIREFIGHTING EQUIP.	07/01/92	ADS	7.00	HY	17	20,000.				20,000.	20,000.		0.	20,000.
18	FIREFIGHTING EQUIP.	07/01/88	ADS	7.00	HY	17	10,000.				10,000.	10,000.		0.	10,000.
25	FIREFIGHTING EQUIP.	05/20/97	200DB	7.00	HY	17	458.				458.	458.		0.	458.
26	FIREFIGHTING EQUIP.	07/27/97	200DB	7.00	HY	17	241.				241.	241.		0.	241.
27	FIREFIGHTING EQUIP.	10/16/97	200DB	7.00	HY	17	3,397.				3,397.	3,397.		0.	3,397.
35	FAN	03/12/98	200DB	7.00	HY	17	1,363.				1,363.	1,363.		0.	1,363.
38	PERSONAL STROBE	01/16/99	200DB	5.00	HY	17	213.				213.	213.		0.	213.
46	FIREFIGHTING EQUIP.	07/09/00	200DB	7.00	HY	17	1,007.				1,007.	1,007.		0.	1,007.
47	3 REAR VALVES	12/02/00	200DB	7.00	HY	17	1,141.				1,141.	1,141.		0.	1,141.
52	VARIOUS EQUIPMENT	11/01/01	200DB	7.00	HY	17	11,807.				11,807.	11,807.		0.	11,807.
65	FIREFIGHTING EQUIP.	03/15/99	200DB	7.00	HY	17	102.				102.	102.		0.	102.
105	4 BRUSH FIRE VESTS	11/15/12	200DB	5.00	MQ	17	1,532.				1,532.	1,532.		0.	1,532.
116	ACCESSORIES FOR ENGINE 32 2013 INT	06/27/13	200DB	7.00	HY	17	1,672.				1,672.	1,672.		0.	1,672.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						82,933.				82,933.	82,933.		0.	82,933.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL -						82,933.				82,933.	82,933.		0.	82,933.
	MACHINERY & EQUIPMENT														
19	PERSONAL PROTECTORS	07/01/89	ADS	7.00	HY	17	42,000.				42,000.	42,000.		0.	42,000.
30	PROTECTIVE EQUIP.	01/07/97	200DB	7.00	HY	17	881.				881.	881.		0.	881.
50	2 PASS DEVICE	12/31/00	200DB	7.00	HY	17	286.				286.	286.		0.	286.
56	HATS, COATS, ETC.	04/26/02	200DB	7.00	HY	17	3,647.				3,647.	3,647.		0.	3,647.
61	GLOVES, BOOTS, ETC.	12/18/05	ADS	7.00	HY	17	2,537.				2,537.	2,537.		0.	2,537.
86	FIREFIGHTING EQUIP.	02/07/06	200DB	7.00	HY	17	17,382.				17,382.	17,382.		0.	17,382.
104	LEATHER BUNKER BOOT	01/01/13	200DB	5.00	MQ	17	2,610.				2,610.	2,610.		0.	2,610.
118	10 SETS OF BUNKER GEAR	01/16/13	200DB	5.00	HY	17	14,886.				14,886.	14,886.		0.	14,886.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						84,229.				84,229.	84,229.		0.	84,229.
	* 990 PAGE 10 TOTAL -						84,229.				84,229.	84,229.		0.	84,229.
	BUILDINGS														
13	THREE STALL GATES	08/18/03	ADS	40.00	MM	17	42,116.				42,116.	21,519.		1,053.	22,572.
20	BASE STATION POLE	07/01/75	SL	5.00		16	2,500.				2,500.	2,500.		0.	2,500.
32	AIR CLEANER	12/01/97	200DB	7.00	HY	17	973.				973.	973.		0.	973.
85	ICE MACHINE	06/09/06	200DB	5.00	HY	17	2,335.				2,335.	2,335.		0.	2,335.
87	AIR CONDITIONING UNIT	08/18/07	200DB	5.00	HY	17	2,000.				2,000.	2,000.		0.	2,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL BUILDINGS						49,924.				49,924.	29,327.		1,053.	30,380.
	MACHINERY & EQUIPMENT														
133	GATED Y'S & HYDRANT GATES	05/02/22	200DB	7.00	HY	17	1,954.				1,954.	758.		342.	1,100.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,954.				1,954.	758.		342.	1,100.
	* 990 PAGE 10 TOTAL -						51,878.				51,878.	30,085.		1,395.	31,480.
	MACHINERY & EQUIPMENT														
23	OFFICE FURNITURE	07/01/95	ADS	10.00	HY	17	2,000.				2,000.	2,000.		0.	2,000.
24	LOUNGE FURNITURE	07/01/93	ADS	10.00	HY	17	1,300.				1,300.	1,300.		0.	1,300.
29	TABLE CHAIRS	04/12/97	200DB	7.00	HY	17	504.				504.	504.		0.	504.
48	CHAIRS	12/07/00	200DB	7.00	HY	17	806.				806.	806.		0.	806.
54	RADIO FOR ENGINE	01/13/02	200DB	7.00	HY	17	3,420.				3,420.	3,420.		0.	3,420.
57	COMPUTER	03/17/03	200DB	3.00	HY	17	1,728.				1,728.	1,728.		0.	1,728.
58	TABLE AND CHAIRS	03/19/03	200DB	7.00	HY	17	1,287.				1,287.	1,287.		0.	1,287.
94	COMPUTER	11/01/11	200DB	5.00	HY	17	834.				834.	834.		0.	834.
107	AC/HEATER	12/10/12	200DB	5.00	MQ	17	937.				937.	937.		0.	937.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						12,816.				12,816.	12,816.		0.	12,816.
	* 990 PAGE 10 TOTAL -						12,816.				12,816.	12,816.		0.	12,816.
	MACHINERY & EQUIPMENT														

