Harrison County Commission Meeting Wednesday, June 18th, 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. --- Life Saving Award for Harrison County EMS Deputy Director Jeffrey Way, & Assistant Chief Eddie Jenkins

10:10 A.M. --- First Reading of Countywide Firework Ordinance

10:15 A.M. --- Special Funding Request from the Clarksburg – Harrison Regional Housing Authority requesting \$1,500.00 donation for their Annual Back to School Event & Cookout for Low-Income Children & their families in August, 2025.

10:20 A. M. --- Special Funding Request from Lost Creek Community Festival, Inc. requesting \$4,000.00 for their annual Community Festival held on the 19th & 20th of September.

NEW BUSINESS – Action Items for Consideration or Approval:

1. Public Comment Period

- 2. Consent Agenda
- 3. Payroll Change Notices:
 - A. Steven Hathaway Assessor Merit Increase Effective 6/5/25
 - B. Patrick McIntire Community Corrections Retirement Effective 10/24/25
 - C. Carol Moscar Community Corrections Retirement Effective 8/1/25
 - D. Christina Murphy Planning Resignation Effective 6/24/25
 - E. Michelle Tonkin Commission Promotion to Assistant County Administrator Effective 6/25/25
 - F. Hannah Burnett Parks New Hire Seasonal Park Program Personnel Effective 6/23/25
 - **G.** Jonathen Davis Parks New Hire Seasonal Park Program Personnel Effective 6/23/25
 - H. Emily Pritt Parks New Hire Seasonal Park Program Personnel Effective 6/23/25
 - Corinne Vilain Parks New Hire Seasonal Park Program Personnel Effective 6/23/25
- 4. Minutes and/ or Amended Minutes of Previous Meetings
 - A. Regular Meeting Minutes for Wednesday, May 21st, 2025
 - **B.** Regular Meeting Minutes for Wednesday, June 4th, 2025

5. Requisitions --- Purchase Orders --- Invoices

- **A.** ARPA Sun Valley IIIA Draw #11 \$1,450.00
- **B.** ARPA Sun Valley IIIB Draw #5 \$20,900.00
- **C.** Vendor List of Payments

D. Quotes

- 6. Exonerations --- Corrective Tickets --- Joint Property Applications:
 - A. None
- 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** \$3,764.33
 - **B.** Series 2019 A&B \$5,116.00
- 8. Review—Discuss—Consider Order to Show Cause Against Delinquent or Un-Progressed Estates
- 9. Review—Discuss—Consider Washington Street Parking lots and uses
- 10. Review—Discuss—Consider Clarksburg Harrison Regional Housing Authority's Board Member Reappointment Request for Mr. Roger Diaz from Executive Director Rhonda L. Lindsey
- Review—Discuss—Consider West Virginia Department of Environmental Protection's Re-Appointment Letter, re-appointing Elaine Lucente to the Board of Directors of the Solid Waste Authority, effective July 1st, 2025 with term expiring June 30th, 2029.
- 12. Review—Discuss—Consider Budget Revisions
 - A. General County FY 2024-2025
 - **B.** Vital Services Levy FY 2024-2025
 - **C.** Coal Severance FY 2024-2025
- 13. Review—Discuss—Consider Budget Revisions for the Assessor's Office

Increase

001-406-222	Assessor Dues & Subscriptions	\$5,000.00
001-406-341	Assessor Mat & Supplies	\$3,000.00
Decrease		
001-406-212	Assessors Printing	\$3,000.00
001-406-221	Assessors Training	\$2,000.00
001-406-230	Contractual	\$3,000.00

14. Review—Discuss—Consider Sheriff's Line-Item Revisions to the current 2024-2025 Budget for the following Divisions:

700 – Law Enforcement

	700 Eaw Emolecement				
	Transfer: \$26.56	From: 001-700-211-00	To: 001-700-219-00		
	Transfer: \$3,579.32	From: 001-700-216-00	To: 001-700-219-00		
	Transfer: \$3,500.00	From: 001-700-214-00	To: 001-700-233-00		
	Transfer: \$2,367.92	From: 001-700-216-00	To: 001-700-233-00		
	Transfer: \$230.00	From: 001-700-223-00	To: 001-700-233-00		
	Transfer: \$4,000.00	From: 001-700-225-00	To: 001-700-233-00		
	Transfer: \$1,970.00	From: 001-700-223-00	To: 001-700-222-00		
	Transfer: \$3,000.00	From: 001-700-221-00	To: 001-700-345-00		
	703 - Staging				
	Transfer: \$13,000.00	From: 001-703-103-00	To: 001-703-109-00		
	Transfer: \$500.00	From: 001-703-103-00	To: 001-703-108-00		
15.	15. Review—Discuss—Consider Budget Revisions for the Circuit Clerk's Office				
	Transfer: \$2500.00	From: 001-403-341-00	To: 001-403-221-00		
		Materials & Supplies	Circuit Clerks Training		
	Transfer: \$750.00	From: 001-403-341-00	To: 001-403-108-00		

Materials & Supplies

Overtime

- 16. Review—Discuss—Consider Prosecutor's Budget Revisions
- **17. Review—Discuss—Consider** Proposal from McKinley A&E to perform a Space Utilization (Feasibility) Study at the Harrison County Courthouse
- **18. Review—Discuss—Consider** Agreement between the Harrison County Commission and the Arc of Harrison County
- 19. Review—Discuss—Consider Designating First Guaranty Bank, Harrison County Bank, Huntington Bank, MVB Bank, and Truist Bank, as county depositories for Fiscal Year 2025 – 2026 per WV Code 7-6-1
- 20. Review—Discuss—Consider Appointing a "Pro Tem" for the County Commission
- 21. Review—Discuss—Consider Policy and Procedures for Press Releases for the County Commission Offices
- **22. Review—Discuss—Consider** Letter to the Alcohol Beverage Control Administration Howe about them Apples, LLC dba Nine Hives
 - 1116 Cambria Road, Lumberport, West Virginia 26386
- 23. Review—Discuss—Consider A Resolution to apply for the WV Courthouse Facilities Improvement Funds
- 24. Review Discuss Consider Travel Requests for 911 Employees to go to the APCO International Conference & Exposition IN Baltimore, MD from July 25th 31st, 2025
 A. Chris Cutright
- **25. Administrator's Report**
- 26. Commissioner Comments Questions

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

A. Weekly Fiduciary Report from the County Clerk

- 1. Wednesday, May 28th, 2025 through Tuesday, June 3rd, 2025
- 2. Wednesday, June 4th, 2025 through Tuesday, June 10th, 2025
- B. Monthly Fiduciary Commission Settlements:
 - 1. None
- C. Monthly Minutes/ Financial Information from Various Boards, Committees, and Public Service
 - 1. Final Report the Fort New Salem Special Funding Request
 - Charles Pointe Community Enhancement District Special Meeting Minutes for April 9th, 2025
 - 3. Enlarged Hepzibah PSD Regular Board Meeting Agenda for June 9th, 2025
 - 4. Spelter VFD 990 for 2024
 - 5. Sun Valley PSD Regular Board Meeting Minutes for May 13th, 2025
 - 6. Sun Valley Outstanding Invoices for May 31st, 2025

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

- 1. Funding Request --- Clarksburg History Museum (03-27-2024)
- 2. Funding Request --- Mountaineer Food Bank (4/17/2025)

BEFORE THE COUNTY COMMISSION OF HARRISON COUNTY, WEST VIRGINIA

FIREWORKS DISCHARGE RESTRICTION ORDINANCE

The Harrison County Commission, West Virginia, ("the Commission"), hereby finds that the discharge of fireworks devices without restriction as to time of day or to proximity to residential and other venues of rest, relaxation, and sleep is a public nuisance.

Accordingly, pursuant to West Virginia Code§ 7-1-Jkk, the following Ordinance is adopted and shall be in full force and effect on and after_____.

(a) No person, firm, or legal entity of any kind shall use or discharge fireworks within the confines of Harrison County, not including any incorporated municipality, except that such fireworks which are permitted by West Virginia Legislative Statute may be discharged on New Year's Eve, during the hours of 9:00 o'clock p.m. and 11:59 o' clock p.m. and on New Year's Day, during the hours of 12:00 o'clock a.m. and 12:30 o'clock a.m.; and, on July 3 between the ours of 9:00 o'clock p.m. and an 11:59 o'clock a.m. until 12:30 o'clock a.m., and, again from 9:00 o'clock p.m. until 11:59 p.m., only. Discharge of approved fireworks as aforesaid may also be accomplished on the Friday and Saturday preceding and following New Year's Eve and on July 4, during the hours above referenced. In addition, such fireworks may be discharged between the hours of 5 o'clock p.m. and 10:00 o'clock p.m. on any other day of the year.

(b) Discharge of such permitted fireworks during any of the times herein referenced is not permitted within 500 linear, straight-line feet of the outer perimeter wall of any residential structure, motel, hotel, bed and breakfast, hospital, nursing home or other facility in which people live, sleep or rest. For purposes of this Ordinance, the location of discharge shall be the physical location where fireworks are lit and/or ignited and/or setoff.

(c) Firework or fireworks means any composition or device designed for the purpose of producing a visible or audible effect by combustion, deflagration or detonation. Fireworks include consumer fireworks, display fireworks and special effects. Fireworks does not include sparkling devices, novelties, top caps or model rockets. Consumer fireworks means small fireworks devices that are designed to produce visible effects by combustion that are required to comply with the construction, chemical composition and labeling regulations promulgated by the United States Consumer Product Safety Commission pursuant to 16 C.F.R. Parts 1500 and 1507 (2014), and that are listed in APA Standard 87-1. Display fireworks means large fireworks to be used solely by professional pyre-technicians licensed by the State Fire Marshal and designed primarily to produce visible or audible effects by combustion, deflagration or detonation and includes, but is not limited to, salutes containing more than two grains (one hundred thirty milligrams) of explosive materials, aerial shells containing more than forty grams of pyrotechnic compositions and other display pieces that exceed the limits of explosive materials for classification as consumer fireworks and are classified as fireworks UN0333, UN0334, or UN0335 pursuant to 49 C.F.R. § 172.101 (2014). Special effects means a combination of chemical elements or chemical compounds capable of burning independently of the oxygen of the atmosphere and designed and intended to produce an audible, visual, mechanical or thermal effect as an integral part of a motion picture, radio,

television, theatrical or opera production or live entertainment. (Definitions pursuant to West Virginia Code § 29-3E-2).

(d) Violation of the provisions of this Ordinance is a misdemeanor punishable, upon conviction thereof, by fine of \$1,000.00. Each discharge of a fireworks device in violation of this Ordinance shall be a separate offense.

(e) This Ordinance shall not apply to lawfully permitted fairs, festivals and events.

Ordinance considered for adoption and approval on first reading the _____ day of ______, 2025.

Ordinance considered for adoption and approval on second reading the ____ day of ______, 2025.

President	Commissioner	Commissioner
Flesident	Commissioner	Commissioner

10:15

HARRISON COUNTY COMMISSION SPECIAL FUNDING REQUEST

Thank you for the opportunity to suport your project. Please complete this opplication and return It to the Harison County Commission, 301 West Main Street, Clarksburg, WV 26301 by fax or email: Funding is derived from the State of West Virginia/Video Lottery Funding.

Date of Request: 5/21/25
Organization Name: ChrKSburg-Harrison Kopional Housing Authority
Name and Title of Requester: Donne De Marco - Resident Service / Family Sett - Suffirierey Coordinat
Mailing Address of Organization and Responsible Person:
If approved, this is where the check will be sent
Telephone: 304-623-3322 1x+17 Fax: 304-623-5604 E-mail: demorco & Citynet. ne
FEIN# <u>208286 366001</u> is your organization an IRS 501(c) 3 not-for-profit? Y N If yes, attach IRS Status Letter If no, please explain:
TOTAL Cost of Project/Activity: \$ 8,000,00
Dollar Amount REQUESTED - Grant: \$ 1,500.00 Loan: \$
Was project funded previously by HCC? (Y) N If so, when 2024 ; how much: $\frac{1000^{22}}{1000^{22}}$
When: <u>August Ao A5</u> ; how much: <u>S</u> When: <u>S</u> ; how much: <u>S</u> When: <u>S</u> ; how much: <u>S</u>
Purpose of request (one sentence): Dong tum
If for a fair/festival/event, give dates and location: Date: <u>August 2024</u> Location:
Describe the proposed activities with dollar amounts to be funded by this request: Annual Back To School Event With a cookout for the Low - Fucome Children and their thmilies, games, backbags, School Supplies for the upcoming School year.
Are your financial statements audited by an outside accounting firm? N
Do you plan to recognize the Harrison County Commission 's contribution?

05-21-'25 13:09 FROM- CHRHA - Section 8 1-304-623-5604

HARRISON COUNTY COMMISSION

SPECIAL FUNDING REQUEST

(Marksburg-Harrison Ragional Abusing Author of (Name of Applicant) (CHEHA)	_agrees that in the event of any embezzlement,
theft or misappropriation of funds or property of any	kind or nature or in the event of any alleged
embezzlement theft or misappropriation of funds	or property of any kind or nature from
(Name of Applicant) CHRHA	, the recipient of funding from the
Harrison County Commission hereunder, that (Name of Appl	icant) <u>CARHA</u> shall
immediately report said incident(s) to the proper police	a agency having jurisdiction over such matters
and, further, shall immediately report said incident(s) a	along with a writing describing said incident(s)
have been reported to the police agency having juris	
Further, that (Name of Applicant) (HRHA	agrees to fully cooperate with
the police and the Prosecuting Attorney's Office toward t	he successful prosecution of such activity.

Please attach to this Request the following:

- 1. IRS Letter of Tax Exemption, if you have one
- 2. Current List of Board of Directors with addresses
- 3. List other contributors with dollar amounts to your project/event
- 4. Balance sheet and income statement for immediate prior year, or reason why no available
- 5. Any additional information about your organization

FINAL REPORT REQUIRED: If approved, you agree to submit within 15 days of the event or end of project the "Final Report for Special Funding Request", on page 3 of this application OR a detailed statement of revenues and expenditures.

On behalf of the Applicant, I certify that all required information in this request is attached and correct, that we agree to the above terms, and that a Final Report (on attached Final Report or by Internal Financial Report detailing substantially same information) will be submitted within 15 days of the end of the project/event.

Signature and Title of Applicant	Joura Dem	ase o	Date	5/21/25
Resident Servici	Hamily St	4 Sufficien	a Coord	lexator
For Official Use:		00		

This funding request	ìs:	APPROVED	NOT APPROVED	TABLED
Amount Approved:	\$		Paid Date:	
With the following n	otations:			
······································				

Action taken at Harrison County Commission meeting on:

(Revised 8/19/14)

Page 2

Clarksburg-Harrison Regional Housing Authority 433 Baltimore Avenue, Clarksburg, WV 26301 Phone: 304-623-3322 fax: 304-623-5604

May 5, 2025

Contribution Letter

To Whom It May Concern:

Hello, my name is Donna De Marco and I am the Resident Services/Family Self-Sufficiency Coordinator for the Clarksburg-Harrison Regional Housing Authority.

One of the programs that I work with is an After School Homework Help Program for children at Laurel Lanes, a low-income housing complex and surrounding communities. With no help from federal funding, the Clarksburg-Harrison Regional Housing Authority provides children K through 12th grade with assistance with their homework. There are approximately 125 children that live in the Laurel Lanes community along with an average of about 75 children from the surrounding communities who attend the activities. We have over 50 children enrolled in this year's After School Homework Help Program with an average of 15 to 25 daily. Each year we like to give the children and their families the opportunity to share in fun, games and a cookout that they may not otherwise be able to enjoy. <u>What a great start for the upcoming school year with new backpacks filled with school supplies and grooming products.</u>

Our "Back to School Party" is an event for the children and families of the Laurel Lanes community and surrounding communities. I have started to work on this year event that will be held the week before school starts in August 2025.

Hopefully your organization would be able to assist us in this event with a monetary donation. We would be grateful for what every you are able to contribute.

Please call me at 304-623-3322 ext. 17 with any questions you may have or you may email me at ddemarco@citynet.net.

Sincerely,

Donna D. De Marco Resident Services/Familý Self-Sufficiency Coordinator

, 05–21–325	13:09 FROM-	CHRHA - Section 8	1-304-623-5604	T-

Clarksburg-Harrison Regional Housing Authority Board of Commissioners As Of ۰, July 2020 Marcel C. Malfregeot-Chairperson Appointed on 07/18/2016 Term expires on 07/18/2023 519 Stanley Avenue Clarksburg, WV 26301 Phone: 623-4204 (Home) Appointed on 07/20/2006 Term expires on 06/18/2025 William J. Rota Reappointed on 07/29/15 418 College Street Reappointed on 06/18/2020 Clarksburg, WV 26301 Phone: 623-4681 (Home) 203-4164 (Cell) Resident Commissioner Delores Jackson Term expires on 07/18/2021 Appointed on 07/18/2016 810 Locust Avenue, Apt. 4 Clarksburg, WV 26301 Phone: 844-5140 Appointed on 07/20/2006 Term expires on 07/19/2022 Sam Caputo 2745 Good Hope Pike Clarksburg, WV 26301 Phone: 304-623-5247 (Home) 304-622-4259 (Work) 304-844-0101 (Cell) A-1 Exterminating Appointed on 7/1/2020 Term expires on

2

Roger Diaz 6/30/2025 1708 N. 16th Street Clarksburg, WV 26301 Phone: 304-669-1708

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WEST VIRGINIA CONSUMERS SALES AN	ND SERVICE TAX AND USE TAX
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EXEMPTION CERTIFICATE

YYYCST-280 (Rev. 905)

CANNOT BE USED TO PURCHASE GASOLINE OR SPECIAL FUEL



NAME OF	VENDOR	DATE	CHECK APPLICAS	
			SINGLE PURCHASE GERTIFICATE	BLANKET GER STRATE
STREET	NOORESS	CITY	STATE	ZIP CODE
0 85 00	MPLETED BY PURCHASER: 1, the undersigned	, hereby certify that I am s	naking an exempt purchase and hold a valid E	Business Registration Conficate
	Enter Tax Identification N	umber 208	2 8 6 3 6 6 0 0 1	
ly surrap	te business activity is PUBLIC HO	USING		·
eiaim a	n exemption for the following reason (Chi	sck applicable box or b	oxes):	
VRCHA	SEFORRESALE			1
	Purchase of langible personal property or laxa component part of the property upon which the	services are performed		
URCHA	SE BY AN EXEMPT COMMERCIAL AGRICUL	TURAL PRODUCER		
<u> </u>	Purchase of tangible personal property or tax, not purchases for the construction of, or per			
3	Purchase of propane for use in pouliry house	es for heating purposes	WV Code § 11.15-9(a)(18)	
AXEX	EMPT ORGANIZATIONS			
× 🕅	GOVERNMENT - Purchases by governmenta and (3) any other State (and its local governmen are not exampl unless they are on governmen with government may not claim this exemption	enis) which provides this I business and are billed	s same exemption to this State. Such purch to and paid for directly by the government.	tases by government employees
9	CERTAIN NONPROFIT ORGANIZATIONS - exempt from federal income faxes under sec requirements set forth in WV Code § 11-15- WV Code § 11-15-9(a)(6)	tion § 501(c)(3) or (c)(4) of the Internal Revenue Code. These or	ganizations inust meet all of the
:	SCHOOLS - Purchases by a school with its which is exempt from federal and state inco	principal campus in this me taxes under section	State which is approved by the State of We § 501(c)(3) of the Internal Revenue Code	st Virginia to award degrees and , WV Code § 11-15-©(a)(15)
O) 0.	CHURCHES • Ruichases of services, equip charge whatsoever for the services they rem	nent, supplies, lood for der. The purchase mu	meals and materials directly used or consu it be paid for directly out of the church irec	med by churches which make no asury, WV Code § 11-15-9(a)(5
PURCH	ASES OF CERTAIN SPECIFIC SERVICES AND	TANGIBLEPERSONA	LPROPERTY	
<u> </u>	 Purchases of electronic data processing se WV Code § 11-15-9(a)(21) 	rvices and related soliv	vere but not date processing equipment.	maleriais and supplies
<u>с</u> э	Purchases of services by one corporation, p but only when the entities are members of th WV Code § 11-15-8(2)(23)	artnership or limited llabi ne same controlied group	illy company irom another corporation, parti o or related taxpayers as defined in Section	nership or limited liability compan 267 of the Internal Revenue Coor
<u> </u>	Purchases of computer hardware and soft service; computer hardware and software of services directly used in fulfilliment of a go	firectly used in commun	ication; educational software; internet adv	artising; high technology overce artising; high technology overce
	 Purchases of molion picture films, coin-ope charge subject to sales tax. WV Code § 		chines and other video arcade games for a	ny use upon which inore will be
÷ ()	Purchases by a licensed carrier of persons an aircrail, angine or other component part part of an aircrail as part of the repair, re a licensed carrier of persons or property, or	t of an alrerall, or purcha modeling or maintenant or by a government antit	uses of langible personal property that is pro- te of aircraft, aircraft engines or aircraft co	ermanently effixed as a compone emponent perts, and purchases by used or consumed exclusively

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1. 5.

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05-21-'25 13:10 FROM- CHRHA - Section 8

SCHOOL SUPPLIES NEEDED

ATTACHMENT # 1a

200 BACKPACKS

400 POCKET PAPER PORFOLIO FOLDERS

200 (24) COUNT CRAYOLA CRAYONS

200 GLUE STICKS

200 1-SUBJECT WILD-RULE SPIRAL NOTEBOOKS

100 1- SUBJECT COLLEGE-RULE SPIRAL NOTEBOOKS

200 3-HOLE PUNCH LOOSELEAF WIDE-RULES PAPER

100 3- HOLE PUNCH LOOSELEAF COLLEGE-RULES PAPER

200 RULERS

200 HI-LITERS

200 COLARED PENCILS

200 LARGE PINK ERASERS

600 # 2 PENCILS

200 PENS

200 PENCIL SHARPENERS

200 5" BLUNT SCISSORS

200 PACKAGES OF INDEX CARDS

200 PRINTED SCHOOL SCHEDULES

250 TOOTH BRUSHES

250 TOOTHPASTE

200 COMBS

200 POCKET TISSUE PACKETS

200 POCKET-SIZE HAND SANITIZERS

200 DENTAL FLOSS

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FOOD AND PAPER PRODUCTS NEEDED FOR THE BACK TO SCHOOL PARTY Attachment #1b

250 HAMBURGER PATTIES 250 HOT DOGS 250 (21) DOZEN HAMBURGER BUNS 250 (21) DOZEN HOT DOG BUNS 5 GALLONS HOT DOG CHILI 300 INDIVIDUAL-SIZE POTATO CHIPS 2 GALLONS ORANGE DRINK 2 SLEVES OF CUPS 120 CANS OF SODA POP 40 (2 LD) SODA POP 250 PLATES 250 FORKS, KNIFES, SPOONS 300 NAPKINS 12 TABLE CLOTHS 250 CUP CAKES 2 BAGS OF ONIONS 12 BAGS OF ICE 100 BOTTLED WATER. 5 GALLONS BAKE BEANS MUSTERD/KETCHUP/MAYO/PICKLES CHEESE WATERMELON CANDY **48 LITTLE HUGGIES** 5 GALLONS OF BAKED BEANS 5 GALLONS OF COLE SLAW DECORATIONS HAIR COLAR SPRAY FACE PAINT

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VENDOR DONAT	TIONS AS OF 10/15/2023
UNICARE HEALTH PLAN OF WEST VIRGINIA	
PERSONAL HYGIENE PACKS	100
WV PREVENTION SOLUTIONS	
BOOKBAGS AND SCHOOL SUPPLIES	100
PEPSI-COLA GROUP	
POP	5 CASES OF POP= 120 CANS
DE MARCO'S MACHAINE SHOP	
ONIONS	10 LB
TOMATOES	2 ½ BUSHELS
GREEN PEPPERS	2 ½ BUSHELS
HOT PEPPERS	1 BUSHELS
YELLOW SUMMER SQUASH	2 BUSHELS
CUCUMBERS	2 BUSHELS
SWEET YELLOW CORN	2 BUSHELS
CABBAGE	2 BUSHELS
SACRED HEART CHILDREN'S CENTER	
CHECK DONATION	\$ 5,000.00
ELEVANCE HEALTH, INC (UNICARE)	\$ 1,500.00
HARRISON COUNTY COMMISSION	
CHECK DONATION	\$ 1,000.00
CITY OF CLARKSBURG	
CHECK DONATION	\$ 400.00
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PURCHASES as of 10/15/2024		
WALMART BOOKBAGS	\$ 3,155.87	
SAM'S CLUB	\$ 2,507.80	
WALMART	\$ 482.01	
PRICE CUTTER\$	\$ 163.25	
FAMILY DOLLAR	\$ 151.59	
DOLLAR TREE	\$ 18.73	
QUANTUM PARTY RENTALS	\$ 1,570.00	
BATMAN'S TROPHIES	\$ 31.46	
AMAZON	\$ 433.68	
,		
TOTALS	\$ 8,514.39	
LESS CASH DONATIONS	<u>{-7,900.00}</u>	
BALANCE 2022 (131.77) 2023 (994.07)	(-1,125.84)	
TOTAL COST TO HOUSING AUTHORITY	\$ 0.00	
BALANCE 2024	\$ 511.45	

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433 Baltimore Ave. Clarksburg, WV 26301 304-623-3322 304-623-5604w www.chma.net

Clarksburg-Harrison Regional Housing Authority



То:	Harrison County C Jessica Sell	Commission Attn: To	Fro	m:	Donna De I	Marco	
Fax:	304-624-8673		Paş	ges:	[number of	pages]	
Phone:			Dat	te:	May 21, 20	25	
Re:	Special Funding F for 2025	Request Final Report	cc:		[Name]		
🛛 Urgent	For Review	Please Comme	nt		ease Reply	Please	Recycle
Comment	S:						

Thank You So Much

Donna De Marco

HARRISON COUNTY COMMISSION SPECIAL FUNDING REQUEST

Thank you for the opportunity to suport your project. Please complete this application and return it to the Harison County Commission, 301 West Main Street, Clarksburg, WV 26301 by fax or email: Facsimile: 304-624-8673; Email: <u>countyadministrator@hardsoncountywv.gov</u> ; Question: 304-624-8500 Funding is derived from the State of West Virginia/Video Lottery Funding.
Date of Request:
Organization Name: Lost Creek Community Festival, Inc
Name and Title of Requester: Randal Lake, President
Mailing Address of Organization and Responsible Person: <u>P:OBox 145</u> Lost Cree K, WV JU385 If approved, this is where the check will be sent
Telephone: (304)844-2645 Fax: E-mail: lakerondal@gmail.com
FEIN# <u>55-070391</u> Is your organization an IRS 501(c) 3 not-for-profit? Y N If yes, attach IRS Status Letter If no, please explain:
TOTAL Cost of Project/Activity:
Dollar Amount REQUESTED - Grant: $\$ (4, 000)^{cO}$ Loan: $\$$
Was project funded previously by HCC? Y N If so, when 2024; how much: \$ 3000,00
Have you previously received funds from the Harrison County Commisson: Y N If Yes, how much? If funded multi years - list by fiscal year? Y N When: ; how much: \$ Y N When: ; how much: \$ Y N When: ; how much: \$ Y N
Purpose of request (one sentence): Dreserve the Asture & History of the Lost Creek (Apon with)
Purpose of request (one sentence): <u>Preserve the Culture & History of the Lost Creek Community</u> If for a fair/festival/event, give dates and location: Date: <u>September 19 & 20</u> Location: <u>Lost Creek</u> , wv
Describe the proposed activities with dollar amounts to be funded by this request: Enfectainment, E+C
Are your financial statements audited by an outside accounting firm? Y _N If Yes, by whom:
Do you plan to recognize the Harrison County Commission 's contribution? X N If Yes, how? All market not make 1615

All marketing makerials

Name of Organization/Applicant

FINAL REPORT OF THE SPECIAL FUNDING REQUEST

	;
ITEMIZED EXPENSES FOR THE AMOUNT RECEIVED FROM THE HCC (ATTACH EXTRA SHE OF REVENUED AND EXPENSES RELATED THERETO):	ETS IF NECESSARY OR DETAILED STATEMENT
OF REVENUED AND EXPENSES RELATED THERETOJ;	
	<u>\$</u>
	\$
	\$
	\$
	\$
TOTAL	\$

NAME OF PROJECT/EVENT:

TOTAL PROJECT/EVENT INCOME AND AND EXPENSES RELATED THERETO):	EXPENSES: (ATTACH EXTRA SHEETS IF NECESS	GARY OR A DETAILED STATEMENT OF REVENUES
INCOME SOURCE:		\$
	······································	\$
		\$
	TOTAL	\$
EXPENSE ITEM:		\$
		\$
		\$
	TOTAL	\$
LIST ALL CONTRIBUTORS TO THIS PRO	DJECT/EVENT: (ATTACH EXTRA SHEETS IS NECE	ESSARY)
		\$
		<u>\$</u>
		\$
		\$
	TOTAL	\$

I CERTIFY THAT THE ABOVE INFORAMTION IS CORRECT

Applicant

Date

(Name of Applicant) Lost Creek Community Festival, Inc. agrees that in the event of any embezzlement, theft or misappropriation of funds or property of any kind or nature or in the event of any alleged embezzlement theft or misappropriation of funds or property of any kind or nature from (Name of Applicant) Lost Creek Community Festival, Inc. , the recipient of funding from the Harrison County Commission hereunder, that (Name of Applicant) Lost Creek Community Festival, Inc. , the recipient of funding from the Harrison County Commission hereunder, that (Name of Applicant) Lost Creek Community Festival, Inc. , the recipient of said incident(s) to the proper police agency having jurisdiction over such matters and, further, shall immediately report said incident(s) along with a writing describing said incident(s) have been reported to the police agency having jurisdiction, to the Harrison County Commission. Further, that (Name of Applicant) Lost Creek Community Festival, Inc. agrees to fully cooperate with the police and the Prosecuting Attorney's Office toward the successful prosecution of such activity.