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	PAGERS	03/02/97	200DB	7.00	HY	17	1,358.				1,358.	1,358.		0.	1,358.
31	PAGERS	04/12/97	200DB	7.00	HY	17	754.				754.	754.		0.	754.
33	RADIO	03/12/98	200DB	7.00	HY	17	1,288.				1,288.	1,288.		0.	1,288.
36	RADIO	05/01/98	200DB	7.00	HY	17	1,666.				1,666.	1,666.		0.	1,666.
37	RADIO	11/01/98	200DB	7.00	HY	17	238.				238.	238.		0.	238.
41	PAGER	06/12/99	200DB	7.00	HY	17	113.				113.	113.		0.	113.
43	1 MOBILE RADIO	07/14/99	200DB	7.00	HY	17	550.				550.	550.		0.	550.
45	RADIO	01/27/00	200DB	7.00	HY	17	280.				280.	280.		0.	280.
62	MOBILE RADIO	03/20/99	200DB	7.00	HY	17	1,529.				1,529.	1,529.		0.	1,529.
95	MINITOR	04/19/11	200DB	7.00	HY	17	2,339.				2,339.	2,339.		0.	2,339.
97	RADIO	03/14/11	200DB	7.00	HY	17	2,205.				2,205.	2,205.		0.	2,205.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						12,320.				12,320.	12,320.		0.	12,320.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						12,320.				12,320.	12,320.		0.	12,320.
34	MEDICAL EQUIPMENT	03/12/98	200DB	5.00	HY	17	1,803.				1,803.	1,803.		0.	1,803.
96	MEDICAL EQUIPMENT/CONTROLS	06/13/11	200DB	7.00	HY	17	2,060.				2,060.	2,060.		0.	2,060.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						3,863.				3,863.	3,863.		0.	3,863.
	* 990 PAGE 10 TOTAL -						3,863.				3,863.	3,863.		0.	3,863.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
39	BACKBOARDS	03/01/99	200DB	5.00	HY	17	375.				375.	375.		0.	375.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						375.				375.	375.		0.	375.
	* 990 PAGE 10 TOTAL -						375.				375.	375.		0.	375.
	MACHINERY & EQUIPMENT														
44	SMALL GENERATOR	09/12/99	200DB	5.00	HY	17	650.				650.	650.		0.	650.
55	GENERATOR	01/24/02	200DB	7.00	HY	17	781.				781.	781.		0.	781.
99	PRESSURE WASHER, TRASH PUMP AND OTHER SMALL ITEMS	03/18/11	200DB	7.00	HY	17	3,400.				3,400.	2,606.		0.	2,606.
113	2 HONDA GENERATORS WITH LIGHT	07/25/13	200DB	7.00	HY	17	3,996.				3,996.	3,996.		0.	3,996.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						8,827.				8,827.	8,033.		0.	8,033.
	* 990 PAGE 10 TOTAL -						8,827.				8,827.	8,033.		0.	8,033.
	MACHINERY & EQUIPMENT														
49	NOZZLES	12/31/00	200DB	7.00	HY	17	1,076.				1,076.	1,076.		0.	1,076.
114	2 1.5INCH NOZZELS	03/13/13	200DB	7.00	HY	17	1,150.				1,150.	1,150.		0.	1,150.
122	2 2.5" STACK TIP NOZZLES	09/27/16	200DB	5.00	HY	17	1,700.				1,700.	1,700.		0.	1,700.
134	8 NEW NOZZLES	03/30/22	200DB	7.00	HY	17	6,280.				6,280.	2,435.		1,098.	3,533.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						10,206.				10,206.	6,361.		1,098.	7,459.
	* 990 PAGE 10 TOTAL -						10,206.				10,206.	6,361.		1,098.	7,459.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
59	SELF CONTAINED	07/12/04	200DB	7.00	HY	17	1,000.				1,000.	1,000.		0.	1,000.
60	13 MSA AIRPACKS	04/14/05	ADS	7.00	HY	17	33,476.				33,476.	33,476.		0.	33,476.
66	BREATHING APPARATUS	12/31/99	200DB	7.00	HY	17	2,350.				2,350.	2,350.		0.	2,350.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						36,826.				36,826.	36,826.		0.	36,826.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						36,826.				36,826.	36,826.		0.	36,826.
63	10 AIR TANKS	02/26/00	200DB	7.00	HY	17	1,550.				1,550.	1,550.		0.	1,550.
101	CYLANDERS	10/22/12	200DB	5.00	MQ	17	3,800.				3,800.	3,800.		0.	3,800.
132	NEW DUMP TANK FOR TANKER 3	05/02/22	200DB	5.00	HY	17	2,005.				2,005.	1,043.		385.	1,428.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						7,355.				7,355.	6,393.		385.	6,778.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						7,355.				7,355.	6,393.		385.	6,778.
121	2014 HUSKY 7' X 16' TRAILER	03/23/15	200DB	5.00	HY	17	1,421.				1,421.	1,421.		0.	1,421.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,421.				1,421.	1,421.		0.	1,421.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						1,421.				1,421.	1,421.		0.	1,421.
73	1999 INTERNATIONAL	08/26/98	200DB	5.00	HY	17	7,557.				7,557.	7,557.		0.	7,557.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
74	1999 INTERNATIONAL	09/11/98	200DB	5.00	HY	17	155.				155.	155.		0.	155.
75	1999 INTERNATIONAL	10/06/98	200DB	5.00	HY	17	1,058.				1,058.	1,058.		0.	1,058.
76	1999 INTERNATIONAL	10/13/98	200DB	7.00	HY	17	36,115.				36,115.	36,115.		0.	36,115.
77	1999 INTERNATIONAL	10/23/98	200DB	5.00	HY	17	372.				372.	372.		0.	372.
78	1999 INTERNATIONAL	11/04/98	200DB	5.00	HY	17	71.				71.	71.		0.	71.
79	1999 INTERNATIONAL	11/06/98	200DB	5.00	HY	17	1,900.				1,900.	1,900.		0.	1,900.
80	1999 INTERNATIONAL	12/13/98	200DB	5.00	HY	17	126.				126.	126.		0.	126.
81	1999 INTERNATIONAL	12/27/98	200DB	5.00	HY	17	54.				54.	54.		0.	54.
135	SQUAD 3 1989 INTERNATIONAL	06/22/22	200DB	5.00	HY	17	30,000.				30,000.	15,600.		5,760.	21,360.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						77,408.				77,408.	63,008.		5,760.	68,768.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						77,408.				77,408.	63,008.		5,760.	68,768.
83	2001 PIERCE	12/01/01	200DB	7.00	HY	17	197,494.				197,494.	197,494.		0.	197,494.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						197,494.				197,494.	197,494.		0.	197,494.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						197,494.				197,494.	197,494.		0.	197,494.
84	2005 FORD EXCURSION	10/07/05	200DB	5.00	HY	17	25,250.				25,250.	25,250.		0.	25,250.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						25,250.				25,250.	25,250.		0.	25,250.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL -						25,250.				25,250.	25,250.		0.	25,250.
	MACHINERY & EQUIPMENT														
88	HOLMATRO RESCUE TOOLS	10/12/10	200DB	7.00	MQ	17	1,500.				1,500.	1,500.		0.	1,500.
89	HOLMATRO RESCUE TOOLS	10/05/10	200DB	7.00	MQ	17	6,015.				6,015.	6,015.		0.	6,015.
128	HURST	01/01/21	200DB	7.00	MQ	17	8,000.				8,000.	4,367.		874.	5,241.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						15,515.				15,515.	11,882.		874.	12,756.
	* 990 PAGE 10 TOTAL -						15,515.				15,515.	11,882.		874.	12,756.
	MACHINERY & EQUIPMENT														
90	2 HUSQVARNA 346XP CHAINSAWS & BOXES	02/07/10	200DB	7.00	MQ	17	898.				898.	898.		0.	898.
92	2 CHAIN SAWS WITH CASES	10/11/11	200DB	7.00	HY	17	1,090.				1,090.	1,090.		0.	1,090.
125	CHAIN SAW	05/26/20	200DB	7.00	HY	17	359.				359.	247.		32.	279.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,347.				2,347.	2,235.		32.	2,267.
	* 990 PAGE 10 TOTAL -						2,347.				2,347.	2,235.		32.	2,267.
	MACHINERY & EQUIPMENT														
91	2 AUTOMATIC EXTERNAL DEFIBLATORS CARDIAC SCIENCE	06/18/10	200DB	7.00	MQ	17	2,816.				2,816.	2,816.		0.	2,816.
117	2 AEDS	01/01/14	200DB	5.00	HY	17	2,590.				2,590.	2,590.		0.	2,590.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						5,406.				5,406.	5,406.		0.	5,406.
	* 990 PAGE 10 TOTAL -						5,406.				5,406.	5,406.		0.	5,406.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	OTHER														
93	SIREN	05/24/11	200DB	7.00	HY	17	6,164.				6,164.	6,164.		0.	6,164.
	* 990 PAGE 10 TOTAL OTHER						6,164.				6,164.	6,164.		0.	6,164.
	* 990 PAGE 10 TOTAL -						6,164.				6,164.	6,164.		0.	6,164.
	MACHINERY & EQUIPMENT														
98	2000 FORD F350 XLT	01/17/11	200DB	7.00	HY	17	22,713.				22,713.	22,713.		0.	22,713.
119	ADDITION TO COVERT ASSET #98	05/20/14	200DB	7.00	HY	17	7,900.				7,900.	7,900.		0.	7,900.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						30,613.				30,613.	30,613.		0.	30,613.
	* 990 PAGE 10 TOTAL -						30,613.				30,613.	30,613.		0.	30,613.
	MACHINERY & EQUIPMENT														
100	BACKUP GENERATOR	10/08/12	200DB	7.00	MQ	17	4,470.				4,470.	4,470.		0.	4,470.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						4,470.				4,470.	4,470.		0.	4,470.
	* 990 PAGE 10 TOTAL -						4,470.				4,470.	4,470.		0.	4,470.
	MACHINERY & EQUIPMENT														
102	WATER EXTINGUISHER	02/17/12	200DB	5.00	MQ	17	314.				314.	314.		0.	314.
103	EXTINGUISHER	03/07/12	200DB	5.00	MQ	17	922.				922.	922.		0.	922.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,236.				1,236.	1,236.		0.	1,236.
	* 990 PAGE 10 TOTAL -						1,236.				1,236.	1,236.		0.	1,236.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
106	POP MACHINE	12/28/12	200DB	5.00	MQ	17	1,740.				1,740.	1,740.		0.	1,740.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						1,740.				1,740.	1,740.		0.	1,740.
	* 990 PAGE 10 TOTAL -						1,740.				1,740.	1,740.		0.	1,740.
	MACHINERY & EQUIPMENT														
109	ENGINE 32 2013 INT	05/08/13	200DB	7.00	HY	17	260,375.				260,375.	260,375.		0.	260,375.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						260,375.				260,375.	260,375.		0.	260,375.
	* 990 PAGE 10 TOTAL -						260,375.				260,375.	260,375.		0.	260,375.
	MACHINERY & EQUIPMENT														
110	1.75 INCH HOSE	04/23/13	200DB	7.00	HY	17	1,050.				1,050.	1,050.		0.	1,050.
129	12 50' WHITE & 12 50' BLUE	05/02/22	200DB	7.00	HY	17	3,024.				3,024.	1,173.		529.	1,702.
130	8 50' SECTIONS 1.75 HOSE	10/18/22	200DB	7.00	HY	17	1,112.				1,112.	431.		194.	625.
136	FORTESTRY HOSE	08/10/23	200DB	7.00	HY	17	1,500.				1,500.	214.		367.	581.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						6,686.				6,686.	2,868.		1,090.	3,958.
	* 990 PAGE 10 TOTAL -						6,686.				6,686.	2,868.		1,090.	3,958.
	MACHINERY & EQUIPMENT														
111	2.5 INCH HOSE	04/23/13	200DB	7.00	HY	17	948.				948.	948.		0.	948.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						948.				948.	948.		0.	948.

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	* 990 PAGE 10 TOTAL -						948.				948.	948.		0.	948.
	MACHINERY & EQUIPMENT														
112	3 INCH HOSE	04/23/13	200DB	7.00	HY	17	4,728.				4,728.	4,728.		0.	4,728.
131	40 50' YELLOW 4 25' YELLOW	05/02/22	200DB	7.00	HY	17	9,920.				9,920.	3,847.		1,735.	5,582.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						14,648.				14,648.	8,575.		1,735.	10,310.
	* 990 PAGE 10 TOTAL -						14,648.				14,648.	8,575.		1,735.	10,310.
	MACHINERY & EQUIPMENT														
115	2 THERMAL IMAGING CAMERAS	04/16/13	200DB	5.00	HY	17	12,490.				12,490.	12,490.		0.	12,490.
137	2 THERMAL IMAGING CAMERAS	06/30/24	200DB	5.00	HY	19B	500.				500.			100.	100.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						12,990.				12,990.	12,490.		100.	12,590.
	* 990 PAGE 10 TOTAL -						12,990.				12,990.	12,490.		100.	12,590.
	MACHINERY & EQUIPMENT														
120	TOOL BOXES	09/22/14	200DB	5.00	HY	17	2,100.				2,100.	2,100.		0.	2,100.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						2,100.				2,100.	2,100.		0.	2,100.
	* 990 PAGE 10 TOTAL -						2,100.				2,100.	2,100.		0.	2,100.
	MACHINERY & EQUIPMENT														
123	ALTAIR 4X MULTIGAS DETECTOR	11/14/16	200DB	5.00	HY	17	650.				650.	650.		0.	650.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						650.				650.	650.		0.	650.