Please attach to this Request the following:

- 1. IRS Letter of Tax Exemption, if you have one
- 2. Current List of Board of Directors with addresses
- 3. List other contributors with dollar amounts to your project/event
- 4. Balance sheet and income statement for immediate prior year, or reason why no available
- 5. Any additional information about your organization

 \wedge

FINAL REPORT REQUIRED: If approved, you agree to submit within 15 days of the event or end of project the "Final Report for Special Funding Request", on page 3 of this application OR a detailed statement of revenues and expenditures.

On behalf of the Applicant, I certify that all required information in this request is attached and correct, that we agree to the above terms, and that a Final Report (on attached Final Report or by Internal Financial Report detailing substantially same information) will be submitted within 15 days of the end of the project/event.

Signature and Title of Applicant	Ronal Jup	Date_ <u>4-1</u>	8-25
For Official Use:			
This funding request is:	APPROVED	NOT APPROVED	TABLED
Amount Approved: <u>\$</u>		Paid Date:	
With the following notations:			
Action taken at Harrison County Com	mission meeting on:		



Lost Creek Community Festival, Inc. Post Office Box 145 Lost Creek, WV 26385

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

RE: FUNDING REQUEST FY 25-26

Dear Commissioners:

Attached please find a Special Funding Request for our annual Community Festival in September. We have been staging this festival since 1999 and the County Commission has been a sponsor since 2023.

I have also attached a copy of our Articles of Incorporation and By-Laws. Please advise if additional information is needed.

Sincerely, Boul Ike

Rondal Lake, President

County Commission of Harrison County, West Virginia

REVISED ORDER

Harrison County Community Improvement Fund -- Number 026

Harrison County General Fund -- Number 001

Policy and Procedure Regarding Contributions to Other Entities

Whereas, the Harrison County Commission has previously authorize a special fund, namely the Harrison County Community Improvement Fund (Number 026); and

Whereas, the Harrison County Commission maintains a General Fund (Number 001) as authorized and required by statute and/or regulations; and

Whereas, the Community Improvement Fund will be utilized for contributions for fairs, festivals

and/or other special funding requests approved by the Harrison County Commission as originally set forth in the establishment of the Fund; and

Whereas, the General County Fund may be utilized *for* any lawful expenditure which may include contributions to fairs and festivals and/or special funding requests, and

Whereas, the Harrison County Commission, by this Order, set forth the same for any contribution to any entity, as set forth herein.

Now, therefore, it is the Order of the Harrison County Commission that any contribution to any entity shall comply with the following policy and procedure unless otherwise expressly indicated. A contribution may be considered **for** funding only upon proper documentation being presented to the Office of the Harrison County Commission, which shall include, but not be limited to:

- a) "Harrison County Commission Special Funding Request Form", the most recent copy attached and Included for reference;
- b) All requested documentation as out lined In the "Special Funding Request Form,
- c) If previously funded, the "Final Report of the Special Funding Request Form", the most recent copy attached and included for reference.

Now, therefore be it further resolved, funding requests from fairs and festivals, including but

not limited to the following, will be considered throughout the year. Such allocation will be

\$1,500 for a one day event and \$3,000 for any event of more than one day.

- 1. Apple Butter Festival City of Salem
- 2. Fort New Salem Holiday Christmas Activity
- 3. Frontier Days City of Shinnston
- 4. Glen Elk Village Wine Musical & Art? Festival

- 5. Jesus Fest ·
- 6. Johnstown CEOS Community Fair
- 7. Lost Creek Community Festival
- 8. North Central WV Scottish Festival
- 9. Pine Bluff Fall Festival
- 10. St. Spyridon Greek Food Festival
- 11. Town of West Milford Old Mill Festival
- 12. Wallace VFD Fair & Festival
- 13. WV Black Heritage Festival
- 14. WV Italian Heritage Festival

Now, therefore be it further resolved, funding requests from any other entity or agency must be submitted to the Office of the Harrison County Commission on or before March 1st to be considered for funding in the budget for the next fiscal year, which would begin July 1st and end June 30th. For the fiscal year beginning July 1 and ending June 30, the submission deadline for a special funding request will be May 1 of each year.

Now, therefore be it further 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 entities and agencies that have received funding during the past four fiscal years.

Order is hereby approved and entered this 20th day of July, 2022.

Susan J Thomas, President

Attest:

John Spires, Clerk of Harrison County

Certificate

J, Ken Hechler, Secretary of State of the State of West Virginia, hereby certify that

by the provisions of Chapter 31, Article 1, Sections 27 and 28 of the West Virginia Code, the Articles of Incorporation of

LOST CREEK COMMUNITY FESTIVAL INC.

conform to law and are filed in my office. I therefore declare the organization to be a Corporation for the purposes set forth in its Articles, with the right of perpetual existence.

Therefore, I hereby issue this

CERTIFICATE OF INCORPORATION

to which I have attached a duplicate original of the Articles of Incorporation

tate of Mes



Given under my hand and the Great Scal of the State of West Virginia on this Third day of 1.9 99 December

Mirsinia

Secretary of State

State Suite 139-W Suite 139-W	Penney Barker, Supervisor Corporations Division Tel: (304) 558-8000 Fax: (304) 558-0900 Fax: (304) 558-090
 the undersigned, acting as incorporators accounts of the mame of the West Virginia Domestic Corporation. The name of the West Virginia corporation (The name must contain one of the words 'corporation' company', incorporated', 'limited', or an abbreviation one of those words. WV Code §31-1-11] 	on shall be: LOST CREEK COMMUNITY
2. The physical address (not a PO box) of the principal office of the corporation will be: located in the County of:	Street: Rt. 25 Ny/State/Zip: LOST CREEK WV 26385 County: HARRISON
The mailing address of the above location, if different, will be:	STREET/BOX PO BOX 460 TY/State/ZID: LOST CREEK WV 26385
 3. The physical address (not a PO box) of the principal place of business in West Virginia of the corporation will be: located in the County of. The mailing address of the above location, if different, will be: 4. The name and address of the person to whom notice of process may be sent is: 	Street Rt 25 AVISTALEZZO LOST CREEK WW 24385 COUNTY HARRISON Street/BOX: PO BOX 440 Name DAVID R. Hughes Street: PO BOX: 440 Street: PO BOX: 440
	My/Staterzip: Lost CREEK WU 26385
5. This corporation is organized as: (check o NON-PROFIT, NON-STOCK FOR PROFIT (complete sect	(complete sections 7, 8, 10, 11, 12 & 13)
	bital stock of the corporation will be \$
Check here if the shares are	e to be divided into more than one class or if the corporation is to d or special class in series. [Additional statements are required
FORM CD-1 issued by the Secretar	y of State, State Capitol, Charleston, WV 25305 Revised 5/99

	VEST VIRGINIA ARTICLES OF INCORPO	RATION
	The purposes for which this corporation	h is formed are as follows: Page 2
	tion of any or all lawful business for	and wine". Purposes may conclude with words , commercial
	preservation and enjoymen Surrounding areas	It For the citizens of cost Creek and
8.	The provisions for the regulation of the	nternal affairs of the corporation (optional, check one if applicable): ent required by IRS for 501(c) status approval.]
9.	The provisions granting, limiting or denying are set forth in the bylaw	ind preamptive matter to the anticles of incorporation.
10.	The full names and addresses of the inc Name Address: No	orporators, and the number of shares subscribed for by each are:
	DAVID R. HUGHS PU BOX 44 E. JACK BOWYERS PO BOX 30 John R. CARER Rt1 Box 37	U LOST CREEK WU 24385 ZEro 1 LOST CREEK WU 24385 ZEro 1 COST CREEK WU 24385 ZEro
	successors are elected and shall qualify Name Address: No.	initial board of directors of the corporation is, and the o will serve as directors until the first annual meeting, or until their are (attach additional page if necessary):
12. D, C	E. JACK BOWYERS PO BOX 301 John R. GOOPER Rt BOX 37 The names of the individuals who will hav State until the names of the president and Avid R. HUGHES GARY L GA hery I A. Allman Lish D. G.	LOST CREEK WU 24385. I Clarksburg, WU 24301 we signature authority on documents filed with the Secretary of d secretary are filed on the annual report are: EGG Rebecca C. Stutler ROGG
	The number of pages attached and includ ACKNOWLEDGMENT: [All incorporators	and in these Articles is
	We, the undersigned, for the purpose of	photocopied signatures cannot be accepted.] forming a corporation under the laws of the State of West Virgini ation." In witness whereof, we have accordingly set our hands:
N.	Date <u>11-29-99</u> Signatures: <u>Ma</u>	which the spingthy
Inten Expl	STATE OF West Virginia	, COUNTY OF Harrison ;
104 Moop Fole Aut Mt, Clare, WY 26408 Ires December 11, 2006	I. Debra K. Wilmoth I. Debra K. Wilmoth E. Jack Bowyer. John R. ing Articles of Incorporation, this commission expires December My commission expires	<u>a Notary Public, hereby certify that David R. Hughes,</u> <u>Cooper and Gary L. Grogo</u> hose names are signed to the forego- day personally appeared before me and acknowledged their signatures. er 11, 2006 <u>Delas Kultunation</u> , Notary Public
	·	

Articles of Incorporation of the undersigned, a majority of whom are citizens of the United States, desiring to form a Non-Profit Corporation under the Non-Profit Law of West Virginia, do hereby certify:

First: The name of the Corporation shall be The Lost Creek Community Festival.

Second: The place in this state where the principle office of the Corporation is to be located is the City of Lost Creek, Harrison County.

Third: Said corporation is organized exclusively for holding a yearly festival in order to preserve the culture of Lost Creek and its surrounding areas and for the betterment of the community and its citizens, including for such purposes the making of distributions to the organizations under section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

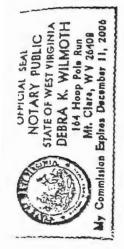
Fourth: The names and addresses of the persons who are the initial trustees of the corporation are as

follows:	David R. Hughes	P.O. Box 460	Lost Creek, WV 26385
•	E. Jack Bowyer	P.O. Box 301	Lost Creek, WV 26385
	John R. Cooper	Rt.1 Box 371	Clarksburg, WV 26385

Fifth: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distrivutions in furtherance of the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

Sixth: Upon the dissolution of the corporation, assets shall be distributed for one or exempt purposed within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county

in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



In wipross whereof, we have hereunto subscribed our names this 29th day of Normberg 1995.
In witness whereof, we have hereunto subscribed our names this Ofthe day of Walk al along
1. Danche Kuches
2. Silver
3. E Tel Douget
7

Lost Creek Community Festival, Inc. Bylaws

Article I - Name

The name of this organization shall be the Lost Creek Community Festival. The organization was incorporated as a non-profit corporation with the State of West Virginia on the third day of December 1999. The mailing address is Post Office Box, Lost Creek, West Virginia 26385.

Article II - Purpose

The corporation was organized exclusively for the purpose of holding a yearly fall festival in order to preserve the culture of Lost Creek and its surrounding areas and for the betterment of the community and its citizens.

Article III – Membership

Membership shall be open to all who promote the best interest of the Lost Creek Community Festival. Membership requires being active and participating for a minimum of one year. No dues will be required for membership.

Article IV - Board of Directors

Section 1 Governing Body

The governing body of the organization shall be the Board of Directors, which shall consist of the elected officers and the immediate past President. The current Mayor and Fire Chief for the Town of Lost Creek, and appointed Committee Chairs will also serve as members of the Board with voting privileges

Section 2 Responsibilities of the Board of Directors

The duties of the Board shall be:

- a) To conduct business of the organization in a manner consistent with its purposes;
- b) To create committees as needed, and approve their plans of work;
- c) To present a report of activities at all meetings;
- d) At the November meeting direct the trustee to audit the treasurer's accounts and give their findings at the annual meeting;
- e) To prepare and approve a budget at the first meeting following the annual meeting;
- f) To approve all expenditures. All checks require the signature of the treasurer and either the signature of the president, vice president or trustee.

Article V – Meetings

Section 1 Annual Meeting

The annual meeting shall be held in January of each year. At this time officers and board members will be elected, committee chairs appointed, reports given and conduct other business as may arise. Voting is by members who have been an active participant for the previous year. A majority of the Board of Directors must be present in order to conduct business at the annual meeting.

Section 2 Regular Meeting

Regular meetings will be held the first Monday of April, the second Monday of July, every Monday during the months of August/September up to the date of the Fall Festival and the first Monday in November.

Section 3 Special Meeting

Special meetings may be called at any time by the President. A majority of the Board of Directors must be present in order to conduct any official business of the organization

Section 4 Meeting Notification

Active members shall be notified by telephone and/or email of meetings of the organization. In addition, a meeting notice will be published in the Calendar of Events section of the local newspaper. These tasks will be the responsibility of the Secretary.

Section 5 Meeting Location and Time

All meetings will be held at the Town of Lost Creek Municipal Complex at 7:00 PM unless otherwise specified in notice of the meeting.

Article VI - Elections

Section 1 Nominating Committee

At the November meeting the President shall appoint a nominating committee who shall present a slate of officers, including president, vice-president, secretary, treasurer and trustee at the annual meeting in January. In addition, nominations will be taken from the floor.

Section 2 Voting

Officers shall be elected by voice vote or ballot, at the discretion of the officers, at the annual meeting and shall assume office immediately. Only members who have been active for the previous year can hold office and/or vote.

Article VII - Officers

The officers of the organization shall consist of a president, vice-president, secretary, treasurer and trustee. Officers shall serve for a period on one (1) year, and may be reelected consecutively.

Article VIII - Duties of Officers

Section 1 President

The president shall be the Chief Executive Officer of the organization; have general supervision of its affairs and business; preside at all meetings; appoint all standing and special committees with the approval of the Board of Directors; sign checks as required with the treasurer; perform such other duties as may be required or assigned.

Section 2 Vice-President

The vice-president shall perform such duties as may be assigned by the Board of Directors and perform the duties of the president in their absence.

Section 3 Secretary

The secretary shall record the minutes of all meetings, shall assist the president in making the agenda for each meeting, shall conduct all general correspondence for the organization and shall issue notice of all meetings. The Secretary is responsible for maintaining all written records of the organization and transferring same to incoming replacement.

Section 4 Treasurer

The treasurer shall receive all monies of the organization, shall keep an accurate account of receipts and disbursements; and shall make disbursements in accordance with the approved budget as authorized by the Board. The treasurer shall present a financial statement at each meeting and at other times when requested.

Section 5 Trustee

The trustee's primary responsibility is to provide fiscal oversight of the organization; to provide an audit the treasurer's accounts and to submit an audit report at the January meeting.

Article IX – Books, Records, Budget, and Membership

Section 1 Membership Records

The Secretary shall maintain the official Membership Directory of the organization.

Section 2 Books and Financial Records

The organization shall keep correct and complete books and records of accounts and its transactions, it minutes of meetings and decisions made.

Section 3 Budget

The Treasurer shall retain the official approved copy of the Annual Budget and track expenditures in accordance therewith, reporting variances at scheduled meetings.

Section 4 Checking Accounts, etc.

The Treasurer shall be the official custodian of bank accounts. All disbursements will require a approved invoice and for check signing purposes, two signatures one of which must be the Treasurer.

Article X – Order of Business

The order of business for the organization shall included but not limited to:

- 1. Call the meeting to order
- 2. Determination of a Quorum
- 3. Introduction of new members and quests
- 4. Approval of previous minutes
- 5. Reports of Officers and Committee Chairs
- 6. Reading of Communications
- 7. Approval of paying bills
- 8. Unfinished Business
- 9. New Business
- 10. Next meeting date
- 11. Adjournment

Article XI – Policies and Procedures

In an effort to more efficiently address matters which come to the attention of the organization, the organization may establish written Policy and Procedures. Each Policy and/or Procedure must be approved by the membership. The Secretary is responsible for maintaining a correct and approved copy of the Policy and Procedures.

Article XII - Parliamentary Authority

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the organization in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the organization may adopt.

DATE OF CHANGE	EMPLOYEE #	SOCIAL	SECURITY NO	
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STEVEN	HATTANK	ADDRESS		
PHONE	CITY/STATE/ZIP		DEPARTMENT	SHIFT

THE CHANGE(S):

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SUPERVISOR SIGNATURE DATE 6/10/25			
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Rev 3/16 Re-order Form #08320 Copyright 2022 Ama N Toll Free 1-886-466-1438 or onlin			

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	Amsterdam Printing, Amsterdam, N.Y. 12010

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PAYROLL CHANGE NOTI **3-D**

DATE OF CHANGE 06/24/25	EMPLOYEE #	SOCIAL S		
NAME Christina Murphy		ADDRESS		
PHONE	CITY/STATE/ZIP		DEPARTMENT 439	SHIFT

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	OTHER (Explain) Please pay out	ren	naining vacation time. Thank you.

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER	DATE





DATE OF CHANGE	EMPLOYEE #	SOCIAL	SECURITY	NO	
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NAME	110 Tonkin	ADDRESS			
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X JOB	Director of	Assistant County
	Special Projects	Assistant County Administrator
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AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
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DATE OF CHANGE 6/23/25	EMPLOYEE #	SOCIAL S	ECURITY NO	
NAME Hannah Buri	nett	ADDRESS		
PHONE	CITY/STATE/ZIP		Parks	SHIFT

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OTHER (Explain) <u>Seasonal Park Program personnel</u>

DATE
DATE 6/12/25
DATE

DATE OF CHANGE 6/23/25	EMPLOYEE #	SOCIALS	SECURITY NO	
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PHONE	CITY/STATE/ZIP		DEPARTMENT Parks	SHIFT

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EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Mike Book	DATE 6-12-25
HUMAN RESOURCES MANAGER	DATE

DATE OF CHANGE 6/23/25	EMPLOYEE #	SOCIAL	SECURITY NO	
Emily Pritt		ÅDDRESS		
PHONE	CITY/STATE/ZIP		DEPARTMENT Parks	SHIFT

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EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Mike Book	DATE 6-12-25
HUMAN RESOURCES MANAGER	DATE

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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	_	UNTIL
TY	PE OF LEAVE		
	OTHER (Explain) _Seasonal Park	Pr	ogram personnel

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE Mike Book	DATE 6/12/25
HUMAN RESOURCES MANAGER	DATE

At the regular meeting of the County Commission of Harrison County held on Wednesday May 21, 2025, Commissioners Susan Thomas, Patsy Trecost II and David Hinkle were present. Also present were Laura Pysz-Laulis -County Administrator, John Spires - County Clerk and Trey Simmerman - County Attorney. Commissioner Thomas opened the meeting. Commissioner Trecost said a prayer and led those present in the Pledge of Allegiance to the flag.

- Public Comment Period: Dave Oliverio Lost Creek Mayor, spoke of Lost Creek rail trail opportunities. Parks, ball fields and convenient stores all along the rail trail. Dave Oliverio also feels like the southern end of the county is neglected. Julie Snider – Executive Director Bi-County Nutrition, complained about Rene Courtney, Parks and Recreation employee, having a bad attitude. Michele Beto – Bi-County Nutrition Board, also stated that she was appreciative of the venue.
- 2. Consent Agenda: Trecost moved to approve Consent Agenda changes. Commission concurred.
- 3. Payroll Change Notices: Trecost moved to approve A through E and adopt into record. Commission concurred.
 - A. Jenna Ahern 911 Resignation Effective 05/03/2025
 - B. Carrie S. Watkins 911 New Hire Effective 05/25/25
 - C. Kayla D. Dozer 911 New Hire Effective 05/25/25
 - D. McKenzie B. Kovar 911 New Hire Effective 05/25/25
 - E. Daniel Dorsey Assessors Merit Increase / Re-Evaluation Effective 05/25/25
- 4. Minutes and/ or Amended Minutes of Previous Meetings (None)
- 5. Requisitions --- Purchase Orders --- Invoices: Hinkle moved to approve A through E as presented. . Commission concurred.
 - A. ARPA Enlarged Hepzibah PSD Requisition #7 \$9134.00
 - B. ARPA Sun Valley Requisition #10 (IIIA Project 1) \$2,750
 - C. ARPA Sun Valley Requisition #4 (IIIB Project 2) \$780
 - D. Vendor List of Payments
 - E. Quotes

10:10 A.M. --- Proclamation commemorating the 100th Growing Season of Bice's Greenhouse, Enterprise, West Virginia: Thomas read proclamation commemorating the 100th Growing Season of Bice's Greenhouse

10:15 A.M. --- Proclamation Community Educational Outreach Service (CEOS) Week: Thomas read proclamation honoring Community Educational Outreach Service (CEOS) Week - May 18th to 24th, 2025.

 Exonerations --- Corrective Tickets --- Joint Property Applications: Hinkle moved to approve exonerations as shown on Exhibit A. Commission concurred
 A. Exonerations – See Exhibit A

10:20 A.M. --- Acknowledgement for Jonathan Sparks, David Jones & Billy Dunn for Fire on January 4th in the Erie area of Harrison County: award presented to Jonathan Sparks – Emergency Squad, David Jones – Emergency Squad & Billy Dunn -Spelter Fire Department.

10:25 A.M. --- Special Funding Request for BHS Thespian Troupe #7549 requesting \$2400 for two students in need of sponsorship for the International Thespian Festival 2025 at Indiana University, Bloomington, IN (June 23-28, 2025): Trina Byard – Thespian Troupe Director, spoke in support of the sponsorship. Trecost moved to allocate \$2,400.00. 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 7A. Commission concurred
 - A. Series 2008A \$1858.50
- 8. Review—Discuss—Consider Approve and sign an Incumbency certificate authorizing MuniCap to perform TIF related administrative functions on behalf of the Commission. MuniCap is the Administrator retained by the Commission to perform services related to the Series 2008 and 2019 TIF bonds. Revised certification forms are requested occasionally by MuniCap in order to keep file documents current. This form gives MuniCap limited permissions to perform certain administrative tasks on behalf of the commission relating to these bonds. This form was most recently signed by the Commission in December 2023: Trecost moved to approve and affix appropriate signatures on incumbency certificate authorizing MuniCap to perform TIF related administrative functions on behalf of the Commission. Commission concurred

10:30 A.M. --- Special Funding Request for Mountaineer Food Bank requesting \$10,000 to support the Veterans Table Program in Harrison County by providing monthly food assistance

to 20 Veterans for one year: Becky Conrad - Mountaineer Food Bank, gave a background on the program. Hinkle moved to table, pending research on financing then revisit. Commission concurred.

10:35 A.M. --- Special Funding Request for the Benedum Airport Authority requesting \$500,000 to assist in finishing the New Terminal Facility: Rick Rock - Airport Director, completing \$70 million airport terminal. Thanked for support. Requesting \$500,000.00. Trecost moved to approve \$100,000.00 this year and next year, then for the remaining \$300,000.00, next year from the 026- Video lottery fund, not to exceed \$500,000.00 over 2 budget years. Commission concurred.

10:05 A.M. --- Carol Keavney Estate Hearing: Jim Varner recalled progress up until this point. Requested removal of executor and appoint sheriff as administrator. Cindy Dove – heir to Keavney Estate, contends that written offers were submitted. Amanda Maddox – beneficiary to Keavney Estate, disputes estate progress. Hinkle moved to remove Zroske and appoint Sheriff as administrator. Trecost and Hinkle voted for. Thomas voted against. Motion carried.