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL -						650.				650.	650.		0.	650.
	MACHINERY & EQUIPMENT														
126	POLE SAW	06/09/20	200DB	7.00	HY	17	580.				580.	398.		52.	450.
	* 990 PAGE 10 TOTAL														
	MACHINERY & EQUIPMENT						580.				580.	398.		52.	450.
	* 990 PAGE 10 TOTAL -						580.				580.	398.		52.	450.
	MACHINERY & EQUIPMENT														
127	8 SETS OF TURNOUT GEAR	03/17/20	200DB	5.00	HY	17	15,409.				15,409.	12,747.		1,775.	14,522.
	* 990 PAGE 10 TOTAL														
	MACHINERY & EQUIPMENT						15,409.				15,409.	12,747.		1,775.	14,522.
	* 990 PAGE 10 TOTAL -						15,409.				15,409.	12,747.		1,775.	14,522.
	* GRAND TOTAL 990 PAGE 10 DEPR						995,078.				995,078.	936,304.		14,296.	950,600.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						994,578.			0.	994,578.	936,304.			950,500.
	ACQUISITIONS						500.			0.	500.	0.			100.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						995,078.			0.	995,078.	936,304.			950,600.
	ENDING ACCUM DEPR											950,600.			
	ENDING BOOK VALUE											44,478.			

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property) 990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return: LOST CREEK FIRE COMPANY

Business or activity to which this form relates: FORM 990 PAGE 10

Identifying number: 55-0687356

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Don't** include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	14,196.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		500.	5 YRS.	HY	200DB	100.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	14,296.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year:					
43 Amortization of costs that began before your 2024 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

C-10.

Form 990 — Return of Organization Exempt From Income Tax

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

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.

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01/24 , and ending 06/30/25

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

C Name of organization: STONEWOOD VOLUNTEER FIRE DEPARTMENT

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 8081 PLAINWOOD AVENUE

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: STONEWOOD WV 26301

D Employer identification number: 31-1070828

E Telephone number:

G Gross receipts $: 219,342

F Name and address of principal officer:
KIM NICHOLSON
8081 PLAINWOOD AVENUE
STONEWOOD WV 26301

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

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

H(c) Group exemption number:

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

L Year of formation: 1984

M State of legal domicile: WV

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
PROVIDE FIREFIGHTER SERVICE TO THE AREA OF STONEWOOD

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	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Client Copy

	Prior Year	Current Year
Revenue 8 Contributions and grants (Part VIII, line 1h)	141,230	135,646
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	645	44,220
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	141,875	179,866
Expenses 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	129,353	136,246
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	129,353	136,246
19 Revenue less expenses. Subtract line 18 from line 12	12,522	43,620

	Beginning of Current Year	End of Year
Net Assets or Fund Balances 20 Total assets (Part X, line 16)	558,559	582,668
21 Total liabilities (Part X, line 26)	262,721	243,210
22 Net assets or fund balances. Subtract line 21 from line 20	295,838	339,458

Part II Signature Block

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

Sign Here

Signature of officer — Date

KIM NICHOLSON TREASURER

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ZACHARY D. DOBBINS	ZACHARY D. DOBBINS	10/16/25		P01214233

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2024)

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:
PROVIDE FIREFIGHTER SERVICE TO THE AREA OF STONEWOOD

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 $ 136,246 including grants of $) (Revenue $)
PROVIDE FIREFIGHTER SERVICE TO THE AREA OF STONEWOOD

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

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

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

4e Total program service expenses 136,246

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		
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 noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		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		
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **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 instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified 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 ☒

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	7		
	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	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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.