- 9. Review—Discuss—Consider Approval for Thrasher to put the Meadowbrook Bridge Project out for public bid: Trecost moved to approve Thrasher to put the Meadowbrook Bridge Project out for public bid. Commission concurred
- 10. Review—Discuss—Consider Rail Trail Projects: Hinkle moved to continue rail trail between Clarksburg and Reynoldsville, from VA to Lost Creek, Northview to Spelter and Shinnston to Marion County line and also look into where we are at on the West Fork Bridge. Trecost and Hinkle voted for. Thomas voted against. Motion carried.
- 11. Review—Discuss—Consider State Auditor's Office pulling tickets from May 15th Tax Sale (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 would like opinion from auditor's office on pulling tax tickets. Hinkle moved to have Trey Simmerman – County Attorney and Tom Aman – Bond Councel, to write a letter to the auditor to explain pulling tax tickets. Thomas and Hinkle voted for. Trecost voted against. Motion Carried.
- 12. Review—Discuss—Consider Purchase of 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): Trecost moved to allow a six to twelve month lease and proceed with sale. Commission concurred

- Review—Discuss—Consider Budget Revisions: Standing line item for end of fiscal year revisions. Various line items were mentioned that will need revisions from General County. Hinkle moved to approve General County budget revisions FY 2024-2025 and submit the revision documents. Commission concurred.
 - General County budget revisions FY 2024-2025
 - Vital Services Levy budget revisions FY 2024-2025
- 14. Review—Discuss—Consider Appointing Jeff Crislip to the Planning Commission: Hinkle moved to approve Jeff Crislip to Planning. Commission concurred.
- 15. Review—Discuss—Consider Letter from Harrison County Farmland Protection Board acknowledging two Board Members term expirations: Term expirations for William Suan and William Coffindaffer. Hinkle moved to acknowledge term expirations. Commission concurred.
- 16. Review—Discuss—Consider Agreement between the Harrison County Commission and the Arc of Harrison County: Hinkle moved to approve agreement and affix signatures. Commission concurred.
- 17. Review—Discuss—Consider Italian Heritage Festivals electric lines and new meter on the Courthouse property. Bill Boyles—Chairman: Bill Boyles—Italian Heritage Festivals Chairman asked for permission to proceed with project involving the courthouse plaza electric box. Hinkle moved to accept 3rd party right of way agreement, pending legal review of document, note changes that with will be a 5 foot right of way and to accept the fence pending the design. Commission concurred.
- 18. Review—Discuss—Consider Access and Remediation Letter Agreement: Hinkle moved to approve access and remediation letter pending signature of notary. Commission concurred
 - Gary Heater 1314 Capitol Ave, Clarksburg, WV
- 19. Review—Discuss—Consider A Resolution Authorizing the Filing of the Application to the West Virginia DEP Litter Control Grant Program: Hinkle moved to approve and affix president's signature, up to \$5,000.00. Commission concurred.
- 20. Review—Discuss—Consider Travel Request for Emily Rebelo from Community Corrections to go to Advanced Alcohol & Drug Counselor (AADC) Exam in Morgantown May 17th, 2025: Hinkle moved to approve travel, after the fact, for Emily Rebelo from Community Corrections to go to Advanced Alcohol & Drug Counselor (AADC) Exam in Morgantown May 17th, 2025. Commission concurred.

- 21. Review—Discuss—Consider Travel Requests for 911 Employees to go to West Virginia Northern Community College – New Martinsville Campus: Laura Pysz-Laulis stated that the date of travel is June 23rd and 24th. Hinkle moved to approve travel as read by Commission president. Commission concurred.
 - A. Natasha McDaniel
 - B. Matthew Gump
 - C. Consuela Jones
- 22. Administrator's Report: Laura Pysz-Laulis gave an update on Lost Creek rail trail progress Glen Falls and Spelter rail trails will follow.
- 23. Commissioner Comments Questions: Trecost asked about Courthouse planning for courtrooms. Hinkle spoke of renewing the levy in coming weeks and place on the next agenda.

Hinkle moved to adjourn. Thomas and Hinkle voted for. Motion carried.

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

Susan Thomas, President

Date

At the regular meeting of the County Commission of Harrison County held on Wednesday June 4, 2025, Commissioners Susan Thomas, David Hinkle and Patsy Trecost II were present. Also present were John Spires, 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: Lloyd Parish, Enterprise resident, spoke of continued fireworks disruptions. Virginia Tichnor, owner of a trailer court resident in Enterprise, spoke of fireworks and gun fire. She advised she wants a noise ordinance. Sean Jedju advised that a previous funding request would go towards autonomous lawn mowers for various area cemetaries, which draws tourism.

10:05 A.M. --- William Watson Estate Hearing: There was a status update given. The attorneys request twenty minutes to confer.

10:10 A.M. --- Proclamation Alzheimer's & Brain Awareness Month: Commissioner Thomas read and presented the proclamation. The Harrison County Commission hereby declares June as Alzheimer's & Brain Awareness Month.

10:15 A.M. --- Special Funding Request from the City of Shinnston requesting \$1,000 to cover costs of the Shindy Music Festival: Brenden Gallagher, Economic Developer for the City of Shinnston, gave an overview of the festival. Trecost moved to approve \$1,500.00 for the one day event. Commission concurred.

- 2. Consent Agenda: Hinkle moved approve. Commission concurred.
- **3.** Payroll Change Notices: Hinkle moved to accept the resignation effective May 27, 2025. Commission concurred.
 - Julia Pierce 911 Resignation Effective 05/27/2025
- 4. Minutes and/ or Amended Minutes of Previous Meetings: Hinkle moved to approve as presented. Commission concurred.
 - A. Regular Meeting Minutes for Wednesday May 7th, 2025
 - B. Work Session Meeting Minutes for Wednesday May 15th, 2025
- 5. Requisitions --- Purchase Orders --- Invoices: Hinkle moved to approve 5 A, B and D. Commission concurred. Commissioner Thomas asked about the Truist interest. Hinkle moved to approve 5 C. Commission concurred.
 - A. ARPA West Milford \$13,301.84 FINAL draw of funds
 - B. ARPA Salem Draw #7 \$5,000.00
 - C. Vendor List of Payments

D. Quotes

6. Exonerations --- Corrective Tickets --- Joint Property Applications: Hinkle moved to approve exonerations. Commission concurred.

A. Exonerations – See Exhibit A

- 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 7 A, B, C and D. Commission concurred.
 - **A. Series 2008A** \$4764.43
 - **B.** Series 2019 A&B \$8,521.25
 - **C.** Series 2019 A&B #104 \$4131.25
 - **D. Series 2021 A&B** \$200.00
- 8. Review—Discuss—Consider Budget Revisions: Laura Pysz-Laulis, County Administrator, gave an overview of the General Fund budget revisions. Ms. Pysz-Laulis recommends moving \$50,000.00 to Courthouse from 424-459 for the purchase of a dump truck. There was discussion held about the dump truck purchase. Hinkle moved to place the Lipitor Settlement into Line 429-459 in the amount of \$50,000.00. Commission concurred.
 - General County FY 2024-2025
 - Vital Services Levy FY 2024-2025
 - Coal Severance FY 2024-2025
- 9. Review—Discuss—Consider Hiring a firm to evaluate volunteer fire departments and to look at the best way to provide fire service to the County: There was discussion on funding options for the Volunteer Fire Departments. Trecost moved to proceed with evaluating services without hiring outside firm. Hinkle moved to start bidding process and not hire. Commission concurred.

10:05 A.M. --- William Watson Estate Hearing: (Continued) There was an agreement reached. Attorney Robert Pevler, representing Cherry Watson and Attorney John Funkhouser, representing Misty Hurd stated their names for the record.

- **10. Review—Discuss—Consider** Accepting two board appointments for the Harrison County Farmland Protection Board with terms starting on July 1st, 2025: Hinkle moved to approve the board appointments. Commission concurred.
 - William Suan as the new Conservation District Representative
 - William Coffindaffer as the new Farm Bureau Representative
- 11. Review—Discuss—Consider Status of resignation of Short Line PSD Board Members and Short Line PSD / Clarksburg Water Board merger: Laura Pysz-Laulis advised that the board members are not resigning and this item can be removed from the agenda.
- **12. Review—Discuss—Consider** Execution of N25th Street Consent to Enter Property: Hinkle moved to approve consent to enter property and affix the President's signature. Commission concurred.

- Update on Greater Harrison PSD's ARPA Funded Project Zack Dobbins: Zack Dobbins, from Bennett & Dobbins, representing Greater-Harrison PSD, provided the Commission with an update on the Greater-Harrison PSD sewer project.
- 14. Review—Discuss—Consider Countywide Fireworks Ordinance:
 - Harrison County

Laura Pysz-Laulis spoke of the proposed firework ordinance. Trecost moved to approve the ordinance, amend to five hundred linear feet and exclude fairs and festivals. There was discussion on the pros and cons of the presented ordinance. Commissioner Thomas and Commissioner Trecost voted in favor. Commissioner Hinkle voted against. Motion carried.

- 15. Review—Discuss Administrator's Evaluation (potential executive session to discuss 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): Trecost moved to enter into executive session pursuant to § 6-9A-4(B)(9). Commissioner Thomas and Commissioner Trecost voted in favor. Commissioner Hinkle voted against. Motion carried. All three Commissioners, Laura Pysz-Laulis and Trey Simmerman were present in the executive session.
- 16. Review—Discuss—Consider Status of Rycon litigation (potential executive session pursuant to the attorney-client privilege): Hinkle moved to enter into executive session pursuant to the attorney-client privilege. Commission concurred. Hinkle moved to exit executive session and back into regular session. Commission concurred. There was no action to be taken on this matter.
- 17. Review—Discuss—Consider Authorizing the County Administrator to move forward with negotiations on Route 19 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):Hinkle moved to enter into executive session. Commissioner Thomas and Commissioner Hinkle voted in favor. Commissioner Trecost voted against. Motion carried. Hinkle moved to exit executive session and back into regular session. Commissioner Trecost voted in favor. Commissioner Thomas and Commissioner Trecost voted in favor. Commissioner Thomas and Commissioner Trecost woted in favor. Commissioner Thomas and Commissioner Trecost moved to rescind purchase offer and cease negotiations. Commissioner Trecost voted in favor. Commissioner Thomas and Existence offer and cease negotiations. Commissioner Trecost voted in favor. Commissioner Thomas and Commissioner Hinkle voted against. Motion failed. Hinkle moved to authorize the County Administrator and County Attorney to continue to move forward with closing on the two Ellis property parcels. Commission concurred.
- Review—Discuss—Consider Travel Requests for Community Corrections Employees to go to Charleston, WV on June 23 – 25, 2025 for the CIT Summit: Hinkle moved to approve. Commission concurred.
 - A. Gary Hamrick
 - B. Wayne Worth
- **19. Administrator's Report**: Laura Pysz-Laulis spoke on the budget approval and advised that they are waiting on the State Auditor's Office. Ms. Pysz-Laulis also spoke on the Hotsinpiller 5K, Cecil Jarvis 10K and the Sunset Ellis emails.

20. Commissioner Comments – Questions: Commissioner Hinkle spoke on the Ellis Drive In screen condition. Commissioner Hinkle thanked his fellow commissioners for the support of "Game Changers". Commissioner Thomas spoke on the Ellis property and her desire to save the drive-in if feasible. Commissioner Trecost advised that a new fire alarm system should be applied for through grants for the Courthouse as well as curtains for the judges if it will qualify.

Trecost moved to adjourn. Commission concurred.

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

Susan Thomas, President

Date

SUN VALLEY PUBLIC SERVICE DISTRICT IJDC No. 2022S-2148 IIIA Resolution #11 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	Vendor Total		IJDC Grant		ARPA		EEG
Thrasher Group	\$	541.80	\$	541.80	\$	-	
JD Utilities	\$	1,450.00			\$	1,450.00	
Pro Contracting	\$	94,262.37	\$	94,262.37			\$ -
	\$	-					
	\$	-	\$	_			
Total	\$	96,254.17	\$	94,804.17	\$	1,450.00	\$ -

ADOPTED BY the Sun Valley Public Service District this 10th day of June 2025

By

Connu Thouger

Its: Chairman

Board Member

2022S-2062 C-544587 SUN VALLEY PUBLIC SERVICE DISTRICT IIIB Resolution #5 RESOLUTION OF THE PUBLIC SERVICE DISTRICT BOARD APPROVING INVOICES RELATING TO SERVICES FOR THE SEWER PROJECT AND AUTHORIZING PAYMENT THEREOF,

,

WHEREAS, the Sun Valley 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") Loan and Debt Forgiveness as well as WV Infrastructure Jobs and Development Council ("IJDC") Grant, Economic Enhancement Grant ("EEG"), 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 Sun Valley PSD has hereby authorized and directed the payment of the attached invoices which comprise Draw #5 as follows:

		CV	VSRF Debt			E	nhacement	Harrison
Vendor	Total	Fo	orgiveness	CV	VSRF Loan		Grant	County ARPA
JD Utility Services LLC	\$ 1,475.00	\$	-	\$	1,475.00	\$	-	\$ -
Thrasher Group	\$ 1,500.00	\$	-	\$	1,500.00	\$	-	\$ -
Pro Contracting Inc.	\$ 28,211.62	\$	-			\$	28,211.62	\$ -
Professional Appraisal Corp	\$ 20,900.00	\$	-	\$	-	\$	-	\$ 20,900.00
	\$ -	\$	-	\$	-	\$	-	\$ -
	\$ -	\$	-			\$	-	\$
Total	\$ 52,086.62	\$	-	\$	2,975.00	\$	28,211.62	\$ 20,900.00

ADOPTED BY the Sun Valley Public Service District, at the board meeting held June 10,2025.

By

Its: Chairman

Date of Meeting	6/18/2025	Invoice							F C
Department	Vendor	Description	General County Fund	E-911	Vital Services	Community	Community	ARPA	5-C
Name	Name	Note	001	007	027	Corrections	Improvement Fund 026	Fund	Needed
911 Center	City of Bridgeport	911 Center - Water, Sewer, Sprinkler		\$271.62					
911 Center	Frontier	911 / Taylor County Phone Bill		\$822.77					
911 Center	Hope Gas	911 Center Gas Utility Bill		\$55.39					
911 Center	Harrison Rural Electric Association	911 Center Electric Bill - Genesis Blvd.		\$2,332.20					
911 Center	Harrison Rural Electric Association	912 Center Electric Bill - Lost Creek		\$711.30					
911 Center	APCO International	4 Different Recertifications for Jade Hitt: PST, LEC, FSC, EMD		\$140.00					
911 Center	APCO International	3 Different Recertifications for Bryce Delgado: APCO LEC 1st Edition, APCO EMD 5.4, APCO PST 7th Recertification		\$105.00					
911 Center	Lindsay Atha	Per Diem Request for Pre-Approved Travel for Lindsay Atha (3) Dinners, (3) Lunches, (1) Breakfast - CIT Conference & CIT Dispatcher Class		\$157.00					

911 Center	Frontier	Internet Service for JSJOC Charles Pointe	\$220.50			
911 Center	Language Line Services	Subscription for 24/7 phone assistance for interpreter service to assist with non English speaking 911 callers (used once in May)	\$24.50			
911 Center	Heather Mick	Per Diem Request for Pre-Approved Travel for Heather Mick (3) Dinners, (3) Lunches, (1) Breakfast - CIT Conference & CIT Dispatcher Class	\$157.00			
911 Center	Pace Enterprises	Professional Shredding Service for 911		\$43.00		
911 Center	Penguin Management Inc.	Annual Subscription to eDispatches program that forwards 911 Dispatch details to member agency personnel via mobile devices	\$7,080.00			
911 Center	Megan Rowand	Per Diem Request for Pre-Approved Travel for Megan Rowand (3) Dinners, (3) Lunches, (1) Breakfast - CIT Conference & CIT Dispatcher Class	\$157.00			

911 Center	Trevor Vance	Travel Reimbursement - NENA Supervisor Class at Hurricane, WV (late replacement to attend - no per diem issued - all receipts attached)	\$66.21			
911 Center	Emcor Services	HVAC Service Agreement for JSJOC Charles Pointe		\$815.42		
911 Center	Lowes	Swiffer mop / duster refills, ILysol Cleaning Wipes for use at JSJOC Charles Pointe		\$50.75		
911 Center	Waste Management	Refuse Disposal Service for JSJOC Charles Pointe		\$272.30		
911 Center	UniFirst Corporation	Carpet Runner Service for JSJOC Charles Pointe		\$62.25		
911 Center	The Water Shop	Bottled Water Delivery for JSJOC Charles Pointe		\$22.50		
911 Center	Truist Bank	Three nights lodging for NENA Supervisor Course for: Justin Norman, Nina Loar, Trevor Vance for previously approved travel	\$990.00			

911 Center	Truist Bank	Lodging for Engage Conference for: Travis Miller, Paul Bump, Gary Keith	\$3,454.84			
911 Center	Truist Bank	Lodging for : Becca Martin, Rebecca Ayers, Lorenda McConnell at Cacapon State Park Resort	\$594.00			
911 Center	EIP Holdings II, LLC	July 2025 Lease Payment for Grafton Tower Site				\$1,000.00
911 Center	Frontier	Backup Data Circuit fromPK Tower to JSJOC Charles Pointe	\$766.00			
911 Center	Palmiq	Annual Renewal of Acronis Cyber Protection Software Package and Backup	\$9,492.60			
911 Center	Central Square Technologies	Annual Subscription and Maintenance Fee for 911 CAD System - Multiple Agency Invoice, total listed represents 911's responsibility	\$68,054.77			

[· · · ·				
911 Center	WV Consolidated Public Retirement Board	Transfer cost of thirty three 911 employees from PERS to EMSRS	\$12,274.35			
911 Center	Costume Specialists	Second zipper repair, laundry service, and inspection for Cell Phone Sally costume	\$262.20			
911 Center	Paul Bump	Reimbursement for lodging expenses paid direct for two employee's minus the deposit that was previously billed to County Visa card for the GeoCon Conference held at Canaan Valley	\$494.34			
Ambulance Authority	Anmoore EMS	May 2025 Allotment 157 Runs @ \$31.29		\$4,912.53		
Ambulance Authority	Bridgeport Fire Department / EMS	May 2025 Allotments for BEMS 51 (123 RUNS @ \$31.29) & BEMS 52 (106 RUNS @ \$31.29)		\$7,165.41		
Ambulance Authority	Harrison County EMS	May 2025 Allotments for EMS 61, EMS 62, EMS 63, EMS 67		\$20,682.69		
Ambulance Authority	Nutter Fort VFD	May 2025 Allotment - 67 Runs @ \$31.29		\$2,096.43		

Ambulance Authority	City of Salem	May 2025 Allotment - 36 Runs @ \$31.29	\$1,126.44		
Animal Control	A-1 Exterminating Co	General Pest Control Services for Animal Control	\$50.00		
Animal Control	City of Shinnston	Animal Control Water Utility Bill	\$75.44		
Animal Control	EMCOR Services	HVAC Agreement for Animal Control	\$371.67		
Animal Control	Enterprise Sanitation Inc.	Garbage Utility Service Bill for Animal Control	\$178.23		
Animal Control	Enterprise Sanitation Inc.	Garbage Utility Service Bill for Animal Control	\$178.23		
Animal Control	Harrison County Humane Society	Multiple Invoices - Rescue Incentive Fees Paid from Best Friends Grant for - Suttle/Stout, McTheny, Dunn	\$400.00		
Animal Control	The Water Shop	Multiple Invoices - Water for April & May 2025	\$80.72		
Animal Control	Tractor Supply	Dog food and Pine Bedding	\$407.75		
Animal Control	US Cellular	Cell Phone Bill	\$491.68		
Animal Control	Tractor Supply Credit	Command Strips and Dog Food	\$425.33		
Animal Control	Audubon Animal Clinic, Inc.	May 2025 Spay & Neuter Services for Grant Program - Will be reimbursed from WVSNP Grant	\$481.70		

Animal Control	Liberty Distributors			\$315.70			
Animal Control	Inc. US BANK	Wipers Amazon.com - Mulitple Charges		\$1,473.56			
Animal Control	Shinnston Ace Hardware	Supplies - (5) House Key SC4 PK/250		\$17.95			
ARPA	Sun Valley PSD	ARPA Funds Request - Phase IIIA Wastewater Collection System Project - Requisition #11 This is a draw from ARPA Funds				\$1,450.00	
ARPA	Sun Valley PSD	ARPA Funds Request - IIIB Sewer Project - Rtequisition #05 This is a draw from ARPA Fuds.				\$20,900.00	
Assessor	Casto & Harris	2025 Assessor Binders / Auditor Storage Binders	\$2,265.92				
Assessor	Visual Edge IT, Inc	HP 212x Toner (Cuyan)	\$444.99				
Assessor	Stationers	4 Part Transfers	\$659.73		 		
Circuit Clerk	Albert Marano	Travel to and from Morgantown for WVACO Spring Board Meetings	\$60.06				
Circuit Clerk	Truist	Credit Card Statement from Circuit Clerks meetings for A. Marano	\$709.83				

		Credit Card Statement from				
Circuit Clerk	Truist	Circuit Clerks	\$732.97			
		meetings for L.				
		Thomas				
Circuit Clerk	Casto & Harris	500 Laser Checks	\$139.50			
		Water for Judge				
Circuit Court	The Water Shop	McMunn's Jury	\$21.00			
		Room				
		Multiple Invoices -				
		Water for Judge				
Circuit Court	The Water Shop	Shaffer & Judge	\$78.00			
		McCarthy's Jury				
		Rooms				
		Public Safety				
Commission	Mon Power	Building Electric Bill	\$829.29			
Commission	Frontier	Courthouse Phone	\$404.27			
		Bill				
Commission	Frontier	Courthouse Phone	¢255.20			
Commission	Frontier	/ Internet Bill	\$355.28			
		Professional				
Commission	Reference Services	Services -	\$125.00			
Commission	Inc	Background Checks	Ş125.00			
		_				
Commission	Clarksburg Water	Extension Office	\$130.88			
	Board	Water Bill	φ±30.00			
Commission	Clarksburg Water	Courthouse Water	\$845.70			
	Board	Bill	<i>\\</i>			
Commission	Clarksburg Water	306 Washington	\$355.50			
	Board	Ave Water Bill				
Commission	Clarksburg Water	307 Washington	\$409.69			
	Board	Ave Water Bill				
Commission	Clarksburg Water	609 West Main	\$176.02			
	Board	Street Water Bill				
Commission	Clarksburg Water	General Service	ĆE12 40			
Commission	Board	Building Water Bill	\$512.49			

Commission	Visual Edge IT, Inc	Multiple Invoices - Copier Rental Base & Overage Charges for the Prosecuting Attorney's & Sheriff's Office, and black toner for the Assessors office	\$1,366.12			
Commission	EMCOR Services	HVAC Agreement for Storage Garage	\$371.66			
Commission	Pace Enterprises	Professional Shredding Service for the Commission	\$185.00			
Commission	The Thrasher Group	Professional Services for Proposed Simpson Creek Rail Trail Bridge Engineering Design	\$22,000.00			
Commission	Hart Office Solutions	Supplies - (3) Black Toner Cartridges	\$307.71			
Commission	Advantage Technology, LLC	4 Outdoor Cameras for the parking lots behind the Courthouse	\$5,796.00			
Commission	Advantage Technology, LLC	hcc Monthly Billing for June, 2025 for (400) Office 365 G1, & (10) Office 365 G3 - Annual Commitments Paid Monthly	\$4,230.00			

Commission	City of Shinnston Hart Office	Special Funding Request for the City of Shinnston requesting \$1000.00 for the Shindy Music Festival in August, 2025 Copier Rental for	\$128.59		\$1,000.00	
Commission	Solutions J.T. Martin Fire & Safety	Vital Statistics Work done on Fire Extinguishers	\$688.66			
Commission	Software Systems	April 2025 - Level 1&2 Maintenance, May 2025 - Level 1&2 Maintenance	\$3,936.65			
Commission	Simmerman Law Office	General Advice through May 16th, 2025	\$35,757.28			
Commission	Stationers	Supplies - (4) Black Toner for the County Clerk	\$917.67			
Commission	Stationers	Supplies - Stamp "Sent to Bookkeeping"	\$46.17			
Commission	US Cellular	Cell Phone Bill	\$1,574.32			
Commission	US Bank	Holiday Inn Express - Hotel Stay for Susan Thomas to go to a meeting	\$110.00			
Commission	Fleetcor (dba Fuelman)	Gasoline Purchases for multiple departments for May 2025	\$19,014.68			

Commission	US Cellular	Harrison County Commission Phone Bill	\$2,656.41			
Commission	US Bank	Quiet Dell School Water Utility Bill	\$41.37			
Commission	Truist	Law Enforcement Extraditions	\$11.31			
Commission	TK Elevator Corporation	Multiple Invoices - 2nd Half of Control Driver Repair for Courthouse Elevators, Charge to Expedide the Control Drive, Full Maintenance Charge for Elevators	\$18,140.73			
Commission	Reference Services Inc	Background Checks for 2 Employees	\$125.00			
Commission	MVB Bank	Property Payment - 609 West Main Street	\$6,222.12			
Commission	Harrison County Bank	Airport Property Payment	\$34,395.48			
Commission	UniFirst Corp.	Weekly Rugs / Maintenance Supplies for the Commission	\$138.14			
Commission	Mon Power	License Plate Readers Electric Utility Bill	\$25.72			
Commission	Mon Power	General Services Building Electric Utility Bill	\$10,105.97			

Commission	A-1 Exterminating Co	General Pest Control Services for Old DHHR Building	\$173.25				
Commission	A-1 Exterminating Co	General Pest Control Services for GSA Building	\$210.00				
Commission	A-1 Exterminating Co	General Pest Control Services for Senior Center	\$90.00				
Commission	Hi Touch Business Solutions	Legal Copy Paper Restock	\$1,421.00				
Commission	US BANK	Frontier - fiber in Courthouse	\$363.18				
Commission	US BANK	Adobe, Amazon, and Indeed Charges	\$419.70				
Commission	US Bank	Flash Bay - Restock of Flashdrives for Commission	\$2,247.50				
Commission	Frontier	Courthouse Fiber Internet Bill	\$179.81				
Community Corrections	Alcohol Monitoring Systems, Inc.	Scram Daily Monitoring Fees			\$2,154.66		
Community Corrections	Best Notes LLC	Monthly EMR Subscription			\$582.00		
Community Corrections	Harrison County Commission	July, August & September 2025			\$15,000.00		
Community Corrections	Lowe's	Materials for Community Service			\$190.92		
Community Corrections	Micro Distributing II, LTD.	Lab Confirmations			\$45,484.05		
Community Corrections	OpAns, LLC	Lab Confirmations			\$16,100.00		

Community Corrections	Pace Enterprises	Harrison County Day Report Shred Service			\$86.00		
Community	Solid Ground	Social Worker			\$200.00		
Corrections	Therapy Services	Licensure			\$200.00		
Community Corrections	Truist	Zoom.com			\$513.28		
County Clerk	US Bank (Canaan Valley Resort, P- Card)	County Clerks Conference Lodging	\$336.60				
County Clerk	Micah Fisher	Mileage Reimbursement for Fiduciary Training in Canaan	\$144.90				
County Clerk	US Bank (Amazon, P-Card)	Envelopes & Dry Erase Board	\$76.26				
County Clerk	The Water Shop	Water for the County Clerks Office	\$48.00				
County Clerk	AJ - Allegheny Systems	Maintenance Agreement	\$1,100.00				
County Clerk	Compiled Technologies	Birth Certificate Paper 500 / Ream	\$1,000.00				
County Garage	Fisher Auto Parts	Supplies - (6) Baldwin Cabin Air Filters	\$149.88				
County Garage	Fisher Auto Parts	Parts - Plate #503779 - (1) Delphi Chassis Suspension Stabilizer Bar Link TC5012, (1) Delphi Chassis Suspension Stabilizer Bar Link TC5013	\$94.98				