KIM NICHOLSON **8081 PLAINWOOD AVENUE**

STONEWOOD **WV 26301** **304-622-1199**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDALL GLASPELL	0.00									
PRESIDENT	0.00	X						0	0	0
(2) KRISTIN MALLOW	0.00									
VICE PRESIDENT	0.00	X						0	0	0
(3) MACKENZIE MALLOW	0.00									
BOARD MEMBER	0.00	X						0	0	0
(4) CHEYENNE MCHENRY	0.00									
SECRETARY	0.00	X						0	0	0
(5) HARRISON MILLER	0.00									
BOARD MEMBER	0.00	X						0	0	0
(6) KIM NICHOLSON	0.00									
TREASURER	0.00	X						0	0	0
(7) TYLER PRITCHARD	0.00									
BOARD MEMBER	0.00	X						0	0	0
(8) RON WOODS	0.00									
CHIEF	0.00	X						0	0	0
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	115,498				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,148				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a–1f			135,646			
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					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	83,696				
	b Less: direct expenses	8b	39,476				
	c Net income or (loss) from fundraising events			44,220			
	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			179,866	0	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,240	3,240		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,239	11,239		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,964	77,964		
23 Insurance	5,020	5,020		
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 FIREFIGHTER SUPPLIES	37,245	37,245		
b LATE CHARGE	1,538	1,538		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	136,246	136,246	0	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		115,000	1	175,016
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,623,715			
	b	Less: accumulated depreciation	10b 1,226,063	443,559	10c	397,652
	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	10,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		558,559	16	582,668
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		262,721	25	243,210
	26	**Total liabilities.** Add lines 17 through 25		262,721	26	243,210
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		295,838	27	339,458
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		295,838	32	339,458
	33	Total liabilities and net assets/fund balances		558,559	33	582,668

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	179,866
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,246
3	Revenue less expenses. Subtract line 2 from line 1	3	43,620
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	295,838
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	339,458

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		
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 B
(Form 990)
(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
STONEWOOD VOLUNTEER FIRE DEPARTMENT	31-1070828

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(4) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
STONEWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number
31-1070828

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	$ 85,498	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	N/A	$ 30,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	N/A	$ 14,900	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization

STONEWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number

31-1070828

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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 on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	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 conversation 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 2d 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 in 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				

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. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*		

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. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*		

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, line 15, col. (B))*	

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) FIRE ENGINE LOAN	243,210
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	243,210

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.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
STONEWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number
31-1070828

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

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

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

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

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

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

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

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

		(a) Event #1 FIRE FIGHTER FE (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	83,696			83,696
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	83,696			83,696
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	39,476			39,476
	10 Direct expense summary. Add lines 4 through 9 in column (d)				39,476
	11 Net income summary. Subtract line 10 from line 3, column (d)				44,220

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE O
(Form 990)
(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STONEWOOD VOLUNTEER FIRE DEPARTMENT

Employer identification number

31-1070828

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
990 IS REVIEWED AT A MEETING

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

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 7/01, 2024, and ending 6/30, 20 25

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

OMB No 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Name of filer

STONEWOOD VOLUNTEER FIRE DEPARTMENT

EIN or SSN
31-1070828

Name and title of officer or person subject to tax
KIM NICHOLSON
TREASURER

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	179,866
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 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize BENNETT & DOBBINS PLLC to enter my PIN 70828 as my signature
ERO firm name
Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 10/16/25

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. 55058173254
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ZACHARY D. DOBBINS Date 10/16/25

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

C-11.

Name of Organization/Applicant Johnstown CEOS

FINAL REPORT OF THE SPECIAL FUNDING REQUEST

AMOUNT RECEIVED FROM THE HARRISON COUNTY COMMISSION: $ 3,000.00

ITEMIZED EXPENSES FOR THE AMOUNT RECEIVED FROM THE HCC (ATTACH EXTRA SHEETS IF NECESSARY OR DETAILED STATEMENT OF REVENUED AND EXPENSES RELATED THERETO):

Braxton Kaydayz	$ 300.00
Tiffani Green	$ 315.00
Top Shelf	$ 1,000.00
Craig Messenger	$ 300.00
AJG - WDOX	$ 500.00
WVRC - WV Radio Corp.	$ 199.20
TOTAL	$ 3,274.20

NAME OF PROJECT/EVENT: 71st Johnstown Community Fair

TOTAL PROJECT/EVENT INCOME AND EXPENSES: (ATTACH EXTRA SHEETS IF NECESSARY OR A DETAILED STATEMENT OF REVENUES AND EXPENSES RELATED THERETO):