County Garage	Wholesale Tire Inc	Supplies -(8) Goodyear Eagle Enforcer A/W BSW 103V, (8) 255/60R18 Goodyear Eagle Enforcer A/W BSW 108V	\$2,349.92			
County Garage	Collision Plus LLC	Parts - Body Labor, Refinish Labor, Paint & Supplies - Claim # 024690 Insurance Paid \$7516.88	\$4,880.46			
County Garage	Sandy's True Value	Supplies - (2) Energizer 4 pack 3V Lithium Batteries	\$24.98			
County Garage	Chenoweth Ford	Supplies - (6) Brake Lining Kits, (4) Rotor Assembly, (8) Brake Rotor Assemblies	\$2,030.96			
County Garage	Chenoweth Ford	Parts - Plate #503960 - (1) Wheel Hub Assembly, (2) Bush, (2) Link, (1) Kit, (4) Screw, (2) Bracket	\$465.43			
County Garage	Hillybilly Truck Repair	Tow Bill from Jerry Dove Drive to Toothman Ford	\$143.68			
County Garage	NAPA (Amtower Auto Supply)	Supplies - Heat Shrink Tubing Dual Wall	\$8.31			
County Garage	Chenoweth Ford	Multiple Invoices - Parts for Plate#'s: 504338, 503774, 504751	\$2,808.17			

County Garage	Chenoweth Ford	Multiple Invoices - Supplies - Screws & Springs, Nut- Expansions	\$57.36			
County Garage	Harry Green 7 Acres	Parts - Plate # 503774 - 4 Wheel Alignment	\$135.95			
Courthouse Security	Skasiks Cleaners	Dry Cleaning for Security		\$272.35		
Courthouse Security	The Water Shop	Water for Courthouse Security		\$136.00		
Courthouse Security	Truist	Lattea - Radiation Detection Compas		\$124.00		
Courthouse Security	Trapuzzano's	Name Tags Gosa and Kellison		\$51.37		
Courts	UniFirst Corporation	Weekly Rugs / Maintenance Supplies for the Courthouse	\$126.41			
Courts	Brenda Hinkle	Mental Hygiene	\$353.10			
Family Court	The Water Shop	Water for Family Court	\$21.00			
Fire Department	Summit Park Fire Department	Johnson Fire Equipment Payment Reimbursement	\$3,519.00			
Fire Department	West Milford Volunteer Fire Department	Reimbursement for multiple invoices for FY2024-2025 Allotment	\$30,000.00			
Fire Department	Mon Power	Fire Fighters Training Building Electric Utility Bill				\$40.22

Fire Department	eSolutions	Spelter Fire Dept Work done to fire truck	\$2,586.89			
Fire Department	Lumberport VFD	Reimbursement for paid invoice	\$10,643.92			
Grants	B&K Land Works, LLC	Demolition & Removal of structure at 1390 Phillipi Pike, Clarksburg - Will be reimbursed from WVDEP DLAP Grant	\$10,800.00			
Grants	B&K Land Works, LLC	Demolition & Removal of structure at 724 Miners Way, Shinnston - Will be reimbursed from WVDEP DLAP Grant	\$7,500.00			
Grants	B&K Land Works, LLC	Demolition & Removal of structure at 5128 Garfield St, Clarksburg - Will be reimbursed from WVDEP DLAP Grant	\$9,300.00			
Grants	B&K Land Works, LLC	Demolition & Removal of structure at 2938 McWhorter Rd, Lost Creek - Will be reimbursed from WVDEP DLAP Grant	\$9,200.00			

Grants	B&K Land Works, LLC	Demolition & Removal of structure at 2902 McWhorter Rd, Lost Creek - Will be reimbursed from WVDEP DLAP Grant	\$12,500.00			
Grants	The Water Shop	Water for the Grants Department	\$24.00			
І.Т.	US Bank	Amazon.com - Maintenance Kit for Printer in County Clerks Office	\$152.96			
I.T.	US Bank	Domain Renewal - HarrisonCountyWV .com	\$149.85			
Law Enforcement	All American Uniform	Claypool - Uniforms	\$766.47			
Law Enforcement	Skasiks Cleaners	Deputy's Dry Cleaning	\$512.84			
Law Enforcement	TLG Printing Services	Business Cards	\$215.00			
Law Enforcement	Truist	Multiple Line Items Deputy's Credit Card Charges	\$12,176.62			
Law Enforcement	Trapuzzano's	Uniforms, Pants and Emblems	\$1,993.57			
Law Enforcement	Public Safety UAS	Drones				\$9,210.00
Law Enforcement	Truist	Deputy's Credit Card Charges	\$881.34			

Law Enforcement	Parr Public Safety Equipment	Universal Under Cover Screw-In LED Insert Single Light Kit	\$119.63			
Law Enforcement	Optimum	Internet	\$156.02			
Law Enforcement	Galls	Soft Shell Jacket, Patch, Belt	\$178.75			
Law Enforcement	West Virginia Sheriff's Association	Association Dues 2025-2026	\$2,200.00			
Law Enforcement	Benny's Boot Hill	Safety Toe Shoe - R. Harris	\$125.91			
Law Enforcement	US Cellular	Cellular Bill	\$2,285.64			
Magistrate Court	The Water Shop	Multiple Invoices - Water for Mike Weiss, Water for Magistrate Clerks	\$39.00			
Maintenance	J.T. Martin Fire & Safety	Supplies - Service fee to Inspect Extinguishers, (68) Hand Units Updated	\$417.00			
Maintenance	The Water Shop	Water for Maintenance	\$24.00			
Maintenance	Sandy's True Value	Supplies - (5) Single Cut Keys	\$14.95			
Maintenance	Liberty Distributors	Restock of Windex, Cherry Urinal Blocks, and Febreeze for Supply Cage	\$210.16			
Maintenance	Liberty Distributors	Windex, Cherry Urinal Blocks	\$442.27			

Maintenance	Lowes	Multiple Invoices - Supplies - Magic Erasers, Ratchet Caulk, Moxie Utility, Simpson 4000PSI Gas PW	\$867.59			
Maintenance	Sandy's True Value	Multiple Invoices - Supplies - Mark Paint, Brakleen Cleaner, American Air Duster, Flag Tape, Clear Roof Sealant, Mop Stick, Mop Heads, Shelf Support Pegs, Water	\$151.29			
Maintenance	US Bank (Autozone)	Supplies - 1 Quart Valvoline Full Synthetic 10W-40 Motorcycle Oil	\$12.83			
Maintenance	Whaley Distributing Company	Supplies - (2) 10'' Green Wash Brush HT-GWB10	\$51.72			
Maintenance	Wholesale Tire Inc	Tires - Maintenance Dump Trailer	\$130.14			
Maintenance	West Virginia Outdoor Power	Multiple Invoices - Supplies - Kit, Pump Cover, Air Filter, Set of Pick Up Bodies, Spark Plugs, etc.	\$161.60			

Maintenance	Airgas USA, LLC	Cylinder Lease Renewal - Refilled Welding Tanks	\$290.00			
Maintenance	Johnson Controls Fire Protection LP	Service Call at the Annex	\$2,103.46			
Parks & Rec.	Mon Power	Quiet Dell School Barracks Electric Bill		\$15.72		
Parks & Rec.	Mon Power	Quiet Dell School Electric Bill		\$116.51		
Parks & Rec.	Mon Power	Summit Park Field Electric Utility Bill		\$21.17		
Parks & Rec.	Clarksburg Water Board	Parks & Rec Complex Water Utility Bill		\$438.92		
Parks & Rec.	Enterprise Sanitation Inc.	Garbage Utility Service Bill for Parks & Rec		\$440.11		
Parks & Rec.	Enlarged Hepzibah PSD	Water & Sewer for Spelter Ball Field		\$82.41		
Parks & Rec.	Charter Communications (Spectrum)	Internet for Parks & Rec.		\$171.04		
Parks & Rec.	Visual Edge IT	Monthly Copy Charges for color copier		\$32.41		
Parks & Rec.	Marsh Hardware & Builders Supply	Materials for Park Grounds Maintenance		\$137.65		
Parks & Rec.	M&M Septic	Seasonal Porta Pots for Playgrounds		\$477.00		

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Parks & Rec.	RD Wilson Sons & Co.	Replenish						
		Inventory stock -			\$87.17			
		foam cups, straws		ΨŪ,	· · - ·			
		and lids						
Parks & Rec.	Sandy's True Value	For Maintenance &			\$174.89			
		Repairs (Park						
		Grounds /						
		Buildings)						
Parks & Rec.	Alpine	Donaire ta Franzar			\$354.00			
	Refrigeration	Repairs to Freezer						
	Products LLC	@ Parks & Recs						
	UniFirst Corp	Multiple Invoices -			\$30.55			
Parks & Rec.		Short Logo Rugs		\$3				
		plus a credit						
Parks & Rec.	West Virginia Outdoor Power	Materials &			42.45.05			
		Supplies for		\$346.95				
		Mowing Parks /			\$346.95			
		Hedge Trimming						
Parks & Rec.	Mon Power	Spelter Park		\$15.72	¢15 70			
		Electric Bill						
Parks & Rec.	Mon Power	Spelter Park			\$10.00	0		
		Electric Bill		\$10.00				
Parks & Rec.	US BANK	Amazon.com -			\$57.99			
		Popcorn for Events						
Parks & Rec.	Summit Park PSD	Water & Sewer			¢0Ε 49			
		Utility Bill for		\$95.48				
		Summit Park Ball						
		Field						
Parks & Rec.	Marsh Hardware & Builders Supply	Materials for		\$49.47				
		Ground			\$49.47			
		Maintenance						
	1							

Parks & Rec.	Sandy's True Value	Multiple Invoices - Replacing all master locks for Parks, Beautification, Water Control, Permanent		\$1,690.42		
Parks & Rec.	Cross Entertainment, LLC	Full payment Full payment for professional wrestling based entertainment show being held on July 5th, 2025. 7-8		\$2,000.00		
		matches, approximately 2.5 hour show.		 	 	
Planning Department	B&K Land Works, LLC	Demolition of the following structures: 25 Chestnut St Enterprise, 36 Nelms St. Clarksburg, 144 Chad St. Clarksburg, 143 Bices Run Rd. Enterprise, 711 Bices Run Rd. Enterprise, 169 Murphys Run Rd. Clarksburg, 787 Bicetown Rd. Lost Creek	\$73,900.00			

Planning Department	B&K Land Works, LLC	Demolition of the following structures: 30 Red Clover Rd. Clarksburg, 108 Chicken Farm Rd. Clarksburg, 140 Chicken Farm Rd. Clarksburg, 164 Chicken Farm Rd. Clarksburg, 28/0 Midway Rd. Jane Lew, 316 Midway Rd. Jane Lew, 1378 Wilsonburg Rd. Clarksburg, 3044 Wilsonburg Rd. Clarksburg	\$68,400.00			
Planning Department	Thomas Grogg	Reimbursements for International Code Council Renewal for 2025/2026	\$100.00			
Planning Department	The Water Shop	Water for the Planning Department	\$12.00			
Process	Trapuzzano's	Fleming Uniforms	\$679.87			
Process	Skasiks Cleaners	Dry Cleaning for Process	\$109.20			
Process	The Water Shop	Water for Process	\$145.00			
Process	US Cellular	Multiple Invoices - Cellular Bills	\$201.04			
Pros. Attorney	James Armstrong	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			

Pros. Attorney	Trish Dettori	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			
Pros. Attorney	Linda Hausman	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			
Pros. Attorney	John Lanham	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			
Pros. Attorney	Kristina Marshall	WVPAI Summer Seminar (June 2025 Snowshoe Resort) GSA Per Diem	\$151.00			
Pros. Attorney	Kim Martin	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			
Pros. Attorney	Kasi Maxwell	WVPAI Summer Seminar (June 2025 Snowshoe Resort) GSA Per Diem	\$151.00			

Pros. Attorney	Erin Minor	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			
Pros. Attorney	Laura Pickens	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			
Pros. Attorney	Brad Pustolski	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			
Pros. Attorney	Kim Reed	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			
Pros. Attorney	Gina Renzelli	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			
Pros. Attorney	Jenna Robey	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40			

Pros. Attorney	Rachel Romano	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40				
Pros. Attorney	Rocky Romano	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40				
Pros. Attorney	William Walker	WVPAI Summer Seminar (June 2025 Snowshoe Resort) Miles and GSA Per Diem	\$306.40				
Pros. Attorney	Truist Bank	Multiple Line Items Pros. Attorney's Credit Card Charges	\$4,320.27				
Regional Jail	WV Regional Jail	Inmate Housing for May 2025	\$204,544.97				
Senior Center	EMCOR Services	HVAC Agreement for the Senior Center		\$371.67			
Sheriff & Treasurer	Exponent Telegram	Delinquent Pub List April 30th Real & Personal	\$46,858.56				
Sheriff & Treasurer	Truist Bank	Amazon Monthly, Water and Office Supplies	\$155.43				
Staging	Shoe Carnival	Safety Toe Boot - Southern Staging Area	\$124.99				
Staging	The Water Shop	Water for Staging	\$42.00				
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	\$726,099.02	\$108,411.97	\$49,998.65	\$80,310.91	\$1,000.00	\$22,350.00	\$10,250.22
			Grand Total:	\$998,420.77			

COMMISSIONER'S SIGNATURE

COMMISSIONER'S SIGNATURE

Yellow= Sent to Bookkeeping on 06-02-2025

Pink = Sent to Bookkeping 06-12-2025

COMMISSIONER'S SIGNATURE

Date of Meeting	6/18/2025	QUOTES		
Department	Vendor	Description	Price	Line Item #
911 Center	ZOHO Corporation	One Year renewal of current software that allows user management of linked accounts through a VPN including all dispatch and field user personelle with network access & the addition of an internal domain that expands usage and is web based and will now include the assignment of four help desk technicians to provide technical assistance as needed	\$11,150.00	007-712-459-00
County Clerks	Champion Industries	HP Toner 87A	\$286.83	001-402-341-00
County Clerks	Champion Industries	(2) HP Toner 37A	\$459.26	001-402-341-00
County Clerks	Amazon	Sharp-Elt3301 Adding Machine	\$79.99	001-413-341-00
County Clerks	Amazon	(2) Cash Register Drawer Insert Trays	\$25.60	001-402-341-00
County Clerks	ULINE	Anti - Fatigue Mat - Front Counter (Model H2370) Plus Shipping	\$754.77	001-402-341-00
County Clerks	Wal-Mart	Voter Registration Training Laptop	\$539.00	001-413-459-00
County Clerks	Wal-Mart	(2) Bookkeeping / Payroll Laptops	\$438.00	001-402-341-00
County Clerks	Amazon	(4) Ribbon for Stamper in Record Room	\$39.96	001-402-341-00
County Garage	CDWG	Set of HP Toner Cartridges - Per Wayne	\$329.12	001-424-341-00

COMMISSIONER'S SIGNATURE

COMMISSIONER'S SIGNATURE

COMMISSIONER'S SIGNATURE

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. (06/18/25)

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 <u>\$3,764.33</u>.

5. The total amount requested to be disbursed from the Series A Administrative Expense Fund pursuant to this Requisition is \$3,764.33 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) **\$3,764.33** 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 <u>18th day of June</u>, 2025.

THE COUNTY COMMISSION OF HARRISON COUNTY

By:

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Commissioner

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Schedule I to Requisition

Copies of Invoices or Statements (Attached)

UMB, Bank

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Invoice #1011400

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Dated: 05/20/25

\$ 3,764.33

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⁻ Total

\$ 3,764.33

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

Invoice Date: Account Number: Administrator: Phone Number: Email: May 20, 2025 141961.1 Teri Donofrio (612) 337-7005 Teresa.Donofrio@umb.com

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

Billing Period:	April 1, 2025 through April 30, 2025
Prior Balance: Payments Received as of May 7, 2025 Adjustments Outstanding Balance:	\$ 25,990.86 \$9,209.32 \$ 0.00 \$ 16,781.54
Current Billing Period: Current Period Fees Total Fees Due	\$3,764.33 ***********************************
4	· · · ·
Remittance Stub Billing Period 04/01/2025 - 04/30/2025	Account Number:141961.1Invoice Number:1011400Remit Balance\$20,545.87
Payment Due Upon Receipt	
County Commission of Harrison Cnty President 301 West Main St Clarksburg, WV 26301	Check Enclosed \$
· · · · · · · · · · · · · · · · · · ·	WIRE PAYMENT INSTRUCTIONS: UMB Bank, N.A. Kansas City, Missouri ABA No. 101 000 695
Mail Payments To: UMB Bank, N.A. Attn: Trust Fees Department P O Box 414589 Kansas City, MO 64141-4589	SWIFT BIC/Code UMKCUS44 BNF Account 98 0000 6823 BNF Name Trust Reference 1011400 Attention Fee Processing

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

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Invoice 1011400

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Account Detail	Account Number: 141961.1
Charles Pointe Project 2008AB	
Administrative Fees	
Administration Fee	\$458.33
Extraordinary Administration Fees	3,306.00
Administrative Fees Total	\$3,764.3.
Account Total	\$3,764.3



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

Invoice 1011400

16,781.54

Statement of Receivables

Reflects Only Those Payments Received And Applied As of May 7, 2025

Invoi Num		Bill Period	Amount Receivable	Aged
1005	516 March 20, 2025	February 1, 2025 to February 28, 2025	12,063.21	48 days
1007	718 April 14, 2025	March 1, 2025 to March 31, 2025	4,718.33	23 days

Total Balance Due

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<u>REQUISITION FOR PAYMENT FROM</u> 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. 105 (06/18/25)

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 **<u>\$5,116.00</u>** As set forth in the invoices attached hereto, of the total amount of such disbursement:

(a) $\underline{\$ -0-}$ 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) \$5,116.00 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 <u>18th day of June, 2025.</u>

THE COUNTY COMMISSION OF HARRISON COUNTY

By:

Commissioner

Schedule I to Requisition

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Copies of Invoices or Statements (Attached)

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UMB, Bank

Invoice #1011387

Dated: 05/28/2025 \$ 5,116.00

Total \$ 5,116.00



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<u>~</u>

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

Invoice 1011387

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

or the states are as the

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

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Billing Period:	April 1, 2025 through April 30, 2025	j.
Prior Balance: Payments Received as of May 7, 2025 Adjustments Outstanding Balance:	\$ 38,560.40 \$ 10,546.50 \$ 0.00 \$ 28,013.90	⊊- ~-)
Current Billing Period: Current Period Fees Total Fees Due	\$5,116.00 \$ 33,129.90	
· · · · · · · · · · · · · · · · · · ·		
		Kalam na
	Account Number: 158735.1 Invoice Number: 1011387 Remit Balance \$33,129.90	**** ~
	Invoice Number:1011387Remit Balance\$33,129.90	namen n
Remittance Stub Billing Period 04/01/2025 - 04/30/2025 Payment Due Upon Charles Pointe EODD 2019ABC Attn: County Administrator Harrison County Courthouse 301 West Main Street Clarksburg, WV 26301	Invoice Number:1011387Remit Balance\$33,129.90	Nen -



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

Invoice 1011387

ccount Detail harles Pointe EODD 2019ABC	Account Number: 158735.1
dministrative Fees	
Administration Fee	\$625.00
Extraordinary Administration Fees	4,491.00
Administrative Fees Total	\$5,116.00
account Total	\$5,116.00

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

Invoice 1011387

Statement of Receivables

Reflects Only Those Payments Received And Applied As of May 7, 2025

Invoice Number	Invoice Date	Bill Period	Amount Receivable	Aged	
 _1005479 _1007734	March 20, 2025	February 1, 2025 to February 28, 2025 March 1, 2025 to March 31, 2025	 14,6 78.90 13,335.00	48 days 23 days	~ ~

Total Balance Due

28,013.90

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IN THE COUNTY COMMISSION OF HARRISON COUNTY, WEST VIRGINIA

GENERAL ORDER TO SHOW CAUSE AGAINST DELINQUENT OR UNPROGRESSED ESTATES

Pursuant to the provisions of West Virginia Code § 44-2-19a, the County Commission, having received on the <u>18th</u> day of <u>June</u>, 2025, the Report of the Clerk of the County Commission in due form concerning estates in which the filing of any paper is delinquent or estates which have not been duly closed within a period of three years from the opening of such estate and in which no progress, or in the opinion of the Clerk of the County Commission unsatisfactory progress, has been made toward the settlement of such estate, does hereby **ORDER** that the appointed personal representatives appearing on the attached List are directed to file a statement to show cause why the County Commission should not find the personal representative delinquent in his or her administration of the respective estate and why the County Commission should not remove the personal representative from office, administratively close the estate, or take such other action against the personal representative as may be proper as allowed by the laws of the State of West Virginia.

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

Each such personal representative is hereby **DIRECTED** and **NOTIFIED** that he or she shall have thirty (30) days after¹ the mailing of the specific Order to Show Cause to file properly any delinquent documents required for the administration of the estate or to file a verified statement under oath with the Clerk of the County Commission stating why he or she should not be found delinquent in the administration of the respective estate and should not be removed from office or the estate administratively closed as allowed by law.

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

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1 ΪÌ County Commissioner, President **County Commissioner**

County Commissioner

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- ATTACHMENT: List of Estates 51

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ESTATE OF	PERSONAL REPRESENTATIVE	DOD	APPOINTMENT DATE
Estate of Gary Layne Ash	David Burton Ash	6/22/2005	7/1/2005
Estate of Donley G Barr	James C Barr	1/18/1994	2/14/1994
Estate of Gina Marie Barth	Robert Howard Barth	2/18/2022	6/23/2022
Estate of William E Batten	Harold S Wolfe	12/17/1980	8/17/1981
Estate of James P Beverly Sr	Patricia Ann Beverly	11/1/1985	11/4/1985
Estate of Vencento James Bombardiere	Alex R Bruce	1/20/2020	1/29/2020
Estate of Hurley Brooks Bowers	Jane Ann Bowers-McCutcheon	1/20/2021	2/8/2021
Estate of winfield Conway Cain Jr	Angel D Floyd	4/22/2022	5/5/2022
Estate of Richard Lee Davis	Carolyne Davis	10/8/2021	12/29/2021
Estate of Barbara Jean Goodwin	Dana Ray Goodwin	9/1/2021	3/17/2022
Estate of Rita Nelle Hammond	Rita Ann Hammond	7/5/2021	8/19/2021
Estate of Marguerite Sue Hawkins	James E Hawkins Jr	1/23/2022	4/28/2022
Estate of Clarence W Webb	Betty J Hebb	12/5/1997	12/10/1997
Estate of Cecil Ralph Hill	Melanie Ann Hill	2/6/2004	3/3/2004
Estate of Lois Marie John	Cynthia Laura Freed	9/26/2021	10/14/2021
Estate of Hartzel E Johnston	Marcella Bernadine Drula-Johnston	2/6/2011	4/22/2022
Estate of Betty Jo Jones	Joseph Andrew Wendt	7/9/2022	10/13/2022
Estate of Reva Belle McCallister	Christopher Paul McCallister	11/17/2021	4/21/2022
Estate of Mary Lola Hardman Ryan	Claude Ray Ryan III & Heather Ribel	7/4/2021	8/3/2021
Estate of Lester Henry Stinebiser	Jason Edward Scott	6/19/2019	7/27/2022
Estate of James Edward Lucante	Marcella Georgianna Lucante Bragg	3/15/2021	3/29/2022
Estate of Julia Renee Marsh	Gracie Marsh	9/24/2021	11/2/2021
Estate of Ina Grace Pennington	Jennifer Douglas	11/2/2021	11/9/2021
Estate of William Walter Strugarek	Marianne Strugarek	9/6/2021	2/7/2022
	Benjamin S Parks & Stephen		
Estate of Shirley P Westfall	Wickland	3/1/2022	3/3/2022
Estate of Carol Sue Wheeler	Stephen Wickland	12/12/2021	1/28/2022
Estate of Donna Sue Williams	David W Bolyard Jr	1/14/2022	6/27/2022
Estate of Patty Jo Williams	Melissa Kim Bond	5/25/2001	5/31/2001

Estate of Paul W Winters	James W Rogers	5/6/2020	6/1/2020
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Clarksburg-Harrison Regional Housing Authority

> Rhonda Lindsey Executive Director

10 433 Clai (304) 623-3322 FAX: (304) 623-5604

June 4, 2025

Harrison County Commission 301 W. Main St. Clarksburg, WV 26301

Dear Commissioners:

Subject: Request for Reappointment of Mr. Roger Diaz

I am writing to formally recommend and request the reappointment of Mr. Roger Diaz to the Board of Commissioners of the Clarksburg-Harrison Regional Housing Authority for another term.

Since joining the board in 2020, Roger has consistently demonstrated exceptional commitment, strategic insight, and unwavering dedication to our mission.

Beyond his professional capabilities, Roger fosters a spirit of collaboration, integrity, and accountability that strengthens board dynamics and inspires those around him.

Given the continuity and value he brings to our Board, I strongly support his reappointment and am confident that the Clarksburg-Harrison Regional Housing Authority's staff and residents, will continue to benefit immensely from his experience and vision.

Thank you for considering this request. Please feel free to reach out if further information or discussion is needed.

Sincerely,

Rhonda & Lindsey

Rhonda L. Lindsey Executive Director

Cc: Roger Diaz Marcel Malfregeot



west virginia department of environmental protection

Executive Office 601 57th Street, S.E. Charleston, West Virginia 25301 Phone: (304) 926-0440 Fax: (304) 926-0447 Harold D. Ward, Cabinet Secretary dep.wv.gov

June 6, 2025

Elaine Lucente 204 Church Street Clarksburg, WV 26301

Re: Re-Appointment Harrison County Solid Waste Authority

Dear Ms. Lucente:

I am pleased to inform you that, pursuant to W. Va. Code §22C-4-3(b), you are hereby reappointed to the Board of Directors of the Harrison County Solid Waste Authority, effective July 1, 2025. Unless sooner rescinded, your appointment will expire on June 30, 2029. All appointees to county and regional solid waste authorities should be aware of Section 3(b's) conflict of interest provision, which states:

No member who has any financial interest in the collection, transportation, processing, recycling or the disposal of refuse, garbage, solid waste or hazardous waste shall vote or act on any matter which directly affects the member's personal interests.

I congratulate you on your appointment, and I appreciate your personal dedication in proving willing to serve your community. Your commitment to public service will enable West Virginia to continue to move forward in a responsible manner to preserve the environment and to protect human health and safety.

Sincerely,

Harold D. Ward Cabinet Secretary

cc: The Honorable Patrick Morrisey, Governor Mark Holstine, Executive Director, West Virginia Solid Waste Management Board Charlotte R. Lane, Chairman, West Virginia Public Service Commission Judith Lyons, Executive Director, West Virginia Conservation Agency Harrison County Commission Harrison County Solid Waste Authority

Promoting a healthy environment.



Harrison County Assessor

Allen R. Ferree

229 S Third Street Clarkaburg, VV 26301-2958 Phone (304) 624-8510 Jax (304) 626-1066



June 9, 2025

Harrison County Commission Susan Thomas David Hinkle Patsy Trecost

Commissioners,

Please make the following transfers regarding my current budget for fiscal year 2024-2025:

INCREASE

001-406-222	ASSESSOR DUES & SUBS	\$5,000
001-406-341	ASSESSOR MAT & SUPPLIES	\$3,000
	DECREASE	
001-406-212	ASSESSORS PRINTING	\$3,000
001-406-221	ASSESSORS TRAINING	\$2,000
001-406-230	CONTRACTURAL	\$3,000

Thank you in advance for your time and consideration with this matter.

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Allen R. Ferree Harrison County Assessor

HARRISON COUNTY SHERIFF AND TREASURER

ROBERT G. MATHENY

301 WEST MAIN STREET CLARKSBURG, WEST VIRGINIA 26301 PHONE (304) 624-8550 FAX (304) 624-8734



June 6, 2025

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

Dear Commissioners:

Please make the following line item revisions to the current 2024-2025 budget for the following Divisions:

700-Law Enforcement

Transfer \$26.56 from line item 700-211 to 700-219 Transfer \$3,579.32 from line item 700-216 to 700-219 Transfer \$3,500.00 from line item 700-214 to 700-233 Transfer \$2,367.92 from line item 700-216 to 700-233 Transfer \$230.00 from line item 700-223 to 700-233 Transfer \$4,000.00 from line item 700-225 to 700-233 Transfer \$1,970.00 from line item 700-223 to 700-222 Transfer \$3,000.00 from line item 700-221 to 700-345

703-Staging

Transfer \$13,000.00 from line item 703-103-00 to line item 703-109-00 Transfer \$500.00 from line item 703-103-00 to line item 703-108-00

Sincerely, Flo st. mi

Robert G. Matheny I Sheriff

TAX OFFICE (304) 624-8685

HOME INCARCERATION (304) 624-8754

REPORT DATE 06/13/2025 SYSTEM DATE 06/13/2025 FILES ID I	STATEMENT OF E	HARRISON COUNT EXPENDITURES, ENCU GENERAL FUND AS OF 06/	JMBRANCES & APPF	ROPRIATIONS		PAGE 20 TIME 13:06:03 USER EJK
	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-700-103-00 LAW ENFORCEMENT SALARIES 001-700-103-03	2847813.00	125834.89	2708299.43		139513.57	95.10
PRO-SCHOOLS SALARY	419460.00	18187.71	425012.03		-5552.03	101.32
001-700-103-04 ADMINISTRATIVE SALARY	167035.00	4750.22	151244.76		15790.24	90.54
001-700-104-00 LAW ENFORCEMENT FICA	290000.00	12339.74	270601.57		19398.43	93.31
001-700-106-00 LAW ENFORCEMENT RETIREMEN	631615.00	27412.70	598493.62		33121.38	94.75
001-700-108-00 LAW ENFORCEMENT OVERTIME	250000.00	11078.38	266392.61		-16392.61	106.55
001-700-108-01 WEST MILFORD OVTM	26000.00	2286.59	27397.15		-1397.15	105.37
001-700-108-02 ANTERO RESOURCES OVTM	52000.00	2632.46	52814.33		-814.33	101.56
001-700-108-04 LOST CREEK OVTM	6000.00	254.26	5605.09		394.91	93.41
001-700-108-06 COURT OVERTIME		1032.16	16722.96		-16722.96	
001-700-108-07 PHOENIX PROGRAM OVTM	11500.00	265.95	11356.60		143.40	98.75
001-700-108-12 GHSP	4500.00	56.50	4002.86		497.14	88.95
001-700-108-13 SPECIAL DETAIL LE	25000.00	925.00	22062.50		2937.50	88.25
001-700-109-00 EXTRA HELP	20000.00		8859.24		11140.76	44.29
001-700-112-00 LONGEVITY	36900.00	1360.00	31745.00		5155.00	86.02
001-700-211-00 LAW ENFORCEMENT TELEPHONE	4300.00		4117.42		182.58	95.75
001-700-214-00 LAW ENFORCEMENT TRAVEL	5000.00	19.99	1342.49		3657.51	26.84
001-700-216-00 MAINTENANCE & REP EQUIP	8263.87	45.57	1399.20		6864.67	16.93
001-700-219-00 LAW ENFORCEMENT RENTS	27000.00		28320.24		-1320.24	104.88
001-700-221-00 LAW ENFORCEMENT TRAINING	30000.00	76.54	22614.01		7385.99	75.38
001-700-222-00 LAW ENF DUES & SUBS	4000.00		3770.00		230.00	94.25
001-700-223-00 PROFESSIONAL SERVICE	36000.00	13554.14	42455.90		-6455.90	117.93
001-700-225-00 LAW ENF LAUNDRY & DRY CLE	10000.00	6.00	4973.79		5026.21	49.73
001-700-233-00 INVESTIGATIVE FUNDS	15000.00		13167.63		1832.37	87.78
001-700-341-00 LAW ENF MAT & SUPPLIES	14436.13		14436.13			100.00

REPORT DATE 06/13/2025 SYSTEM DATE 06/13/2025 FILES ID I	HARRISON COUNTY COMMISSION STATEMENT OF EXPENDITURES,ENCUMBRANCES & APPROPRIATIONS GENERAL FUND AS OF 06/2025					PAGE 21 TIME 13:06:03 USER EJK
	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-700-345-00 LAW ENFORCEMENT UNIFORMS 001-700-459-00	25000.00	149.80	25149.80		-149.80	100.59
NEW EQUIP-LAW ENFORCEMENT	25000.00	125.91	23886.46		1113.54	95.54
LE EQUIP-TASERS/BODY CAM	87000.00		87000.00			100.00
001-700-459-02 CAP OUTLAY-BALLISTIC VEST	47340.00		46718.00		622.00	98.68
TOTALS FOR 700 SHERIFF LAW ENFORCE	5126163.00	222511.48	4919960.82		206202.18	95.97

REPORT DATE 06/13/2025 SYSTEM DATE 06/13/2025 FILES ID I	STATEMENT OF E	PAGE 23 TIME 13:06:03 USER EJK				
	APPROPRIATIONS (REVISED)	MONTH-TO-DATE EXPENDITURES	YEAR-TO-DATE EXPENDITURES	OUTSTANDING ENCUMBRANCES	UNENCUMBERED BALANCE	EXPENDED and ENCUMBERED %
001-703-103-00						
SALARIES/CO JAIL/NON REMB	241020.00	8611.44	195791.12		45228.88	81.23
001-703-104-00						
FICA/CO JAIL NON REIMB	18900.00	695.72	15744.78		3155.22	83.30
001-703-106-00	22126 00	705 60	10005 10		4110 00	81.42
RET/CO JAIL NON REIMB 001-703-108-00	22136.00	785.60	18025.12		4110.88	81.42
OVERTIME/CO JAIL NON REIM	2000.00		1952.91		47.09	97.64
001-703-109-00						
EXTRA HELP		647.63	11506.16		~11506.16	
001-703-112-00						<u> </u>
LONGEVITY	2940.00	117.50	2732.50		207.50	92.94
001-703-341-00 MATERIALS & SUPPLIES	1000.00		826.50		173.50	82.65
001-703-345-00	1000.00		828.50		1/5.50	62.05
UNIFORMS/CO JAIL NON REIM	2000.00		1284.82		715.18	64.24
TOTALS FOR 703 JAIL STAGING AREA	289996.00	10857.89	247863.91		42132.09	85.47



Albert F. Marano

Clerk of the Circuit Court Harrison County

301 WEST MAIN STREET CLARKSBURG, WEST VIRGINIA 26301 Telephone (304) 624-8635 Fax (304) 624-8710

> Lori A. Thomas **Chief Deputy**

June 11, 202 5

Honorable Harrison County Commission 301 W Main St. Clarksburg WV. 26301

Dear Commissioners:

Please transfer \$3250.00 from Materials and Supplies 403-341 to the following line items Circuit Clerks Training 403-221 \$2500.00 and Overtime 403-108 \$750.00.

Thank you in advance for your time and consideration in this matter.

Sincerely,

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Albert F. Marano **Circuit Clerk**

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HARRISON COUNTY PROSECUTING ATTORNEY'S

Memo

Laura Pysz
Rachel Romano
June 16, 2025
Budget Revision

Please make the following line item budget revisions to the current 2024-2025 budget for the Prosecuting Attorney's Office:

From:		
405-108 Overtime	\$	900.00
405-221 Training	\$	255.00
405-212 Printing	\$	165.00
405-223 Professional Services	\$	2,480.00
405-230 Contractual	\$	3,490.00
405-233 Investigations	\$	1,250.00
405-109 Extra Help	\$	6,940.00
405-349 Charges by Other Government	s \$	180.00
405-222 Due and Subscriptions	<u>\$</u>	3,900.00
	\$	19,560.00
То:		

405-214 Travel	\$ 8,350.00
405-240 Reimbursement	\$ 15.00
405-341 Materials & Supplies	\$ 5,535.00
405-459 New Equipment	<u>\$ 5,660.00</u>
	\$19,560.00

Signature Line



Harrison County Courthouse Feasibility Study Proposal

Prepared for: Harrison County Commissioner Office

Prepared by: McKinley Architecture and Engineering

Date: 06/17/2025

Project Title: Courthouse Feasibility Study

Project Understanding

This Scope of Services outlines the tasks and outcomes necessary to provide space planning information for a renovation aimed at improving the use of interior spaces within the existing courthouse. The project will reference **Supreme Court Facility Standards and Requirements** and will identify **security** and **ADA compliance deficiencies**. An assessment of the building's **structural**, **mechanical**, **plumbing**, **and electrical systems** will also be conducted.

An initial building walk-through and evaluation of space usage will be conducted with the Owner. This will rely on **visual observation** and **available as-built plans** to develop new **2D plan concepts**. A **BIM model** will not be developed unless specifically requested; in which case an additional fee will be negotiated.

Project Phases

- Building Observation and Walk-through
- Space Planning and Recommendations for Judiciary Occupancy
- Deliverables
- Fees

A. Building Observation

- 1. Meet with county personnel to discuss primary areas of concern.
- 2. Conduct on-site review with county personnel.
- 3. Review existing drawings and documentation related to original construction and prior renovations.
- 4. Examine applicable building codes, including:
 - ADA Compliance
 - Egress Requirements
 - Mechanical
 - Electrical
 - Plumbing

- Fire Protection
- 5. Identify structural concerns, including:
 - Shifting/Settling of the Structure
 - Noticeable Bowing of Spans
 - Façade Review
- 6. Coordinate identification of mechanical and electrical system needs, including:
 - Age and replacement needs of equipment
 - Placement of new equipment as required

B. Space Planning and Recommendations for Judiciary Use

- 1. Provide concept layout plans based on Owner input and WV Supreme Court Standards.
- 2. Conduct two additional site visits (beyond the initial walk-through) to review plans with the Owner. Additional visits will incur extra costs as noted below. No additional fees will be charged for virtual meetings.
- 3. Provide opinions of cost and phasing strategies, if needed.

C. Deliverables

• Final plans transmitted electronically, depicting the scope of the project and associated budgets.

D. Fees

- **Base Fee:** \$49,824 (includes three site visits/meetings, budget development, and one budget revision)
- Additional Site Visits (Consultant): \$2,836 per visit (includes two staff)
- Additional Site Visits (MKA): \$1,610 per person
- Not Included: Renderings, BIM modeling
- Optional: Scanning of the existing facility available at additional cost

Additional Services:

Any services not outlined above and requested by the Harrison County Commission will be invoiced on an **hourly basis or as mutually agreed**. All standard reimbursable expenses incurred by the Architect and their consultants will be invoiced at **cost**.

Prepared by:

John Jefferis Director of Project Management McKinley Architecture and Engineering

Cc: Ernest Dellatorre Attachments: Hourly Rate Sheet



A CONTRACT BETWEEN THE HARRISON COUNTY COMMISSION (hereinafter referred to as "HCC") 301 W. Main St. Clarksburg, WV 26301 304-624-8500 AND THE ARC OF HARRISON COUNTY (hereinafter referred to as "The Arc") 1 00 N. 1st St. Clarksburg, WV 26301 304-624-3641

Dated this ____ day of ____ 2025

Whereas The Arc is willing to enter into this agreement to provide services according to the terms and conditions set forth herein.

Now, therefore, in consideration of the promises and mutual agreements set forth below, the parties agree to the following:

I.SERVICES RETAINED

HCC agrees to retain the services of The Arc to provide services to HCC as outlined in this agreement.

II. TERM

The retainer for this agreement shall begin on _, 2025 and continue until termination. The agreement will automatically renew annually unless terminated by either party. Either party may terminate this contract without cause with thirty (30) days' notice.

III.. RESPONSIBILITIES OF THE Arc

During the period of this Retainer Agreement, The Arc can and will provide the following:

- Cleaning of the Plaza and the perimeter of the Harrison County Courthouse
- Cleaning public areas inside the Harrison County Courthouse
- Provide competent staff and supervision necessary to complete these duties
- Provide adequate liability and workman's compensation for said staff
- Assure that procedures, protocols, and rules set forth by the HCC are followed
- Provide an invoice monthly for services rendered

V. RESPONSIBILITIES OF THE HCC

During the period of this retainer agreement, HCC can and will provide the following:

- Equipment, tools, and disposables necessary for the completion of this service
- The HCC will provide a primary contact person for this service
- The HCC will determine the hours per day for this service
- 1. * The Arc understands that hours of service and the number of hours per week will vary according to weather, seasons, special events, and other concerns.

V. REMUNERATION

- HCC will pay \$11.00 per hour for the services rendered by The Arc upon receipt of all appropriate invoices.
- The HCC will pay The Arc every month based on the invoice.

VI. RELATIONSHIP BETWEEN PARTIES

HCC retains The Arc solely for the purposes in this agreement. Additional duties or services will need to be negotiated. Both parties acknowledge that The Arc is an independent contractor and can provide services to others.

VII. WEST VIRGINIA LAW

Both parties agree that this agreement shall be construed under the laws of the State of West Virginia.

VIII. SIGNATURES

IN WITNESS WHEREOF, HCC and The Arc herein execute this agreement by their duly authorized representatives as of the day and year written.

Trish Armstead Executive Director The Arc of Harrison County Date

Susan Thomas President Harrison County Commission Date



Harrison County Commission

229 SOUTH 3[№] STREET CLARKSBURG, WEST VIRGINIA 26301 304-624-8500 FAX 304-624-8673

DAVID L. HINKLE SUSAN J. THOMAS PATSY TRECOST II

19

HARRISON COUNTY COURT HOUSE

IN THE MATTER OF DESIGNATION OF COUNTY DEPOSITORIES FOR FISCAL YEAR 2025-2026

On Wednesday June 18th, 2025, at the regularly scheduled County Commission meeting, _______ requested a motion to designate First Guaranty Bank, Harrison County Bank, Huntington Bank, MVB Bank, and Truist Bank, as county depositories for the fiscal year per WV Code 7-6-1. A motion was made by _______ and seconded by ______. The motion was unanimously approved. So ordered. Approved by: ______, Commission President on June 18th, 2025

Attest:

___, County Clerk on June 18th, 2025

§7-6-1. Designation of depositories.

On or before June 30, of each year, the county commission of every county shall, by order of record, designate all of the banking institutions, as defined in section two, article one, chapter thirty-one-a of this code, situated in the county and duly incorporated under the laws of any state, or organized under the laws of the United States, as depositories of public moneys: Provided, That in any county where no such banking institutions exist, or where such banking institutions fail, refuse or neglect to comply with all the provisions and conditions of this article, the county commission shall designate some qualified banking institution in some other county of this state convenient to the county seat. Risk and expense of making deposits in county depositories located outside of the county seat shall be borne by the banking institution in which the deposits are made. When any banking institution, designated by the county commission as provided by this section, has complied with all of the requirements and provisions of this article, the county depository.



Zoning Form

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

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

To: Municipal Clerk or Recorder

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

Entity Name: Howe About Them A	pples LLC aba N	ine Hives	
DBA (Doing Business As): Nine Hive	:5		
Address of Establishment: III Cambria Co (Street Route)	Lumberpor.	K WV (State)	24386 (Zip Code)
Applicant's Howe II (Last)	(First)	Michae (Middle)	1
Howe (Last)	(First) (First)	(Middle)	
General Description of Premises: <u>Farm</u> Food Services to be Offered: <u>Food</u> Tr		chard twinery	
Patron Capacity: 250			
This Notice has been filed with the Clerk or	r Recorder of the City/Tow	vn of	
on this	day o	f	
Applicant's Signature(s):	tout	Date: Date:	5
Applicant's <u>Signature(s)</u> : <u>Atype</u> min Enviry Ho	nl	Date: <u>6~9~25</u>	

(Municipality to fill out reverse side of form)

ABCA-Lie.Z.2

A RESOLUTION APPLYING FOR 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 wishes to apply for the 23rd Cycle of the WV Courthouse Facilities Improvement Program Funds and be used for the purpose of installing a new Fire Alarm System , 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 for 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 application of the 23rd Cycle WV Courthouse Facilities Improvement Authority funds, in the amount not to exceed \$100,000.00 for the installation of a Fire Alarm System.

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 18th day of June 2025.

Susan Thomas, President Harrison County Commission

ATTEST:

John Spires, County Clerk

Harrison County Commission Request to Attend Meeting

Name	Chris Cutright		
Department	911		
Destination	Baltimore Conve	ntion Center, Balti	more, MD
Travel Dates	July 25-31, 2025		
	APCO Internation	al Conference & Ex	position
Reason			
Total Estimated Cost			\$ 2,911.60
Transporta	ation		\$ <u>\$334.60</u>
Air		\$ 0.00	
Private Ve	hicle:		
Mileage	478 X .70	\$ 334.60	
Rental Car		\$ 0.00	
Lodging			\$ 1,686.00
Registratio	n		\$ 375.00
Meals	(Estimated)		\$ 516.00
Incidentals	5		\$ 0.00
Employee Signature: _	Chief	aft-	Date:Date:
	or Constitutional Officia		Date:
<u>County</u> Commission Ar Authorized travel within and for other constitutio require County Commiss	the approved budget by nal offices does not	() Approve (Date:) Disapprove
A8 Form Revised: May	1, 2014		

United States of America



State of West Virginia

County of Harrison, ss:

Clerk's Fiduciary Report

Estate from Wednesday, May 28, 2025, through Tuesday, June 3, 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, May 28, 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 RAY FUNKHOUSER was appointed and qualified as ADMINISTRATOR of the estate of MARK EDWARD KELLER, deceased. Bond was 10,000.00.

The last will and testament of LARRY DEAN THOMPSON, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

WILLIAM TODD THOMPSON, who was named in the last will and testament of LARRY DEAN THOMPSON, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

On, Friday, May 30, 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, JAMES R MCMANUS was appointed and qualified as ADMINISTRATOR of the estate of LISAS MCMANUS, deceased. No bond was required.

On, Monday, June 2, 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, STEPHEN STRAEHLEY was appointed and qualified as ADMINISTRATOR of the estate of DAVID HARDESTY STRAEHLEY, deceased. Bond was 2,230,000.00.

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

JOHN RICHARD POTTS, who was named in the last will and testament of HELEN LORAIN POTTS, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

On, Tuesday, June 3, 2025, the following matters were disposed of in the presence of the Clerk:

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

MICHAEL J BASILE, who was named in the last will and testament of HELEN DRAGOO BASILE, deceased, as EXECUTOR thereof, qualified as such. No bond was required.

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

LADONNA M TUCKER, who was named in the last will and testament of GARY BURTON TUCKER, deceased, as EXECUTRIX 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, DAYA MASADA WRIGHT was appointed and qualified as ADMINISTRATOR of the estate of SHAWN THOMAS IRELAND, deceased. Bond was 200,000.00.

John R Spires Clerk of the Harrison County Commission

Estate: 12859

FiduciaryReport

Wednesday, June 18, 2025

Confirmed

United States of America

State of West Virginia



County of Harrison, ss:

Clerk's Fiduciary Report

Estate from Wednesday, June 4, 2025, through Tuesday, June 10, 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, June 4, 2025, the following matters were disposed of in the presence of the Clerk:

The said estate of **TERRYL WADE DOTSON**, deceased was referred to **JAMES A VARNER**, a FIDUCIARY COMMISSIONER for the Harrison County, for settlement thereof.

On, Friday, June 6, 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, **KERAH GALUSIC** was appointed and qualified as ADMINISTRATRIX of the estate of **TARAANN ELDER**, deceased. Bond was 1,000.00.

On, Tuesday, June 10, 2025, the following matters were disposed of in the presence of the Clerk:

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

ANNE MARIE SUMMERS HAUGHT, who was named in the last will and testament of ANNA JEANNE SUMMERS, deceased, as ADMINISTRATRIX CTA DBN thereof, qualified as such. Bond was 122,250.00.

John R Spires Clerk of the Harrison County Commission Wednesday, June 18, 2025

Confirmed

Estate: 12867

FiduciaryReport

Name of Organization/Applicant

FINAL REPORT OF THE SPECIAL FUNDING REQUEST

AMOUNT RECEIVED FROM	THE HARRISON COUNTY COMMISSION:	5,000	
ITEMIZED EXPENSES FOR THE OF REVENUED AND EXPENSES	AMOUNT RECEIVED FROM THE HCC (ATTACH EXTRA SHEE	TS IF NECESSAR	Y OR DETAILED STATEMENT
	Centra Shuttle Bus		F 000
		\$	5,000
		\$	
		\$	
		\$	
		\$	
	TOTAL	\$	5,000
NAME OF PROJECT/EVENT:	Spirit of Christmas in the Mountains		
TOTAL PROJECT/EVENT INCO AND EXPENSES RELATED THE	ME AND EXPENSES: (ATTACH EXTRA SHEETS IF NECESSAR) RETO):	OR A DETAILED	STATEMENT OF REVENUES
INCOME SOURCE:	Harrison County Commission	\$	5,000
	West Virginia Culture & History	\$	2,432
	Gate, Gift Shop & Food	\$	7,506.65
	TOTAL	\$	14,938.65
EXPENSE ITEM:	See Attached Sheet	\$	10,928.91
		\$	
		\$	
	TOTAL	\$	4,009.74
4			

LIST ALL CONTRIBUTORS TO THIS PROJECT/EVENT: (ATTACH EXTRA SHEETS IS NECESSAI	RY)
	\$
	\$
	\$
	\$
TOTAL	\$

I CERTIFY THAT THE ABOVE INFORAMTION IS CORRECT

4 O.n Q

06-01-2025

Date

Applicant

Amazon	0/22/2024	Flood Light Pack - parking lot	69.99
Amazon		Maple Sugar	42.99
Kroger	9/30/2024		40
Etsy		mason jars	133.44
Amazon	10/1/2024	-	43.33
amazon		defective drawer	43.33 -19.97
lowes		bulb and switch	50.29
		burlap and plastic bags	48.27
Amazon			-
lowes	10/10/2024		68.32
amazon		ipad for POS system	237.44
amazon		Door Baracade Bracket	18.21
lowes	10/16/2024	-	74.19
USPS	10/24/2024		12.1
Amazon		bags, liners,door stops	49.2
USPS	10/29/2024		22.4
Staples	10/28/2024	toner and post cards	126.99
amazon	11/3/2024	parking lot poles	82.67
amazon	11/3/2024	small candles	19.6
amazon	11/3/2024	bags- burlap	29.67
etsy	11/3/2024	door lock	30.74
amazon	11/12/2024	led light strips, cash drawer, can	112.45
lowes	11/12/2024	track light & bulbs (replacement)	44.33
lowes	11/11/2024	track light & bulbs (added lightin	75.44
etsy	11/12/2024	spirit of christmas flags	41.34
paypal	11/12/2024	ZettleStand for POS	159
lowes	11/14/2024	returned lights	-26.56
lowes	11/8/2024	•	43.66
amazon	11/20/2024		15.42
Amazon		Maple Sugar and black makeup	50.43
Amazon	11/23/2024		20.94
lowes	11/29/2024	•	21.83
	, _0, _02 (1738.15
			1, 30.13

Items reimbursed to Lena Audia for expenses of Fort New Salem

INVOICES - Fort New Salem - Spirit of Christmas 2024					
Amount Item	Vendor				
50 Steel for blacksmith	Joan Rine Reimbursement				
18.47 Shop N Save (paper p	roducts) Shop N Save				
187.81 ACE (hay, sand, batte	ries) Various Items				
1738.33 Various (see below)	Lena Audia Reimbursemtnt				
1929.67 Plumbing Repair (em	ergency mid event) Mid State Plumbing				
5600 Shuttle Bus	Centra				
804.83 Insurance	Pily Insurance				
194.2 Water & sewer	City of Salem				
131.7 Natural Gas	Hope Gas				
118.68 First Energy	Fisrt Energy				
100 Internet	Tmobile				
55.22 Cellular Service	Tmobile				

10928.91

TOTAL EVENT EXPENSES

CHARLES POINTE COMMUNITY ENHANCEMENT DISTRICT BOARD

MINUTES OF SPECIAL MEETING OF BOARD

The members of the Charles Pointe Community Enhancement District Board (the "Board") met in special session, pursuant to notice duly given, on April 9, 2025, via video and telephonic conference duly noticed, at the hour of 10:00 a.m.

PRESENT:	Denielle Hansberry Douglas Miley Jamie Parker
ABSENT:	John Walker Joni Childers
ALSO PRESENT:	James R. Christie, Counsel for Genesis Partners Limited Partnership Mark A. Imbrogno, Jackson Kelly PLLC, Counsel for the Board

In the absence of John Walker, Chairman, and upon motion by Jamie Parker, seconded by Denielle Hansberry, Douglas Miley was elected as temporary Chairman of the meeting. Mr. Miley announced that a quorum of members was present and that the meeting was open for any business properly before it.

As the first order of business, the Board considered the election of officers for the year 2025. Upon motion by Ms. Hansberry, seconded by Mr. Miley, Mr. Walker was elected Chairman, Ms. Hansberry was elected Secretary, and Joni Childers was elected Treasurer. Following the election of 2025 officers, Mr. Miley continued to preside as Chairman for the remainder of the meeting.

The second order of business was consideration of approval of the minutes of the regular meeting of the Board held on December 6, 2024, which had been provided to the Board members for review prior to the meeting. Upon motion by Mr. Miley, seconded by Ms. Hansberry, the minutes were approved.

As the third order of business, the Board then considered for adoption a Resolution Approving the Release of Certain CED Assessments for the Charles Pointe Community Enhancement District. Mark Imbrogno explained the Resolution, and James Christie provided additional context of the proposed release of CED assessments and the property impacted, which is the planned location of the Mon Health facility at Charles Pointe Crossing. The Board discussed the Resolution and the impact of the release of CED assessments on the property. After hearing the explanation and discussion of the Resolution, upon motion by Mr. Miley, seconded by Mr. Parker, the Resolution was adopted.

There being no further business to come before the meeting, on motion by Mr. Miley, seconded by Ms. Hansberry, it was unanimously ordered that the meeting adjourn.

[Remainder of this page intentionally left blank; signature page follows.]