INCOME SOURCE:	Refer to attached income Statement	$
		$
		$
	TOTAL	$
EXPENSE ITEM:		$
		$
		$
	TOTAL	$

LIST ALL CONTRIBUTORS TO THIS PROJECT/EVENT: (ATTACH EXTRA SHEETS IS NECESSARY)

Refer to attached income statement	$
	$
	$
	$
TOTAL	$

I CERTIFY THAT THE ABOVE INFORAMTION IS CORRECT

Priscilla Swan, Treasurer — Applicant

10-10-25 — Date

71st Johnstown Fair Report

Friday & Saturday, September 12-13, 2025

Grants:	
Sacred Heart Children's Foundation	$3,150.00
Harrison County Commission	$3,000.00
State of WV	$0.00
Total Grants	$6,150.00
Donations:	
H & M Motors - 8/11	100.00
Good Hope Animal Hospital - 8/13	50.00
Dan Cava - 8/13	200.00
Lucy Hornor - 8/13	200.00
Burnside Funeral Home - 8/13	100.00
Mike Ross - 8/13	100.00
Post Reunion - 8/13	100.00
Carvelli Funeral Home - 8/20	100.00
Skasik's - 8/20	25.00
Pat Boyle/John Clutter Fun. Home - 8/20	100.00
HREA - 8/20	200.00
Supply Solutions - 8/22	231.00
Conley CPA's - 8/22	200.00
Harrison County Bank 8/22	1,500.00
Village Pharmacy - 8/22	500.00
Diamond Street Car Wash - 8/22	100.00
Davis-Weaver Funeral Home - 8/26	125.00
Out of the Way Pet Grooming - 8/27	40.00
Alisha Ferrari-Sutton - 9/2	50.00
City National Bank - Cross Lanes - 9/2	250.00
Advantage Technology	250.00
Jenkin's Ford	550.00
Total Donations	$5,071.00
Expenses:	
Quantum Rental - Inflatables - Jan. - Fair Day	2,325.00
WV News - 7/7	70.00
Clarksburg Blue Print - 8/26 - Posters	17.50
WV Radio Corp. 8/28	799.20
Sam's - Reim. To PS - Supplies - see receipt	222.62
HCB - Change Order	1,100.00
A.F. Wendling - 9/11 - Hotdogs & Chili	512.47
Price Cutter - Reim. To LS - Pork & Sauce	280.10

Sam's - Reim. To VB - All buns	250.12
Tiffani Green - 9/12	375.00
Guy Curotz - Corn Hole Winner 9/13	150.00
Allen Heath w/Top Shelf 9/13	1,000.00
Craig Messenger - Band - 9/13	300.00
Greg Holden - Rock Wall - 9/13	400.00
Larry Jones w/Braxton Kowboyz - 9/13	300.00
Paint Misbehavin - 9/13	500.00
WV News - Bulletin Board	300.00
Radio - WPDX	500.00
B.J. Nutter - Car Show Expenses - See receipts	1,176.39
Seth Law - Dump Fee	41.00
Lion's Club - 264 Buns	264.00
Total Expenses	10,883.40
Fair Deposit	9,393.49
Adjustments:	
Took alum. Foil back we didn't need	$26.73
Returned Buns to Sam's	$70.54
Returned Creamer to Sam's	$12.62
Steve Engle - Bought 1 chili -	$50.00
	$159.89
Profit from Fair	$9,890.98
Approximate profit by category:	
Auction	$1,969.00
Car Show	$655.00
Flea Market	$500.00
Food	$3,545.00

C-12.

West Fork On-Site Community Cooperative, Inc.
59 Goldenrod Lane
Clarksburg, WV 26301

Harrison County Commission

15 Oct 2025

301West Main St.

Clarksburg WV 26301

Susan Thomas, Pres.

Dear Commissioners,

The West Fork Co-op is very appreciative of the approval of our Special Funding Request that allowed us to replace a failing/collapsed septic tank that is part of the Demonstration Project in Glen Falls. The Co-op has operated this onsite cluster sewer system since 2008 and we will keep it operating up until the time Clarksburg Sanitary Board extends their sewer collection line out to this area in Glen Falls.

Your approval in the amount of $6,680 provided the funds needed to allow us to contract for the replacement of a collapsed septic tank in the amount of $4,800, but you have also provided a reserve fund in the amount of $1,880 to enable the Co-op to pay Trumbold Equip. for repairs when needed on our E-One pumps to keep the system viable until the Clarksburg extension of sewer.

Again, we certainly appreciate your financial support and provide this report on expenditures of the county funds that was provided for our project.

Paul E. Hamrick, Sec-Treas.

chubnwv@aol.com

304-622-5664

Attachments: 5

Report, Receipts, Photos

Name of Organization/Applicant West Fork Onsite Community Co-op Inc.