Dated: April 9, 2025 Nalk hairman H. Doutle

Secretary

Enlarged Hepzibah Public Service District Regular Board Meeting

Monday June 9, 2025 4:30 PM

AGENDA

- 1. Call meeting to order
- 2. Reading of the Minutes and Approval of Check Signing Document
- 3. Manager's Report
- 4. Old Business
- New Business
 A. Review and approve final write-offs for FY 2024-2025
- 6. Public Comments
- 7. Adjournment

<u>THIS MEETING WILL BE HELD AT SUN VALLEY PUBLIC</u> <u>SERVICE DISTRICT'S OFFICE, LOCATED AT 18 SABLE CIRCLE,</u> <u>REYNOLDSVILLE, WV 26422</u>

4 -	Enter the number of voting members of the governing body at the and of the tax year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>			
	If there are material differences in voting rights among members of the governing body, or if the governing			
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	_
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1		
	persons other than the governing body?	76	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	i .		
а	The governing body?	8 a	X	_
b	Each committee with authority to act on behalf of the governing body?	ßb	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	4	1	ł
	organization's mailing address? If Yes, " provide the names and addresses on Schedule O	9		Z
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		-	Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a	į	2
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?	1Qb	8	
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		2
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	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		20
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe			
Ŭ	an Sahadula O have this was done	12c		
13		13	1	2
4	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	t	2
5	Did the process for determining compensation of the following persons include a review and approval by independent	14		1
5				2
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		1
	The organization's CEO, Executive Director, or top management official	15a	 	2
Þ	Other officers or key employees of the organization	15b	-	2
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.	Ę.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	8		,
	taxable entity during the year?	16a		
ь	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ĩ.		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	6	ł	
_	exempt status with respect to such arrangements?	16b	<u> </u>	-
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			-
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	8)s only	/) avail	abl
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncial	
19	statements available to the public during the tax year.			
19				
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			

SPELTER VOLUNTEER FIRE DEPT

Form 990 (2024) Part M Governance, Management, and Disclosure. For each 'Yes" response to lines 2 through 7b below, and fc

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

C-4



Form	990 (2024) SPELTER VOLUNTEER FIRE DEPT 55-047 (5872	Page 5
Par			
			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	2	
ь	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
с	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	<u> </u>
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts		1
	were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	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
Ь	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		. i
	to file Form 8282?	70	<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year7d	·	
е	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.	1	1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u>-</u>
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12	-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 1	
11	Section 501(c)(12) organizations. Enter:		
а	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.)		
	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	- [
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
L	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the		
D			
	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c	-	
C		140	x
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<u>14a</u> 14b	i
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
15		15	x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		
16	If Yes, see the instructions and file Form 4720, schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
16		10	41
17	If 'Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
	if "Yes," complete Form 6069.		

Form **990** (2024)

			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		<u>X</u>
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			77
	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	104-		х
	Schedule K. If 'No," go to line 25a	24a	†	<u></u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	245		
C		24c		
Ь	Did the organization act as an 'on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	- 14		
204	transaction with a disqualified person during the year? If "Yes, ' complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes, ' complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If 'Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	:		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	İ	l	
	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):	ļ		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	-	i	v
	'Yes, ' complete Schedule L, Part IV	<u>28a</u>	-	X
	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		
Ç	Yes, " complete Schedule L, Part IV	28c	: : i	Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	i	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			[
	contributions? If "Yes, ' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes," complete Schedule N, Part I	31	į	Х
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	İ	1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	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
	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			1
	within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		<u>i</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	30	:	x
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		^
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,	
38	Note: All Form 990 filers are required to complete Schedule 0	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	- <u>,,</u>	
			Yes	No
1a		<u>0</u>		
b		0	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ľ	
	(gambling) winnings to prize winners?	<u> 1c</u>		

Form 990 (2024)

Form 990 (2024)		VOLUNTEER	FIRE	DEPI
Part IV Checkli	st of Required Sch	edules		

			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	37
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If 'Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		<u> </u>
4		4		х
e	during the tax year? If 'Yes,' complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u> </u>
5	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	5		
0	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,			- 41
'	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	-		
Ŷ	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		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D,			ļ
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes, ' complete Schedule D, Part VII	11b		X
¢	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
е	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		ļ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	I		
	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		i I	v
	or more? If "Yes, ' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV.	15		X
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- ID	<u> </u>	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- 23
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	İ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i		1
10	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,"	<u> </u>		1
	complete Schedule G, Part III	19		X
20a		20a	<u> </u>	X
b		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

Form	990 (2024) SPELTE :	R VOLUNTEER FIRE DEPT	55-0476872	Page 2
Par	III Statement of Program S	ervice Accomplishments		**
1	Briefly describe the organization's miss	sion:		
	FIRE PREVENTION AND	PROTECTION		
			high wors pot listed on the	· · ·
2	•	nificant program services during the year w		XNo
	If 'Yes,' describe these new services of	n Schedule O	······································	
3		, or make significant changes in how it con	ducts, any program services?	X No
0	If 'Yes,' describe these changes on Se			
4	*		e largest program services, as measured by expenses	i.
			grants and allocations to others, the total expenses, a	
	revenue, if any, for each program servi			
4a	(Code:) (Expenses \$	112,204. Including grants of S		<u>450.</u>)
	THE ORGANIZATION IS	A VOLUNTEER FIRE DEP.	ARTMENT THAT PROVIDES FIRE	
	PROTECTION AND AID	TO THE DISTRICT OF 26	SQUARE MILES. THERE ARE	
		<u>HOMES, 30 BUSINESSES,</u>	3000 PEOPLE AND 2 SCHOOLS	IN
	ITS COVERAGE AREA.			
		·		
	<u> </u>			
		-		
	· · · · · ·		····	
46) (Revenue S)	,
4b	(Code:) (Expenses S	including grants of 5) (mevenue 5	,
			······	
			· · · ·	
			·	
			·	
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
			·	
	Other program services (Describe on	Schedule O)		
40	(Expenses \$	including grants of \$) (Revenue \$)	
40	Total program service expenses	112,204.		
				000 /000

Return of Organization Exempt From Income Tax

Form 991

Department of the Treasury Internal Revenue Service

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.

20 74 Open to Public Inspection

OMB No. 1545-0047

AF	or the	2024 calendar year, or tax year beginning and	ending		
B c a	heck if	C Name of organization		D Employer identifica	tion number
	Addres	SPELTER VOLUNTEER FIRE DEPT			
	Name	Bern Revenue Lance and the second s	3	55-047687	2
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone number	
	Final return/	BOX 176		(304)622-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	140,615.
[Amend	SPELTER, WV 26438		H(a) Is this a group retu	n
	Applic tion	Finame and address of principal officer. LOKI DOMM		for subordinates?	Yes X No
	pendir	PO BOX 76, SPELTER, WV 26438		H(b) Are all subordinates incl	uded? Yes No
1 7	ax-exe	empt status: 🗙 501(c)(3) . 501(c) () (insert n.c.) 4947(a)(1)	or 52	If "No," attach a lis	st. See instructions
	Vebsit			H(c) Group exemption	
		organization: 🗙 Corporation 🔄 Trust 📜 Association 🚺 Other	L Yea	ar of formation: 1951 M	State of legal domicile: WV
Pa	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: FIRE	E PREV	ENTION AND PR	OTECTION
ern		Check this box if the organization discontinued its operations or dispo	osed of mo	ore than 25% of its net ass	
NO				3	6
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b)			6
Activities &		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			0
ivit		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			-	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		103,987.	134,484.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,500.	-5,222.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		145,753.	129,262.
	-	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		145,753.	129,202.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (A), line 11e)	0.	0.	· ·
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		106,478.	115,829.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		106,478.	115,829.
		Revenue less expenses. Subtract line 18 from line 12		39,275.	13,433.
Or Ps	10			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	266,317.	263,937.
Ass	21	Total liabilities (Part X, line 26)		359,520.	343,707.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		-93,203.	-79,770.
P	art II		in the second second second second second second second second second second second second second second second	20,200.	1211100
		alties of perjury, I declare that I have examined this return, including accompanying schedu	les and stat	ements, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of v			nan an an ann an an Anna 👻 tha na ann an Anna Anna Anna Anna Anna 2006.

Circ	Signature of officer	r		Date
Sign Here		I, PRESIDENT		
Paid	Preparer's name APRIL LEU	JLIETTE	Preparer's signature	Date Check PTIN 43.25 if self-employed P00645118
Preparer	Firm's name 1	THE RODEHEAVER	GROUP, P.C.	Firm's EIN 52-2006953
Use Only	·····································	248 E MAIN STRE		
	C	LARKSBURG, WV	26301	Phone no. $304 - 624 - 9400$
May the	IRS discuss this re	turn with the preparer show	n above? See instructions	X Yes No
Line and the second	care contraction out	uction Act Notice, see the s		Form <b>990</b> (2024

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24

	Ĩ.	1	DS E file Cignoture Authorizati			
5 8879-TE			RS E-file Signature Authorizati for a Tax Exempt Entity	on	OM	B No. 1545-0047
	For calendar ye	ear 2024,	or fiscal year beginning . 2024, and ending	, 20	-	2024
Department of the Treasury			Do not send to the IRS. Keep for your records.		4	024
Internal Revenue Service		(	Go to www.irs.gov/Form8879TE for the latest informat			
Name of filer				EIN or SSN		
			R FIRE DEPT	55-0	4768	72
Name and title of officer or pe	erson subject to		LORI DUNN			
Dent I Truck of	Deturn		PRESIDENT			
			urn Information		F	2000.00
Form 5330 filers may enter or <b>10a</b> below, and the am	er dollars and o ount on that li	cents. ne for	e using this Form 8879-TE and enter the applicable amount For all other forms, enter whole dollars only. If you check the return being filed with this form was blank, then leave -). But, if you entered -0- on the return, then enter -0- on the	the box on line 1a, 2a, line 1b, 2b, 3b, 4b, 5b	3a, 4a, 6, 6b, 7b	5a, 6a, 7a, 8a, 9a , 8b, 9b, or 10b,
1a Form 990 check	here	X	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A	), line 12)	1b	129,262.
2a Form 990-EZ che			b Total revenue, if any (Form 990-EZ, line 9)			
3a Form 1120-POL	20 - 20 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 - 500 -		b Total tax (Form 1120-POL, line 22)			
4a Form 990-PF che			b Tax based on investment income (Form 990-PF, P			
5a Form 8868 check			b Balance due (Form 8868, line 3c)			
6a Form 990-T chec	k here		b Total tax (Form 990-T, Part III, line 4)			
7a Form 4720 check			b Total tax (Form 4720, Part III, line 1)			
8a Form 5227 check	k here		b FMV of assets at end of tax year (Form 5227, Item	D)	8b	
9a Form 5330 check	k here		b Tax due (Form 5330, Part II, line 19)			
10a Form 8038-CP c	heck here		b Amount of credit payment requested (Form 8038-	CP, Part III, line 22)	10b	
Part II Declara	tion and Si	ignat	ure Authorization of Officer or Person Subj	ject to Tax		
Under penalties of perjury	y, I declare tha	at X	I am an officer of the above entity or I am a person	aubient to tax with rea	nect to	Inomo
2024 electronic return an complete. I further declar intermediate service prov acknowledgement of recc of any refund. If applicab	e that the amo ider, transmitt eipt or reason le, I authorize	ing sch ount in er, or e for reje the U.S	, (EIN) Part i above is the amount shown on the copy of the ele electronic return originator (ERO) to send the return to the socion of the transmission, (b) the reason for any delay in S. Treasury and its designated Financial Agent to initiate	and that I hav ge and belief, they are t ctronic return. I conser e IRS and to receive fro processing the return an electronic funds wit	e examin rue, cor nt to allo om the II or refund hdrawal	ned a copy of the rect, and w my RS (a) an d, and (c) the date (direct debit)
2024 electronic return an complete. I further declar intermediate service prov acknowledgement of rece of any refund. If applicab entry to the financial insti financial institution to det later than 2 business day payment of taxes to rece	e that the amo ider, transmitt eipt or reason le, I authorize tution accoun- bit the entry to is prior to the ; ive confidentia	ing sch bunt in er, or e for reje the U.S t indica this a bayme al inform	, (EIN) nedules and statements, and, to the best of my knowledg Part i above is the amount shown on the copy of the ele electronic return originator (ERO) to send the return to the action of the transmission. (b) the reason for any delay in	and that I hav ge and belief, they are t ctronic return. I conser e IRS and to receive fro processing the return an electronic funds wit deral taxes owed on th easury Financial Agent ons involved in the pro related to the payment	e examile rue, cor of to allo of refund hor refund hor refund at 1-888 cessing I have	ned a copy of the rect, and w my RS (a) an d, and (c) the date (direct debit) n, and the 3-353-4537 no of the electronic selected a
2024 electronic return an complete. I further declar intermediate service prov acknowledgement of rece of any refund. If applicable entry to the financial insti- financial institution to det later than 2 business day payment of taxes to rece personal identification nu <b>PIN: check one box only</b>	e that the amo ider, transmitt sipt or reason le, I authorize i tution accoun- bit the entry to s prior to the p ive confidentia mber (PIN) as	ing sch punt in er, or e for reje the U.S the U.S this ac othis a payme al inform my sig	(EIN) Part I above is the amount shown on the copy of the ele- electronic return originator (ERO) to send the return to the ection of the transmission, (b) the reason for any delay in S. Treasury and its designated Financial Agent to initiate ated in the tax preparation software for payment of the fe ccount. To revoke a payment, I must contact the U.S. Tre nt (settlement) date. Lalso authorize the financial institution mation necessary to answer inquiries and resolve issues gnature for the electronic return and, if applicable, the con-	and that I hav ge and belief, they are t ctronic return. I conser e IRS and to receive fro processing the return an electronic funds wit ederal taxes owed on the easury Financial Agent ons involved in the pro related to the payment nsent to electronic fund	e examin rue, cor ht to allo om the ll or refund hdrawal his return at 1-888 cessing . I have ds withd	ned a copy of the rect, and w my RS (a) an d, and (c) the date (direct debit) n, and the 3-353-4537 no of the electronic selected a trawal.
2024 electronic return an complete. I further declar intermediate service prov acknowledgement of rece of any refund. If applicable entry to the financial insti- financial institution to det later than 2 business day payment of taxes to rece personal identification nu PIN: check one box only	e that the amo ider, transmitt sipt or reason le, I authorize i tution accoun- bit the entry to s prior to the p ive confidentia mber (PIN) as	ing sch punt in er, or e for reje the U.S the U.S this ac othis a payme al inform my sig	(EIN) nedules and statements, and, to the best of my knowledg Part I above is the amount shown on the copy of the ele- electronic return originator (ERO) to send the return to the post of the transmission, (b) the reason for any delay in S. Treasury and its designated Financial Agent to initiate ated in the tax preparation software for payment of the fe- ccount. To revoke a payment, I must contact the U.S. Trea- nt (settlement) date. Lalso authorize the financial institution mation necessary to answer inquiries and resolve issues gnature for the electronic return and, if applicable, the con- VER GROUP, P.C.	and that I hav ge and belief, they are t ctronic return. I conser e IRS and to receive fro processing the return an electronic funds wit deral taxes owed on th easury Financial Agent ons involved in the pro related to the payment	e examin rue, cor ht to allo or refund hor refund hor refund his return at 1-888 cessing I have ds withd	ned a copy of the rect, and w my RS (a) an d, and (c) the date (direct debit) n, and the 3-353-4537 no of the electronic selected a Irawal. 76872
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# Filing Instructions



Prepared for:

Prepared by:

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

2024 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2025. THE RODEHEAVER GROUP, P.C. CERTIFIED PUBLIC ACCOUNTANTS 248 EAST MAIN STREET CLARKSBURG, WV 26301

SPELTER VOLUNTEER FIRE DEPT BOX 176 SPELTER, WV 26438

SPELTER VOLUNTEER FIRE DEPT:

ENCLOSED IS THE ORGANIZATION'S 2024 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2025.

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

VERY TRULY YOURS,

THE RODEHEAVER GROUP, P.C.

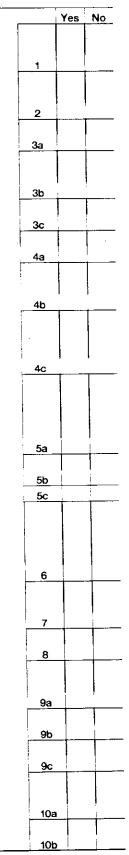
SPELTER VOLUNTEER FIRE DEPT

#### 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

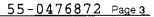
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **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.
- **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.*
- 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.
- 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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, Ioan, 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).
- 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).
- 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.
- **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.**
- 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.
- **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.* 
  - 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.)



Schedule A (Form 990) 2024



# SPELTER VOLUNTEER FIRE DEPT



Schedule A (Form 990) 2024 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.)

Calendar year (or fiscal year beginning in)       (a) 2020       (b) 2021       (c) 2022       (d) 2023         1       Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	<b>(e)</b> 2024	(f) Total
membership fees received. (Do not include any 'unusual grants.")       Image: Construct of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	1	
include any 'unusual grants.')	l l	
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 bat exceed the greater of 50:00 or 1% of the earnor that disqualified persons that exceed the greater of 50:00 or 1% of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the set of the earnor the earnor the set of the earnor the earnor the set of the earnor the earnor the earnor the earnor the earnor the se		
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       Image: second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		+
are not an unrelated trade or bus- iness under section 513   Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5  Ta 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 or line 13 for the year c Add lines 7 and 7b  B Public support. (Subtract line 7c from line 5)  Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources b Unrelated business taxable income		   
iness under section 513  4 Tax revenues levied for the organ- ization'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  7 a 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 7 a and 7b  8 Public support. (Suttact line 7c from line 6)  Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2022 (d) 2025 b Unrelated business taxable income		
ization'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 7a from line 5) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from linterest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income		
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. Support Calendar year (or fiscal year beginning in) 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		:
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 7 a and 7b         8 Public support. iSuptract line 7c from line 8 i         Calendar year (or fiscal year beginning in)         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		
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 7 a and 7b 8 Public support. (Suptract line 7c from line 5) Calendar year (or fiscal year beginning in) 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	· · ·	
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. (Suptract line ?c from line 8)         Section B. Total Support         Calendar year (or fiscal year beginning in)         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		
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 ?c from line 6)         Section B. Total Support         Calendar year (or fiscal year beginning in)         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		<del></del>
3 received from disqualified persons         b Amounts included on lines 2 and 3 received         from other than disqualified persons that         exceed the greater of 55,000 or 1% of the         amount on line 13 for the year         c Add lines 7 a and 7b         8 Public support. (Subtract line 7c from line 5.)         Section B. Total Support         Calendar year (or fiscal year beginning in)         (a) 2020       (b) 2021         (c) 2022       (d) 2023         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		
b Amounts included on fines 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 <u>8 Public support. (Subtract line 7c from line 6.)</u> Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 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		<del></del>
8       Public support. (Subtract line ?c from line 6.)         Section B. Total Support         Calendar year (or fiscal year beginning in)         (a) 2020       (b) 2021       (c) 2022       (d) 2023         9       Amounts from line 6		
Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2020       (b) 2021       (c) 2022       (d) 2023         9 Amounts from line 6	<u> </u>	
Calendar year (or fiscal year beginning in)       (a) 2020       (b) 2021       (c) 2022       (d) 2023         9 Amounts from line 6		
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		
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	3 (e) 2024	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income		_ <u> </u>
(1622 SECTION DI LI LAXES) IL ON DUBILESSES		! i
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 loas 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 se	ection 501(c)(3) organiz	ation,
check this box and stop here		<u> </u>
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	_ <u></u> ,,	
17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	
to the extension of the second from 2023 Schedule A. Part III line 17	18	
18 Investment income percentage infinit 2023 Schools of that are invested and ine 14, and line 15 is more 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 lin	ne 17 is not
the analytic and the second this how and stop here. The organization qualifies as a publicly supported o	rganization	
b co. 4/0% support tasts - 2023. If the organization did not check a box on line 14 or line 19a, and line 1	6 is more than 33 175:	%, and on
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly <b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and	see instructions	

Schedule A (Form 990) 2024

# Schedule A (Form 990) 2024

SPELTER VOLUNTEER FIRE DEPT



Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						1
	membership fees received. (Do not						
	nclude any 'unusual grants. ')	<u>   69,52</u> 1.	<u>77,</u> 618.	<u>118,572.</u>	<u>103,937.</u>	134,484.	504,132.
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to				:		
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						I
	furnished by a governmental unit to				;		
	the organization without charge						·
4	Total. Add lines 1 through 3	69,521.	77,618.	118,572.	103,937.	134,484.	504,132.
-	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)						
e	Public support. Subtract line 5 from line 4.		····				504,132.
	tion B. Total Support	· · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	69,521.	77.618.	118,572.	103,937.	134,484.	504,132.
•	Gross income from interest,			· · · · · · · · · · · · · · · · · · ·			
8		:				:	i
	dividends, payments received on	i .		!		1	
	securities loans, rents, royalties,	I					
~	and income from similar sources						
9	Net income from unrelated business	1		i	:	1	
	activities, whether or not the						
	business is regularly carried on			+ <u> </u>			
10	Other income. Do not include gain		1				i
	or loss from the sale of capital		i				
	assets (Explain in Part VI.)			······································	1	-	504,132
11						12	
12	Gross receipts from related activities	, etc. (see instructi	ons)	fourth or fifth tax	y vear as a section		
13	First 5 years. If the Form 990 is for t		irst, second, third		x year as a section	001(0)(0)	
-	organization, check this box and sto	in here	rcentade		·····	<u> </u>	
Se	ction C. Computation of Pub	ilic Support Fe	divided by line 11	column (fi)	·	14	100.00
14	Public support percentage for 2024	(line 6, column (i), i	ulvided by line in	, column (i))			100.00
15	Public support percentage from 202 a 33 1/3% support test - 2024. If the	3 Schedule A, Pall		on line 13, and line	e 14 is 33 1/3% or	more, check this	box and
16	a 33 1/3% support test - 2024. If the	organization du n	of check the box				X
	stop here. The organization qualifies	s as a publicly sup	ported organizatio	lino 13 or 16a ar	nd line 15 is 33 1/3	% or more, check	this box
	b 33 1/3% support test - 2023. If the	organization did n	ot check a box of	n inte 15 01 10a, ai		, <b>, , , , , , , , , , , , , , , , , , </b>	
	and stop here. The organization qua	alifies as a publicly	supported organ	t shask o box on li	ino 13, 169, or 16h	and line 14 is 10	% or more.
17	a 10% -facts-and-circumstances te	st - 2024. If the or	ganization did no	t check a box on li	ne 13, 10a, 01 10b	rt VI how the orda	nization
	and if the organization meets the fac	cts-and-circumstan	ices test, check ti	his box and stop r	Here, Explain III - a	it vintow the orga	
	meets the facts-and-circumstances	test. The organizat	ion qualifies as a	publicly supported	o organization	v 17a and line 15	
	b 10% -facts-and-circumstances te	est - 2023. If the or	ganization did no	t check a box on l	me IS, IOA, IOD, C	n in Part VI how th	e
	more, and if the organization meets	the facts-and-circu	imstances test, c	neck this box and	stop nere. Explain	nin ⊨an vi now m anization	ĭ –
	organization meets the facts and cir	rcumstances test.	The organization	qualifies as a publi	ioly supported org	anzanon	ions
18	Private foundation. If the organizat	tion did not check a	<u>a box on line 13,</u>	16a, 160, 17a, or 1	170, CHECK THIS DO.	A and see manuel	

Schedule A (Form 990) 2024

SCHEDULE A	Public	c Charity Status a	nd Public Su	nnort	CMB No. *545-0047
(Form 990)		the organization is a section 5			2024
		Open to Public			
epartment of the Treasury ternal Revenue Service	Go to www	Attach to Form 990 or F w.irs.gov/Form990 for instruction		rmation.	Inspection
ame of the organiza		Will's gown of his of or his a dot			er identification number
· ·		OLUNTEER FIRE DE	PT		55-0476872
Part I Reason		Status. (All organizations must		e instructions.	
he organization is not	a private foundation bec	ause it is: (For lines 1 through 12,	check only one box.)		
1 A church, c	onvention of churches, o	r association of churches describ	ed in section 170(b)(1)	(A)(i).	
		)(1)(A)(ii). (Attach Schedule E (Fo			
		service organization described in			4
		rated in conjunction with a hospit	al described in section	170(b)(1)(A)(iii). Ente	er the hospital's name,
city, and sta				uoromootal unit doeg	ribod in
		nefit of a college or university own	ed of operated by a go	venimentai unit desc	
	O(b)(1)(A)(iv). (Complete	or governmental unit described #	section 170(b)(1)(A)(	w)	
		es a substantial part of its suppor			al public described in
	0(b)(1)(A)(vi). (Complete f			Ū	·
		tion 170(b)(1)(A)(vi). (Complete P	art II.)		
		described in section 170(b)(1)(A		nction with a land-gra	nt college
or universit	y or a non-land-grant coli	ege of agriculture (see instruction	s). Enter the name, city	, and state of the coll	ege or
university:					
10 📃 An organiza	ation that normally receiv	es (1) more than 33 1/3% of its si	pport from contribution	ns, membership fees,	and gross receipts from
activities re	lated to its exempt funct	ions, subject to certain exception	s; and (2) no more than	33 1/3% of its suppo	ort from gross investment
		able income (less section 511 tax)	from businesses acqui	red by the organization	on after June 30, 1975.
	n 509(a)(2). (Complete P		unfatur Soo ponting 50	0(-)(4)	
11 An organiz:	ation organized and oper	ated exclusively to test for public	safety. See section bu	9(a)(4). ps of or to carry out:	the purposes of one or
12 An organiz	ation organized and oper	ated exclusively for the benefit of ons described in <b>section 509(a)(1</b>	or section 509(a)(2)	See section 509(a)(3	L Check the box on
more public	ciy supported organizatio	is the type of supporting organiza	tion and complete lines	12e, 12f, and 12g.	,
	supporting organization	operated, supervised, or controll	ed by its supported org	anization(s), typically	by giving
a : Type I. A	orted organization(s) the	power to regularly appoint or elec	t a majority of the direc	ctors or trustees of th	e supporting
		e Part IV, Sections A and B.			
b 🗍 Type II. /	A supporting organization	n supervised or controlled in conr	ection with its support	ed organization(s), by	having
control c	or management of the sup	oporting organization vested in th	e same persons that co	ontrol or manage the :	supported
organiza	tion(s). You must compl	ete Part IV, Sections A and C.			
c 📃 Type III	functionally integrated.	A supporting organization operat	ed in connection with,	and functionally integ	rated with,
its supp	orted organization(s) (see	instructions). You must comple	te Part IV, Sections A,	D, and E.	- air ation (a)
d Type III	non-functionally integra	ated. A supporting organization o	perated in connection v	with its supported org	anization(s)
that is n	ot functionally integrated	. The organization generally must	satisfy a distribution re		entiveness
requiren	nent (see instructions). Ye	ou must complete Part IV, Secting received a written determination	from the IBS that it is :	Type I Type II Type	e []]
e L_ Check ti	his box if the organization	I non-functionally integrated supp	orting organization		
	er of supported organiza				
<ul> <li>Enter the number</li> <li>Provide the following</li> </ul>	owing information about	the supported organization(s).			
(i) Name of si		<li>iii) EIN   (iii) Type of organizati</li>		(v) Amount of moneta	
organiza	ition	(described on lines 1- above (see instruction	Ver No	support (see instructio	ns) support (see instructions
				1	
	· · · · · · · · · · · · · · · · · · ·				
		······································			
		1			

Part XI       Reconciliation of Net Assets         Check if Schedule Q contains a response or note to any line in this Part XI       1         1       Total revenue (must equal Part VIII, column (A), line 25)       2       115,829.         2       Total expenses (must equal Part X, column (A), line 25)       2       115,829.         3       13,433.       4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -93,203.         5       Net unrealized gains (losses) on investments       5       6       6         6       Donated services and use of facilities       7       7         7       Investment expenses       8       7       7         8       Proor period adjustments       8       7       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       10         10       -79,770.       Part XII       Yes No       1       Accounting method used to prepare the Form 990?       X Cash       Accrual       Other       2       2       X         11       He organization changed its method of accounting from a prox year or checked?       Other       2       X       2       X         14       Accounting method used to prepare the Form 990?<	Form	990 (2024) SPELTER VOLUNTEER FIRE DEPT	<u>55-0476</u>	<u>5872</u>	Pag	<u>e 12</u>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       129, 262.         1       129, 262.       2       115, 829.         2       115, 829.       2       115, 829.         3       Revenue less expenses. Subtract line 2 from line 1       3       13, 433.         4       -93, 203.       5         5       Net unrealized gans (losses) on investments       6         6       0       -93, 203.         6       0       -93, 203.         7       Investment expenses       6         9       Prop period adjustments       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances (explain on Schedule O)       9         10	Par	t XI Reconciliation of Net Assets				
Total expenses (must equal Part X, column (A), line 25)       2       115,829.         3       4       13,433.         4       93,203.         5       5         6       6         7       7         7       7         7       7         8       9         9       0.15         9       0.15         9       0.16         9       0.16         9       0.16         10       9         0.16       0.16         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         11       10         11       10         12       10         13       10         14       10         15       10         15       10         16       10		Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · · · · · · · · · · · · ·		<u></u>	
Total expenses (must equal Part X, column (A), line 25)       2       115,829.         3       4       13,433.         4       4       -93,203.         5       5       5         6       6         7       7         7       7         7       7         7       7         7       7         7       7         7       7         7       7         7       7         8       Prior period adjustments         9       0         9       0.         9       0.         9       0.         10       ket assets of fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (8))         10       ket assets of fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (8))         10       -79,770.         Pert XII       Firancial Statements and Reporting         Check if Schedule 0 contans a response or note to any line if 5!9 Fart XI;         11       Accounting method used to prepare the Form 990;       Cash         14       reganization changed its method of accounting from a pror yearor checked: "Other," explain on Schedule 0.						~ ~
2       Dialogo (note or equival interference)       3       13,433.         3       13,433.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -93,203.         5       Net unrealized gains (losses) on investments       5       6         6       6       7         7       7       6         8       Phoro period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule C)       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       -79,770.         Pert XII       Financial Statements and Reporting       10       -79,770.         Pert XII       Financial Statements and Reporting       10       -79,770.         Pert XII       Financial Statements and Reporting       10       -79,770.         Pert XII       Financial Statements and response or note to any line in the start of check       10       -79,770.         Part XII       Financial Statements and Reporting       Check if Schedule O contains a response or note to any line in the start of checked.       10       -79,770.         2a       Was the organization changed its method of accounting from a prior year or checked.	1					
a Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -93, 203.         5 Net unrealized gains (losses) on investments       5       6         6 Donated services and use of facilities       7       8         7 Investment expenses       8       7         8 Prior period adjustments       8       9         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       -79,770.         Pert XII Financial Statements and Reporting       10       -79,770.         7       X Gash       Accrual       Other         11 Accounting method used to prepare the Form 990:       X Gash       Accrual       Other         12 Were the organization shiftiancial statements compiled or reviewed by an independent accountant?       Yes       No         11 Accounting method used to prepare the Form 990:       X Gash       But consolidated no separate basis       Separate basis       Consolidated basis       But consolidated no separate basis         2 Ware the organization's financial statements audited by an independent accountant?       Yes       No         1 Accounting method uses to both:       Separate basis       Consolidated basis       But consolidated no sepa	2		└── <u>─</u> ─┼───			
Net unrealized gains (losses) on investments   6   7   7   8   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9   9	3		,			
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8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (6)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (6)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (6)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (6)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (6)) 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Fart XI. Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual 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 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	6	Donated services and use of facilities			_	
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9 Other changes in hit balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (5))   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (5))   11 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (5))   12 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (5))   13 Check if Schedule 0 contains a response or note to any line in this Part XI.   14 Accounting method used to prepare the Form 990: X Cash	8					
column (B)       10; -79, 770.         Part XII Financial Statements and Reporting       10; -79, 770.         Check if Schedule O contains a response or note to any line in this Part XI.       Yes No         1 Accounting method used to prepare the Form 990: X Cash Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.       2a         2a       X         If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         if 'Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         if 'Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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 a	9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u> </u>
Countin (b)       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       X         If 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis, or both.       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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 process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits? If the organization did not undergo the required audit <td>10</td> <td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,</td> <td></td> <td>7</td> <td></td> <td>70</td>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		7		70
Check if Schedule O contains a response or note to any line in tigis Fart XI:       Yes         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O.       2a       X         If 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       Za       X         If 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Both consolidated and separate basis       2b       X         If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       consolidated basis       Both consolidated and separate basis       2b       X         If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If 'Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2			10	- / :	<b>9</b> ,/	<u>/0.</u>
1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O.       2a       Were the organization's fiftancial statements compiled or reviewed by an independent accountant?       2a       X         If 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:	Pa					·
1       Accounting method used to prepare the Form 990: X Cash Accrual Other       Other         If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O.       2a         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If 'Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a As a result of a federa		Check if Schedule O contains a response or note to any line in this Part XII		1	Vac	No
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.       2a       X         If 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis					163	
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Separate basis       Consolidated basis, or both:       Separate basis       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       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         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       Consolidated basis, or both:       Separate basis       Consolidated basis       Consolidated basis       Consolidated basis, or both:       Consolidated basis       Consolidated basis, or both:       Consolidated basis       Consolidated basis       Consolidated basis, or both:       Consolidated basis, or compilation of its financial statements and selection of an independent accountant?       Consolidated basis, or both:       Consolidated basis, or both:       Consolidated basis, or both:       Consolidated basis, or conpilation of its financial	1	Accounting method used to prepare the Form 990: X Cash Accrual Other				ŕ
<ul> <li>2a Were the organization is thancial statements complied of reviewed by an independent accountant.</li> <li>If 'Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis</li></ul>		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	ie U.		1	x
separate basis, consolidated basis, or both:   Separate basis   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      If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   Separate basis   Consolidated basis   Both consolidated and separate basis   c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a   As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?   aw did a corplain why on Schedule O and describe any steps taken to undergo such audits	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28		<u>_A</u>
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>consolidated basis</li> <li>Both consolidated and separate basis</li> <li>consolidated basis</li> <li>consolidated basis</li> <li>dots financial statements and selection of an independent accountant?</li> <li>dots financial statements and selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or aud</li></ul>			a on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If 'Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2c         c       If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       X         b       If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3b						
<ul> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>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?</li> <li>b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> <li>b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit</li> <li>a audite avalue Q and describe any steps taken to undergo such audits</li> </ul>				: I		' x
consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis         c       If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a         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       3b	b	Were the organization's financial statements audited by an independent accountant?				
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c       If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a         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       3b						
review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a         White organization undergo the required audit or audits? If the organization did not undergo the required audit       3a         b       If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3b			ho oudit			
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Uniform Guidance, 2 C.F.R. Part 200, Subpart F?       3a       A         b       If 'Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       A         b       If 'Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit       3a       A		If the organization changed either its oversight process or selection process during the tax year, explain on S		1	<b>I</b>	1
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er audita, explain why on Schedule O and describe any steps taken to undergo such audits	E	If 'Yes,' did the organization undergo the required audit or audits' If the organization did not undergo the rec	uneu auun	าวาร	:	
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		990	(2024)

# SPELTER VOLUNTEER FIRE DEPT

Form §		024) SPELTER VOLUNTEER FIRE DEPT Balance Sheet	<u> </u>	476872 Page 11
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	<b>(B)</b> End of year
	1	Cash - non-interest-bearing	7,415. 1	15,230.
		Savings and temporary cash investments	512.2	512.
		Pledges and grants receivable, net		
		Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	5	Loans and other receivables from any current or former officer, director.		
	Ū	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	
s I	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	<u> </u>
	9	Prepaid expenses and deferred charges	9	
	-	Land, buildings; and equipment: cost or other		
		basis Complete Part VI of Schedule D 10a 1, 201, 021.	ļ ļ	
	ь	basis. Complete Part VI of Schedule D     10a     1,201,021.       Less. accumulated depreciation     10b     552,826.	<u>258,390.10c</u>	248,195.
:	11	Investments - publicly traded securities		
	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)	266,317.16	263,937.
	17	Accounts payable and accrued expenses	17	
	18	Grants payable		
	19	Deferred revenue	19	
	20	Tax-exempt bond liabilities	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
ŝ	22	Loans and other payables to any current or former officer director,		
litie		trustee, key employee, creator or founder, substantial contributor, or 35%		
Liabilities		controlled entity or family member of any of these persons	22	242 707
	23	Secured mortgages and notes payable to unrelated trind parties	359,520.23	343,707.
	24	Unsecured notes and loans payable to unrelated third parties	24	
	25	Other liabilities (including federal income tax, payables to related third	! ! !	
	ļ.	parties, and other liabilities not included on lines 17-24). Complete Part X		
		of Schedule D	25	343,707.
	26	Total liabilities. Add lines 17 through 25	359,520.26	545,707.
	ļ	Organizations that follow FASB ASC 958, check here		
ě		and complete lines 27, 28, 32, and 33.	07	
lan	27	Net assets without donor restrictions	27	
183	28	Net assets with donor restrictions	20	· · · · · · · · · · · · · · · · · · ·
Net Assets or Fund Balances	1	Organizations that do not follow FASB ASC 958, check here $X_{\perp}$		
노		and complete lines 29 through 33.	0.29	0.
ts o	29	Capital stock or trust principal, or current funds	0.30	0.
sse	30	Paid-in or capital surplus, or land, building, or equipment rund	39,275.31	13,433.
t A:	¦ 31	Retained earnings, endowment, accumulated income, or other funds	-93,203.32	-79,770.
Ne	: 32	Total net assets or fund balances	266,317.33	263,937.
	33	Total liabilities and net assets/fund balances		Form <b>990</b> (2024

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Form 990 (2024) SPELTER VOLUNTEER FIRE DEPT
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).

<b>.</b>	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 0	Grants and other assistance to domestic organizations				
а	nd domestic governments. See Part IV, line 2+				
2 0	Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22				
-	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
i	ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members	· · _ · _ · _ · _ ·			· · · · · · · · · · · · · · · · · · ·
5 (	Compensation of current officers, directors,	:			
t	rustees, and key employees			+	
-	Compensation not included above to disqualified	!			
	persons (as defined under section 4958(f)(1)) and				i
ţ	persons described in section 4958(c)(3)(B)		····	<u> </u>	· · · · · · · · · · · · · · · · · · ·
-	Other salaries and wages		·		
	Pension plan accruais and contributions (include			i	
9	Other employee benefits				<u>.                                    </u>
0	Payroll taxes	↓			
1	Fees for services (nonemployees):				
а	Management				
	•	0.05		925	<u> </u>
с	Accounting	925.		<u> </u>	•
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,			:	I
	column (A), amount, list line 11g expenses on Sch (), $^{\rm c}$		·····		
12	Advertising and promotion			2,700	
13	Office expenses	<u> </u>		2,100	•
14	Information technology	<u> </u>	· ·-·· · ·	<u></u>	· · · · · · · · · · · · · · · · · · ·
15	Royalties	10 770	10,778		
16	Occupancy	10,778.	10,110	•	
17	Travel				
18	Payments of travel or entertainment expenses			Į.	
	for any federal, state, or local public ufficials				
1 <del>9</del>	Conferences, conventions, and meetings	75 363	25,362	)	
20	Interest	25,362.	43,304	· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates	1E 260	45,269	<u> </u>	
22	Depreciation, depletion, and amortization	<u>45,269</u> . 2,009.			
23	Insurance	4,009.	2,003		
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 C.)	7,155	7,155	5.	
a		6,846			
b	DEDATED AND MATNERNANCE	5,164			
Ċ.	OPPRINT DOUT DWEND	4,408			
d		5,213		3	
	All other expenses	115,829			5(
25	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here	İ			İ

Form 990 (2024)

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		Check if Schedule O contains a response or note to any line	(A) Total revenue	(B) Related or exempt function revenue	i	(D) Revenue excluded from tax under sections 512 - 514
1 a	a F	Federated campaigns 1a				
		Membership dues				
c	; F	Fundraising events				
i d		Related organizations 1d	•			
. e		Government grants (contributions) 1e 95,839.				
5 ř		All other contributions, gifts, grants, and				
		similar amounts not included above 1f 38,645.				
5		Noncash contributions included in lines "a-"f				
j s i h	-	Total. Add lines 1a-1f	134,484.			
<u> </u>		Business Code				
2 a	a					
 	ы. Б					
						·
	d					
Ĕ	e.				· · · · · · · · · · · · · · · · · · ·	
		All other program service revenue				
		Total. Add lines 2a-2f	· · · · · · · · · · · · · · · · · · ·			<u> </u>
3	-	Investment income (including dividends, interest, and				:
÷		other similar amounts)				
4		Income from investment of tax-exempt bond proceeds			<u>.</u> .	
5		Royalties			· · · · · · · · · · · · · · · · · · ·	<u> </u>
Ŭ		(i) Real (ii) Personal				
6	2	Gross rents 6a 1,450.				
		Less: rental expenses 6b 0.				
		Rental income or (loss) 6c 1,450.				
		Net rental income or (loss)	1,450	. 1,450	•	
		Gross amount from sales of (i) Securities (ii) Other			Ţ	
, 1		assets other than inventory 7a				
		Less: cost or other basis				
	U	and sales expenses				
	~	Gain or (loss)				<u> </u>
		Net gain or (loss)				:
		Gross income from fundraising events (not				
	a	including \$	l			
		contributions reported on line 1c). See				
I		Part IV, line 18	·			
1	ь	Part IV, line 18         8a         4,681.           Less: direct expenses         8b         11,353.	1			
	-	Net income or (loss) from fundraising events	-6,672	•		-6,672
~		Gross income from gaming activities. See				
э	а	Part IV, line 19				
1	h.	Less: direct expenses	•			
1		Net income or (loss) from gaming activities	;			
: 40		Gross sales of inventory, less returns				
10	) a					
ļ	١.	and allowances <u>10a</u> Less: cost of goods sold <u>10b</u>	1			
		Net income or (loss) from sales of inventory				
	ç	Net income or (loss) from sales of inventory Business Code				
S I.						
p_⊖'11	1a					
Miscellaneous Revenue	b					
Be	С					
Ξ		All other revenue				
		Total, Add lines 11a-11d	129,262	2. 1,450	). (	)6,67
12	2	Total revenue. See instructions				Form 990 (20

SPELTER VOLUNTEER FIRE DEPT

Form 990 (2024)
Part VIII S

Statement of Revenue

|--|

# 55-0476872 Page 8

(A) Name and title	(B) Average hours per week (list any	(do not box, uni officer a	Pos Pos check iless pe	C) ition more than one rison is both an lirector/trustee)	mpensated Employe (D) Reportable compensation from the	(E) Reportable compensation from related organizations	Estir amo ot	(F) mated junt of ther ensatior
	hours for related organizations below line)	Individual trustee or director	Difice	Key employee Highesi competisated former	(W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	fror orgar and	m the nization related lizations
			' - i			!	-	
		1		; ; ; ++		·		
<u> </u>	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		
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		-			<u> </u>			
		- : - :	I ,			· ·	:	
		_			- 			<del></del>
							!	
Subtotal		I			0	•	).	
					1 11	' (	1	
Total from continuation sheets to Total (add lines 1b and 1c)					0		)	
Total (add lines 1b and 1c) Total number of individuals (includir	ng but not limited to t			above) who i	0		)	
Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization	ng but not limited to t	those ii	isted		0 received more than \$10	00,000 of reportable	)	
Total (add lines 1b and 1c) Total number of individuals (includin compensation from the organization Did the organization list any former line 1a2 if 'Yes' complete Schedul	ng but not limited to t n officer, director, trus	those li stee, ke	isted ey en	ipioyee, or hi	0 received more than \$10 ghest compensated er	00,000 of reportable	)	Yes
Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization Did the organization list any former line 1a? If 'Yes,' complete Schedul For any individual listed on line 1a, i and related organizations greater th	ng but not limited to t n officer, director, trus le J for such individua is the sum of reporta han \$150,000? If 'Ye	those ii stee, ke a/ ible cor s, " con	istea ey en mpen mpleti	ipioyee, or hi isation and o e Schedule J	0 received more than \$11 ghest compensated er ther compensation fro for such individual	nployee on		Yes I
Total (add lines 1b and 1c) Total number of individuals (includin compensation from the organization Did the organization list any former line 1a? If 'Yes,' complete Schedul For any individual listed on line 1a, i and related organizations greater th Did any person listed on line 1a rec	ng but not limited to t officer, director, trus e J for such individua is the sum of reporta han \$150,000? If 'Ye eive or accrue comp	those ii stee, ke a/ ble con s," con	isted ey en mpen mplete	npioyee, or hi isation and o e Schedule J im any unrela	0 received more than \$11 ghest compensated er ther compensation fro for such individual	nployee on	3	Yes
Total (add lines 1b and 1c) Total number of individuals (includin compensation from the organization Did the organization list any former line 1a? If "Yes," complete Schedul For any individual listed on line 1a, i and related organizations greater th Did any person listed on line 1a rec rendered to the organization? If "Yes	ng but not limited to t officer, director, trus e J for such individua is the sum of reporta han \$150,000? If 'Ye eive or accrue comp es," complete Sched	those li stee, ka al ble con s, " con ensatio ule J fo	isted ey en mpen mpletto on fro or suc	ipioyee, or hi isation and o e Schedule J om any unrela th person	0 received more than \$11 ghest compensated er ther compensation from for such individual ated organization or inc	• C 00,000 of reportable nployee on m the organization lividual for services	3	Yes
Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization Did the organization list any former line 1a? If 'Yes," complete Schedul For any individual listed on line 1a, i and related organizations greater th Did any person listed on line 1a rec rendered to the organization? If "Yes ction B. Independent Contractors Complete this table for your five hild	ng but not limited to t officer, director, trus officer <i>uch individua</i> is the sum of reporta han \$150,000? <i>If 'Ye</i> eive or accrue comp es, " <i>complete Sched</i> ghest compensated i	those ii stee, ke al ible con s, " con ensatio <u>ule J fo</u> indepe	ey en mpen mplete on fro or suc	isation and o sation and o schedule J m any unrela <u>h person</u> t contractors	0 received more than \$11 ghest compensated er ther compensation froi for such individual ated organization or inc that received more that in the organization's ta	• C 00,000 of reportable nployee on m the organization lividual for services an \$100,000 of comp ax year.	3 4 5 ensation	Yes I
Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization Did the organization list any former line 1a? If 'Yes,' complete Schedul For any individual listed on line 1a, i and related organizations greater th Did any person listed on line 1a rec rendered to the organization? If 'Yes ction B. Independent Contractors Complete this table for your five hig the organization. Report compensation	ng but not limited to t officer, director, trus officer <i>uch individua</i> is the sum of reporta han \$150,000? <i>If 'Ye</i> eive or accrue comp es, " <i>complete Sched</i> ghest compensated i	those li stee, ke a/ ible con s, " com ensatio <u>ule J fo</u> indepe r year e	ey en mpen mplete on fro or suc	ippoyee, or hi isation and o e Schedule J om any unrela th person t contractors g with or with	0 received more than \$11 ghest compensated er ther compensation froi for such individual ated organization or inc	O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O	3 4 5 ensation	Yes
Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization Did the organization list any former line 1a? If 'Yes,' complete Schedul For any individual listed on line 1a, i and related organizations greater th Did any person listed on line 1a rec rendered to the organization? If 'Yes ction B. Independent Contractors Complete this table for your five hig the organization. Report compensation	ng but not limited to t officer, director, trus e J for such individua is the sum of reporta han \$150,000? If 'Ye eive or accrue comp es," complete Sched ghest compensated i ation for the calendar (A)	those li stee, ke a/ ible con s, " com ensatio <u>ule J fo</u> indepe r year e	isted ey en mpen npleti on fro or suc	ippoyee, or hi isation and o e Schedule J om any unrela th person t contractors g with or with	0 received more than \$11 ghest compensated er ther compensation froi for such individual ated organization or inc that received more that in the organization's ta (B)	O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O	3 4 5 ensation	Yes N from
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Total (add lines 1b and 1c) Total number of individuals (includir compensation from the organization Did the organization list any former line 1a? If 'Yes," complete Schedul For any individual listed on line 1a, i and related organizations greater th Did any person listed on line 1a rec rendered to the organization? If "Yes ction B. Independent Contractors Complete this table for your five hig the organization. Report compensation	ng but not limited to t officer, director, trus e J for such individua is the sum of reporta han \$150,000? If 'Ye eive or accrue comp es," complete Sched ghest compensated i ation for the calendar (A)	those li stee, ke a/ ible con s, " com ensatio <u>ule J fo</u> indepe r year e	isted ey en mpen npleti on fro or suc	ippoyee, or hi isation and o e Schedule J om any unrela th person t contractors g with or with	0 received more than \$11 ghest compensated er ther compensation froi for such individual ated organization or inc that received more that in the organization's ta (B)	O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O     O	3 4 5 ensation	Yes N from
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Form 990 (2024) SP 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.

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

(A)	(B)			(C	)	-	:	(D)	(E)	(F)
Name and title	Average	;do	not ch	Posit eck m	nore 1	han or	e	Reportable	Reportable	Estimated amount of
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	i (list any hours for	prect		1		-		organization	(W-2/1099-MISC/	from the
	related	6 01 0	<u> </u>			Isale		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	i tt no		, say	adia		1099-NEC)	·	and related
	below	duall	diona		nidu -	sloc	<u>م</u>		1	organizations
	line)	Individual lrustee of director	Institutional truslet	Omcer +	Key employee	Highest compensated employee	form		·	
(1) CLIFF WHITE	20.00	ļ			!			0.	0.	0.
VICE PRESIDENT			+	X				<u> </u>	i	· · · ·
(2) LORI DUNN	10.00	j –	i '							0.
PRESIDENT	. <u> </u>		+ +	Χ				0.	0.	<b>U</b> •
(3) SHAUN VANHORN	10.00	-	i i 1 l					0.	0.	0.
TREASURER				X				<u> </u>	0.	<u>·</u>
(4) JONATHAN KANOUFF	10.00				. 1			0.	0.	0.
DIRECTOR		X		• ·· ·	• •	+		0.		
(5) CLAY SHINGLETON	10.00	x	i		:	. : . i		0.	0.	0.
DIRECTOR					÷—					+
(6) MATT SHINGLETON	20.00				i	i		0.	0.	0.
CHIEF		X	1-	1		-		<u> </u>		· · · · · · · · · · · · · · · · · · ·
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Form 990)       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.       Open to Public Inspection         Name of the organization       Employer identification number       Employer identification number         SPELTER VOLUNTEER FIRE DEPT       55 - 0.476872         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         g       Special fundraising events         d       In-person solicitations         g       Special fundraising services?         b       In-person solicitations         g       Special fundraiser is to be complexed in form 990, Part VII) or entity in connection with professional fundraising services?         b       In-person solicitations         g       Special fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.					$\frown$		
Bit Method         Open to Public operation         Open to Public operat	SCHEDULE G (Form 990)		-	-	-		OMB No. 1545-0047
Destination of the "ready regaring a device soften in the organization         Attach to Form 990 or Form 990-EZ.         Open to Public Inspreciation           Varies 4 Reverse Server 1         60 to www.irs.gov/Form990 for instructions and the latest information.         Employer identification numbe 55-0476872           Pert 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 pad.         Indicate whether the organization rate funds shrough any of the following activities. Ohock all that apply: a Mail solucitations         Isolicitation of povermment grants           0         Define solucitations         1         Solicitation of poverment grants           0         Define solucitations         1         Solicitation of poverment grants           1         Define solucitations         1         Solicitation of poverment grants           2         Define regarization have a written or oral agreement with any individual (including officers, directors, trustee, or key employees lated in form 990, Part IV) or entry in contraisers) pursuant to agreements under which the fundraiser is to be componented at least 55 000 by the organization.           (i) Name and address of includial or entry (fundraser)         (ii) Activity         (iii) Grass receipts if or activity         (iv) Amount pad to (or resamed by corganization)           1         Definition         Definition         Definition         Definit definit           (iv) Name	. ,					,	
Implemental services       Cole wow.irs.gov/form690 for instructions and the latest information       Employer identification number 55–0476872         Part       Fundariasing Activities. Complete it the organization answered Yes on Form 930, Part IV, line 17. Form 930-PEZ filers are not required to complete his part.       1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e       Solicitation of nongovernment grants         b       Internet and email solicitations       f       Solicitation of nongovernment grants         c       Phone solicitations       g       Splicitation of poyvernment grants         c       Phone solicitations       g       Splicitation of poyvernment grants         d       Inspect solicitations       g       Splicitation of poyvernment grants         z       Dubt eorganization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part IV)       Yes       No         f(i) Name and address of individual or entities (fundrasers) pursuant to agreements under which the fundraser is to be compensated at least \$5,000 by the organization.       Yes       No         (ii) Name and address of individual or entities (fundrasers)       (iii) Grass recepts is form form form regetration or oral agreements under which the fundraser is to be organization.       (iv) Amount oad organis and by organization. <t< th=""><th>Department of the Treasury</th><th></th><th></th><th></th><th></th><th></th><th>-</th></t<>	Department of the Treasury						-
SPELTER VOLUNTEER FIRE DEPT     S5-0476872  Part     Fundraising Activities. Complete it the organization answered "Yes ion Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.     Mail solications     e Solicitation of powerment grants     b Interent and email solicitations     g Special fundraising services?     Phone solicitations     g Special fundraising services?     Yes No     If 'Yes, 'list the 10 highest bad individual (including officers, directors, trustees, or     key employees listed in Form 990, Part IVI) or entity in connection with professional fundraising services?     (v) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount paid     (vi) Amount     (vi) Amount     (vi) Amount     (v	Internal Revenue Service		www.irs.gov/Form990 for inst	tructions and t	he latest informatio		
Part       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       e       Solicitation of government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Dhone solicitations       g       Special fundraising services?       Ves       No         2       Dub the organization raise a written or oral agreement with any individual (including officers, itrustees, or key employees listed in form 990, Part VI) or entity in connection with professional fundraising services?       Ves       No         b       'f'yes, 'list the 10 highest pad individuals or entities (fundraisers; pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (i) Gross receipts       (i) Amount pad to (or retained by organization.         (i) Name and address of individual or entities (fundraiser)       (iii) Activity       (iii) Activity       (iii) Activity       (iv) Gross receipts       (i) Arrount pad to (or retained by organization)         (i) Name and address of individual or entities (fundraiser)       (iii) Activity       (iv) Gross receipts       (iv) Arrount pad to (or retained by organization)         Ves       No       Intertaine	Name of the organizatio		ייסדים מספייאוויו	הקיסת			
required to complete this part.     Indicate whether the organization raised funds through any of the following activities. Check all that apply.     a	Part I Eundrais				n Form 990, Part IV, I		
Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitations     Mail solicitation		-					
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 entities (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Name and address of individual or entity (fundraiser)       (iii) Activity       (iv) Gross receipts for mean to the fundraiser is to be compensated at least \$5,000 by the organization.       (v) Amount paid to (or retained by) fundraiser is to be compensated at least \$5,000 by the organization.       (vi) Amount paid to (or retained by) fundraiser is to be compensated at least \$5,000 by the organization.       (vi) Amount paid to (or retained by) fundraiser is to be compensated at least \$5,000 by the organization.       (vi) Amount paid to (or retained by) fundraiser is to be organization.         Yes       No       Yes       No       (vi) Amount paid to (or retained by) fundraiser is to be organization.       (vi) Amount paid to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activity is to (or retained by) form activit	a Aail solicita b Airternet and c Phone solic d In-person so	tions 1 email solicitations itations olicitations	e Solic f Solic g Spec	sitation of nongo sitation of gover sial fundraising	overnment grants nment grants events		
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Activity       (iv) Gross receipts from activity       (v) Amount paid to (or retained by organization to (or granization))         Yes       No         Yes       No         Image: Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Se	key employees lis b If "Yes, "list the 1	ited in Form 990, Pr 0 highest paid indiv	art VII) or entity in connection wil iduals or entities (fundraisers) pl	h professional f	fundraising services?	,,	
Yes       No         Yes       No         Image: Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second	(i) Name and addre	ss of individual		nave custody or control of		to (or retained t fundraiser	by) to (or retained by)
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							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration					→	 	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	• <b></b> _					:	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration					·		
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			•				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			<u> </u>		·	·	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			<u> </u>				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			I		:		
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration						· · · · · · · · · · · · · · · · · · ·	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			:			1	i
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration						<u> </u>	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	·						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration						-	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	Total		· · · · · · · · · · · · · · · · · · ·				
	3 List all states in v	which the organizati	on is registered or licensed to so	licit contributio	ns or has been notifie	ed it is exempt fr	om registration
				·		<u> </u>	
	<u> </u>						
			· · · · · · · · · · · · · · · · · · ·				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) (Rev. 12-2024)