FINAL REPORT OF THE SPECIAL FUNDING REQUEST

AMOUNT RECEIVED FROM THE HARRISON COUNTY COMMISSION:	$ 6,680 00
ITEMIZED EXPENSES FOR THE AMOUNT RECEIVED FROM THE HCC (ATTACH EXTRA SHEETS IF NECESSARY OR DETAILED STATEMENT OF REVENUED AND EXPENSES RELATED THERETO):	
New 1,000 Gallon Septic Tank	$ 1,450 00
Mobilization & Equipt	$ 400 00
Pipe + Fittings	$ 150 00
Contract Labor	$ 2,800 00
E-One Pump Repair (Reserve Fund)	$ 1,880 00
TOTAL	$ 6,680 00

NAME OF PROJECT/EVENT: Septic Tank Replacement + E-One Pump Repairs

TOTAL PROJECT/EVENT INCOME AND EXPENSES: (ATTACH EXTRA SHEETS IF NECESSARY OR A DETAILED STATEMENT OF REVENUES AND EXPENSES RELATED THERETO):		
INCOME SOURCE:	Harrison County Commission	$ 6,680 00
		$
		$
	TOTAL	$ 6,680 00
EXPENSE ITEM:	Septic Tank Replacement	$ 4,800 00
	E-One Pump Repair (Reserve)	$ 1,880 00
		$
	TOTAL	$ 6,680 00

LIST ALL CONTRIBUTORS TO THIS PROJECT/EVENT: (ATTACH EXTRA SHEETS IS NECESSARY)	
West Fork Co-op (Old Tank Pumping)	$ 362.70
Health Dept Permit (Fee Waived)	$ 0.00
	$
	$
TOTAL	$ 362.70

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Applicant Sec-Treas

Date 15 Oct 2025

(Revised 8/19/14)







H

CHECK NUMBER 001344 DATE 10/07/2025
VENDOR 32327

TRUIST

Thanks for banking with us.

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Register for online banking
at Truist.com.

PD 10/08/2025 12:27 # 61
CD 10/08/2025 702 2770206 0004

Deposit

$6,680.00

Chk/Sav/MMA

XXXXXX8971

All deposits are subject to verification and collection from the issuing bank.

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Visit Truist.com or call
844.4TRUIST(844.487.8478).

	DESCRIPTION	AMOUNT
025	SEPTIC TANK REPLACEMENT 02640156800	6680.00
	TOTAL THIS CHECK	6680.0

Please Detach Here and Retain Top Portion For Your Records

Deposited 8 Oct 25 + $6,680.00
Contractor Payment 14 Oct 25 - $4,800.00
Balance + $1,880.00
This balance is in reserve for E-one Repairs

Ground Rules, LLC

304-641-4413
RECEIPT / Date: 10-14-25

WV#054466
194 Haymond Road
Grafton, WV 26354

Client Name: West Fork On-site Co-op
Address: 59 Goldenrod Ln
City, State, Zip: Clarksburg WV **Phone:** 622-5664

Description 375 Tack Run	Hours/Quantity	Estimated Cost
Septic Tank		
Mobilization		$400.00
Piped fittings		$150.00
1000 Gallon Concrete Tank		$1450.00
Labor - Clearing overgrowth		
Exposing old Tank		
and backfill it		
Install New Tank		
Clean up & level Area		$2800.00
Pd 10-14-25		
Ck # 346	Subtotal:	
$4800.00	Tax:	
	TOTAL:	$4800.00

$4800.00

Enviroclean LLC dba
M&M Septic Pumping
PO Box 550
Clarksburg, WV 26302

Office: 304-623-6770
Fax: 304-623-6775

304-623-6770

Invoice: **# 1883**
Date: 10-13-25
Driver: John L.
Truck# 5
Residential:
Commercial:
Camper:
Cash
Check 345
C/C

need 2 for driveway
1pm

Order Date: 10/1/25
Req'd Date: 10/13/25
Order Taken By: JC
Date Comp: 10-13-25

Name: W. Fork Co-Op (Paul Hammack)
Address: 375 Jacks Run Rd, Clarksburg
Phone:
Cell: 304-626-0110
PO#

Work To Be Performed: Pumping

Special Instructions: Be sure you get Tax Exempt Form!

Description	Qty	Amount
Standard Pumping Fee		362.70
Disposal Fee		
Gate Fee		
Extra Hose Fee		
Add'l Labor if job exceeds one hour		
Fuel Surcharge		
Misc.		

Subtotal
Tax (7%)
Total Due 362.70

Signature X Paul Hammack

Scan to rate our service