Complete if the organization answered 'Yes" on Form 990, Par Total revenue, gains, and other support per audited financial statemer		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
Net unrealized gains (losses) on investments	2a	
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII.)		
Add lines 2a through 2d		2e
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Other (Describe in Part XIII.)		
Other (Describe in Part XIII.) Add lines 4a and 4b		40
		5
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I Int XII Reconciliation of Expenses per Audited Financi Complete if the organization answered 'Yes' on Form 990, Part Total expenses and losses per audited financial statements	ial Statements With Expe rt IV. line 12a.	nses per Return
<b>IT XII</b> Reconciliation of Expenses per Audited Financ Complete if the organization answered "Yes" on Form 990, Par	ial Statements With Expe rt IV. line 12a.	nses per Return
Image: style="text-align: center;">rt XII         Reconciliation of Expenses per Audited Financi           Complete if the organization answered "Yes" on Form 990, Par         Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:         Description	ial Statements With Expe	nses per Return
It XIIReconciliation of Expenses per Audited FinanceComplete if the organization answered "Yes" on Form 990, ParTotal expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilities	ial Statements With Expendent IV. line 12a.	nses per Return
It XIIReconciliation of Expenses per Audited FinanceComplete if the organization answered "Yes" on Form 990, ParTotal expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustments	ial Statements With Expendent IV. line 12a.	nses per Return
Reconciliation of Expenses per Audited Financi         Complete if the organization answered "Yes" on Form 990, Pair         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	ial Statements With Expendent IV. line 12a.	nses per Return
Image: system state in the image: system state in the image: system state in the image: system state in the image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image: system state image:	ial Statements With Expendent IV. line 12a.	nses per Return
Image: Network State       Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	ial Statements With Expert IV. line 12a.	nses per Return
Int XII       Reconciliation of Expenses per Audited Financi         Complete if the organization answered "Yes" on Form 990, Par         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ial Statements With Expert IV. line 12a.	nses per Return
Int XII       Reconciliation of Expenses per Audited Financi         Complete if the organization answered "Yes" on Form 990, Par         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ial Statements With Expert IV. line 12a.	nses per Return
Image: system constraints       Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1.	ial Statements With Expendent         rt IV. line 12a.         2a         2b         2c         2d	nses per Return
Reconciliation of Expenses per Audited Financi         Complete if the organization answered 'Yes' on Form 990, Pair         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1.         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	ial Statements With Expendent IV. line 12a.         2a         2b         2b         2c         2d	nses per Return
Reconciliation of Expenses per Audited Financial         Complete if the organization answered "Yes" on Form 990, Pair         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1.         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ial Statements With Expendent IV. line 12a.         2a         2b         2b         2c         2d	nses per Return



#### Schedule D (Form 990) (Rev. 12-2024) SPELTER VOLUNTEER FIRE DEPT 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, vine 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)	· · · · · · · · · · · · · · · · · · ·	<u></u>
(5)		
(7)		· · · · · · · · · · · · · · · · · · ·
(8)		
iotal (Col. (h) must equal Form 990, Part X, line 13, col. (F	R11	

#### 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)	Come OOO Part V line 15 col (PI)	

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

#### Other Liabilities Part X

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

	(a) Description of liability	(b) Book value
(1) Federal inco	me taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	nust equal Form 990. Part X. line 25, col. (B))	

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

Schedule D (Form 990) (Rev. 12-2024)

in li

	ule D (Form 990) (Rev. 12-2024) SPELTE					476872 Page 2
Par						
	Using the organization's acquisition, accession	on, and other record	s, check any of	the following that r	nake significant use of i	ts
	collection items (check all that apply).					
а	Public exhibition	d		exchange program		
b	Scholarly research	e	Other			
С	Preservation for future generations					
	Provide a description of the organization's co			-		art XIII.
	During the year, did the organization solicit o				similar assets	
	to be sold to raise funds rather than to be ma					YesNo
Par	reported an amount on Form 990, Par		te if the organiz	ation answered "Ye	es" on Form 990, Part IV	, line 9, or
1a	Is the organization an agent, trustee, custodi	ian, or other interme	diary for contrib	utions or other ass	ets not included	
	on Form 990, Part X?					Yes No
b	If "Yes, ' explain the arrangement in Part XIII					
						Amount
с	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year		· ·		1e	
f	Cardina hataaa				1f	
	Did the organization include an amount on F			or custodial accou	· · · · · · · · · · · · · · · · · · ·	Yes No
	If "Yes, ' explain the arrangement in Part XIII.					
Par						
		(a) Current year	(b) Prior yea		back   (d) Three years bac	ck (e) Four years back
1	Pagioning of year balance	(4) 02-01-0		(0) 10,000		
	Beginning of year balance					
	Contributions		:		· · · · · · · · · · · · · · · · · · ·	
	Net investment earnings, gains, and losses	· · · · · · · · · · · · · · · · · · ·	•			
	Grants or scholarships		<u>.</u>			
e	Other expenditures for facilities		1			1 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
	and programs	· ···-				
f	Administrative expenses	·				
g	End of year balance					i
2	Provide the estimated percentage of the cur	rrent year end balan	ce (line 1g, colu	mn (a)) held as:		
а	Board designated or quasi-endowment		/c			
ь	Permanent endowment	%				
с	Term endowment	%				
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.				
3a	Are there endowment funds not in the posse	ession of the organia	zation that are h	eld and administer	ed for the	
	organization by:					Yes No
	(i) Unrelated organizations?					3a(i)
	(ii) Related organizations?					3a(ii)
h	If 'Yes' on line 3a(ii), are the related organiz	ations listed as requ	ired on Schedu	le R?		3b
4	Describe in Part XIII the intended uses of the					·
	t VI Land, Buildings, and Equipr					
<u> </u>	Complete if the organization answere		0, Part IV line 1	1a. See Form 990,	Part X, line 10.	
	Description of property	(a) Cost or	other (b)	Cost or other	(c) Accumulated	(d) Book value
		basis (invest	iment) t	basis (other)	depreciation	F
1a	Land			5,786.		5,786
b	Buildings			472,357.	265,649.	206,708.
с	Leasehold improvements					
d	Equipment			714,266.	683,838.	30,428
e	Other			8,612.	<u> </u>	5,273
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, line 10c, co	olumn (B))		248,195

Schedule D (Form 990) (Rev. 12-2024)

		$\frown$	
SCHEDULE D (Form 990)	Supplemental Financial Stateme Complete if the organization answered "Yes" on Form S		OMB No. 1545-0047
(Rev. December 2024) Department of the Treasury Internal Revenue Service	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, o Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest inf	or 12b.	Open to Public Inspection
Name of the organizat		Employe	r identification numbe 55-0476872
Part I Organiz	ations Maintaining Donor Advised Funds or Other Similar Fu		
· · · · · · · · · · · · · · · · · · ·	on answered "Yes' on Form 990, Part IV, line 6.		
· · ·	(a) Donor advised funds	(b) Funds a	nd other accounts
1 Total number at e	nd of year		
	of contributions to (during year)		
00 0	of grants from (during year)	-	
4 Aggregate value a			
	ion inform all donors and donor advisors in writing that the assets held in donor	advised funds	
are the organizati	on's property, subject to the organization's exclusive legal control?		Yes 🗌 N
6 Did the organizati	ion inform all grantees, donors, and donor advisors in writing that grant funds ca	an be used only	
for charitable pur	poses and not for the benefit of the donor or deposited user for any other pur	pose conferring	
impermissible priv			Yes N
Part II Conserv	vation Easements. Complete if the organization answered "Yes" on Form	990, Part IV, line 7.	
1 Purpose(s) of cor	nservation easements held by the organization (check all that apply).		
Preservatio	in of land for public use (for example, recreation or education)	ion of a historically imp	ortant land area
Protection	of natural habitat	ion of a certified histori	c structure
Preservatio	on of open space		
	a through 2d if the organization held a qualified conservation contribution in the	form of a conservation	easement on the last
day of the tax yea			d at the End of the Tax Yea
	conservation easements	2a	
-	tricted by conservation easements		
-	ervation easements on a certified historic structure included on line 2a	2c	·
	ervation easements included on line 2c acquired after Hay 25, 2006, and not	······	
	cture listed in the National Register	2d	
	ervation easements modified, transferred, released, extinguished, or terminated		ring the tax
year			
	s where property subject to conservation easement is conted		
	ation have a written policy regarding the periodic manifolding, inspection, handlin	ng of	
-	nforcement of the conservation easements it holds	5	Yes N
6 Staff and volunte	er hours devoted to monitoring, inspecting, handling of violations, and enforcing	g conservation easeme	ents during the year
-			<b>u</b> ,
7 Amount of exper	nses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements of	during the year
·			0 /
8 Does each conse	 ervation easement reported on line 2d above satisfy the requirements of section	170(h)(4)(B)(i)	
and section 170(	h)(4)(B)(a)?		Yes
	ribe how the organization reports conservation easements in its revenue and ex	pense statement and	
balance sheet, a	nd include, if applicable, the text of the footnote to the organization's financial s	tatements that describ	es the
organization's ac	counting for conservation easements.		
Part III Organiz	zations 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 organizatio	n elected, as permitted under FASB ASC 958, not to report in its revenue stater	ment and balance shee	et works
of art, historical 1	reasures, or other similar assets held for public exhibition, education, or researc	ch in furtherance of put	olic
	in Part XIII the text of the footnote to its financial statements that describes the		
b If the organizatic	in elected, as permitted under FASB ASC 958, to report in its revenue statemen	t and balance sheet w	orks of
=	asures, or other similar assets held for public exhibition, education, or research i		
·	wing amounts relating to these items.		
	luded on Form 990, Part VIII, line 1	\$	
	ded in Form 990, Part X		
	on received or held works of art, historical treasures, or other similar assets for fil		····-
-	ounts required to be reported under FASB ASC 958 relating to these items:		
and reading and		¢	
a Revenue include	id on Form 990, Part VIII, line I	3	
	in Form 990, Part VIII, line 1	•	

		r 1						
	(Form 990) 2024	SPELTER V					55-0476872	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I Section D, lines 5, 6, ar	s 1, 2, 3b, 3c, 4b, 4c, D, lines 2 and 3; Part	5a, 6, 9a, 9b, 9c, IV, Section E, line	, 11a, 11b, es 1c, 2a, 2	and 11c; Part IV 2b, 3a and 3b; P	, Section B, lines 1 art V, line 1; Part V	I and 2; Part IV, Sectior 7, Section B, line 1e; Pa	n C, rt V,
	(See instructions.)	iu 6, and Part V, Sec	(IOU E, III les 2, 3,					
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#### SPELTER VOLUNTEER FIRE DEPT

Schee	dule A (Form 990) 2024 SPELTER VOLUNT			55	-0476872 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (contin	ued)	
Secti	on D - Distributions			,	Current Year
_1_	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported			
. <u>.</u>	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
_5	Qualified set-aside amounts (prior IRS approval required - pre	ovide 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 t	he 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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributic Pre-2024	ons	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		<u> </u>		
2	Underdistributions, if any, for years prior to 2024 (reason-				
~	able cause required - explain in Part VI. See instructions.	i i			
3	Excess distributions carryover, if any, to 2024	······································			· · · · · · · · · · · · · · · · · · ·
	From 2019		1. U.A.M. 9.	<b>t</b> -	#****
	From 2020				
	From 2021				·········
	From 2022				
	From 2023				
- <u>-</u> +	Total of lines 3a through 3e				
<u>`</u>	Applied to under distributions of prior years				
	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
i	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				
	Applied to 2024 distributable amount				
	Remainder Subtract lines 4a and 4b from line 4.				<u> </u>
	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				
	Excess from 2022				
	Excess from 2023				
e	Excess from 2024				
				<u> </u>	have a (Carm 000) 2024

Schedule A (Form 990) 2024

chedule A (Form 990) 2024 SPELTER VOLUNTEER FIRE			55-0476872 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Suppor			
1 Check here if the organization satisfied the Integral Part Test as a qualit			Part VI). See instructions
All other Type III non-functionally integrated supporting organizations m	iust complete S	Sections A through E.	
ection A - Adjusted Net Income	! 	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	<u> </u>	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	. <u> </u>	
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			1
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	<u> </u>	
ection 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,	- I		
see instructions).	4		· · · · · · · · · · · · · · · · · · ·
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		i 
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 pricr year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
<ul> <li>Check here if the current year is the organization's first as a non-funct</li> </ul>	ionally integrat	ed Type III supporting of	organization (see
instructions).		. –	

Schedule A (Form 990) 2024

(Form 990) 2024 SPELTER	VOLUNTEER	FIRE	DEPT
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2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	<u>11b</u>		
с	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 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 support organization(s) that operated, supervised, or controlled the support organization(s) that operated, supervised, or controlled the support organization.

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

#### Section C. Type II Supporting Organizations

Part IV Supporting Organizations (continued)

Schedule A

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).

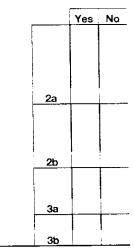
#### Section D. All Type III Supporting Organizations

			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			ł
	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		1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	i	
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		<u>i</u>

#### 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).
- 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.
- 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.
- 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.
- **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.



Schedule A (Form 990) 2024

(p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (p)       (	Form 4	4562 (2024)	SPELT	TER VOI	LUNTE	ER F	IRE	DEP'	<u>r</u>				<u> 55 -</u>	0476	<u>872 F</u>	Page 2
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34     36       27     Property used 50% or less in a qualified bulkness use       36       28     Add amounts in column (1). Ine 25. Enter here and on line 7.1 page 1       36     54.       28     Add amounts in column (1). Ine 25. Enter here and on line 7.1 page 1       29     Section B - Information on Use of Vehicles       29     Section B - Information on Use of Vehicles       29     Section B - Information on Use of Vehicles       20     Section B - Information on Use of Vehicles       20     Section B - Information on Use of Vehicles       20     Section B - Information on Use of Vehicles       20     Section B - Information on Use of Vehicles       20     Section B - Information on Use of Vehicles       20     Section C - Coperation, pating row other methods owner (or realted person.)       21     Otal dusness/investment miles driven during the year       22     Total commuting miles driven during the year       23     Total commuting miles driven during the year       24     Was the vehicle available for personal use driven during the year       34     Was the vehicle available for personal use driven during the year       35     Is another vehicle available for personal use driven during the year       35     Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Ano aren't more than 5% ownere or related person.	26 Pro	operty used more that	an 50% in a qual		,											
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27       Property used 50% or less in a qualified business use       S/L       S/L         36       S/L       S/L         28       Add amounts in column (1), line 26. Enter here and on line 7, page 1       28         29       Add amounts in column (1), line 26. Enter here and on line 7, page 1       29         29       Add amounts in column (1), line 26. Enter here and on line 7, page 1       29         29       Section 8 - Information on Use of Vehicles       Complete thin S% owner, for related person. If you provided vehicles to your omployees, first arswer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         20       Catal business/meetiment Tills driven during the year       20         21       Total other personal (noncommuting miles)       20         21       Total other personal (noncommuting) miles       0         31       Total other personal (noncommuting) miles       0         32       Add lines 30 mordph 32       20         34       Was the vehicle available for personal use       Vers No         34       Was the vehicle available for personal use       0         35       Is another wehicle available for personal use       Vers No         36       Is another mease during off-duty hours?       3         36       Is another mease during other per				-			-1			- + -	•	-			<b>.</b>	
%     SL       28     Acd amounts in column (h), lines 26 thrugh 27. Enter here and on line 21, page 1     28       29     Add amounts in column (h), lines 26 thrugh 27. Enter here and on line 21, page 1     28       29     Add amounts in column (h), lines 26 thrugh 27. Enter here and on line 7, page 1     28       30     Section B - Information on Use of Vehicles     29       Complete this section for vehicles used by a sole proprisor, partner, or other more than 5% owner, or related parson. If you provided vehicles to your employees, first answer the questions in Section C to see if you meat an exception to completing this section for those vehicles.       30     Total business/investment miles driven during the year     4       31     Total commuting miles (more during the year     4       32     Total commuting miles (more during the year     4       34     Was the vehicle available for personal use during of the year     4       36     Is another vehicle available for personal use during of the year     4       36     Is another vehicle available for personal use during the year     4       37     Device anises or related parsons.     Yes     No       36     Is another vehicle available for personal use during the year     4       36     Is another vehicle available for personal use during the year     4       37     Device ansers or related parisons.     Yes       37 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td> </td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>L</td><td></td></t<>															L	
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%     S/L       28     Add amounts in column (h), line 25, Enter here and on line 21, page 1     28       9     Add amounts in column (b), line 26, Enter here and on line 7, page 1     28       99     Add amounts in column (b), line 26, Enter here and on line 7, page 1     28       99     Add amounts in column (b), line 26, Enter here and on line 7, page 1     28       Scetion B - Information on Use of Vehicles     Section R - Information on Use of Vehicles       20     Journ amployees, linst answer the questions in Section C to see if you mate an exception to completing this section for those vehicles.       30     Total business/investment miles driven during the year       31     Total commuting miles driven during the year.       32     Total other personal (noncommuting) miles driven during the year.       31     Total other personal (noncommuting) miles driven during the year.       32     Total inters driven during the year.       34     Add amounts or delated person?       35     Was the vehicle available for personal use driven during the year.       36     ta archer vehicle available for personal use driven during the year.       37     Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees. Who aren't more than 5% owners or related person?       37     Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees ab personal						<u>.</u>										
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29       Add amounts in column (), line 28, Enter here and on line 7, page 1       29         Section 8 - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, panet han 5% owner, or orter intege that section for those vehicles.         30         (a)         (a)         (b)         (c)		<u> </u>								••	S/L·				•	
Section B - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other more than 5% conter, or related person. If you provided vehicles to your employees, linst answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/mvestment miles driven during the year       (a)       (b)       (c)       (d)       (e)       (f)         31       Total commuting miles       Vehicle 1       Vehicle 2       Vehicle 3       Vehicle 4       Vehicle 5       Vehicle 5         32       Total thore personal (noncommuting) miles       Image: section for those negative during the year       Image: section for those negative during the year         33       Total thore personal (noncommuting) miles       Image: section for personal use       Image: section for personal use       Image: section for thore negative during the year         34       Was the vehicle available for personal use       Yes       No       Yes       No       Yes       No       Yes       No         36       Is another vehicle available for personal use       Yes       No       Yes       No       Yes       No         37       Do you maintain a written policy statement that prohibits all personal use of vehicles for Use by Their Employees       Answer these questions for vehicles to your sequestion to completing Section 5 for more o	-		•				në 21,	page 1				28	-			
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.         30       total ousness/rwestment miles driven during the year       (a)       (b)       (c)       (d)       (e)       (f)         31       total commuting miles       Venicle 3       Venicle 3       Venicle 4       Venicle 5       Venicle 6         33       total commuting miles driven during the year.       Add lines 30 through 32       Venicle available for personal use driven during the year.       Venicle 1       Venicle 1 <td><b>29</b> Ac</td> <td>dd amounts in columi</td> <td>n (i), line 26. Ente</td> <td></td> <td></td> <td></td> <td><u> </u></td> <td></td> <td></td> <td></td> <td><u></u></td> <td>·<u>·····</u></td> <td><u></u> .</td> <td>- 29</td> <td></td> <td></td>	<b>29</b> Ac	dd amounts in columi	n (i), line 26. Ente				<u> </u>				<u></u>	· <u>·····</u>	<u></u> .	- 29		
by your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	~										n lete	1.0.000	. If you .		م امنطوب	
(a)       (b)       (c)       (c)       (d)       (e)       (f)         30       Total business/rwestment miles driven during the year       Vehicle 1       Vehicle 2       Vehicle 4       Vehicle 5       Vehicle 6         31       Total commuting miles       driven																6
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gat       Was the vehicle available for personal use during off-duty hours?       Yes       No			•	i .												
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.         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         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 read the requirements concerning qualified automobile demonstration use?       40         40       Do you meet the requirements concerning qualified automobile demonstration use?       Image: Coce Amortization       Image: Amortization         (a)       (b)       (c)       (d)       (e)       Amortization         (b)       Desenveren of costs       (b)       (c)       (d)       (e)       Amortization         42       Amortization of costs that begins during your 2024 tax year       43       43       43		-									<u>.</u>					
38       Was the vehicle used primarily by a more than 5% owner or related person?	<b>-</b> - · ·		•	use	Yes	No	Yes	No	Ye	s NO	Yes	NO	Yes	NO	Tes	NO
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.         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         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       9       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?       Amortization       Amortization         (a)       (b)       (c)       (d)       (e)       Amortization       Amortization         42       Amortization of costs that begins during your 2024 tax year:       43       43       43									+		<u> </u>	+	1	+		
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37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your       monoscience       Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Sec				u meet an e.	xception	to compi	eting a	Section		venicies u	sed by e	проуее	S WIND a	i en t		
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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)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amorization amount       Amortization       Amortization       Amortization         42       Amortization of costs that begins during your 2024 tax year       Code       Amortization       Amortization         43       Amortization of costs that began before your 2024 tax year       43       Amortization of costs that began before your 2024 tax year       43																
Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amorization       Amortizatile       Code       Amortization       Amortization         42       Amortization of costs that begins during your 2024 tax year:       Image: Code       td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Ì</td> <td></td>															Ì	
(a)     (b)     (c)     (d)     (e)     (f)       Description of costs     Date amorization begins     Amorizable amount     Code section     Amorization begins     Amorization for this year       42     Amortization of costs that begins during your 2024 tax year:     Image: Code amount     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section     Image: Code section						Jonpion	_ 5500									
Description of costs     Date amongration begins     Amontization amount     Code amount     Amontization becind or percentage     Amontization for this year       42     Amontization of costs that begins during your 2024 tax year:	(rai				(b)		(c)			(d)		(e)	)		(f)	
42 Amortization of costs that begins during your 2024 tax year:         43 Amortization of costs that began before your 2024 tax year				Date	amortization	م	Amortiza		l	Code	, i	Amorta	aton	,	Amortization for this year	
43 Amortization of costs that began before your 2024 tax year     43	40 ^	Amortization of costs	that begins duris	na vour 202		r:			<u> </u>							
43 Amortization of costs that began before your 2024 tax your	<u>42</u> /4	anornization of Costs	inde bogets dati			-										
43 Amortization of costs that began before your 2024 tax your			· · ·						+-				- 1		-	
43 Amortization of costs that began before your 2024 tax your	42 4	Amortization of coets	that began befo	re vour 202	4 tax vea		•		• ··				43			
													44			

<b>4562</b>	
Department of the Treasury Internal Revenue Service	

Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172 2024

990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Attachment Sequence No. 179	
Identifying number	

	LTER VOLUNTEER FIR			<u>M 990 PA</u>			55-0476872
Parl	Election To Expense Certain Prope	erty Under Section 17	9 Note: If you have any list	ted property, co	mplete Par		
1 M	aximum amount (see instructions)					1	1,220,000.
<b>2</b> To	otal cost of section 179 property plac	ced in service (see i	nstructions)			2	
3 Tr	nreshold cost of section 179 property	y before reduction i	n limitation			3	3,050,000.
<b>4</b> Re	eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter 0-			4	
<b>5</b> Do	Illar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter -	C-, :f married filing separately, see	Instructions		5	
6	(a) Description of p	roperty	(b) Cost (pusine	ess use only)	(c) Elected	cost	
	······································				-		· · · ·
	· · · · · · · · · · · · · · · · · · ·						
7 Li	sted property. Enter the amount fror	n line 29		7			
<b>8</b> To	otal elected cost of section 179 prop	erty. Add amounts	in column (c), lines 6 and	7		8	
	entative deduction. Enter the smalle					9	
	arryover of disallowed deduction from		23 Form 4562			10	
	usiness income limitation. Enter the			o) or line 5		11	
	ection 179 expense deduction. Add					12	
	arryover of disallowed deduction to :						
	Don't use Part II or Part III below fo						
Par				listed property	.)		
	pecial depreciation allowance for qu			• • •			· • · · • • • • • •
	• • •	anned property (our	er mannated property pr		anng	14	
	ne tax year	laation				15	
	roperty subject to section 168(f)(1) e					15	20,844
<b>Par</b>	till MACRS Depreciation (including ACRS)	tipoluda listed pro	norty. See instructions )	· · ·			20,0440
I GI	CIII WACKS Depreciation (Doit	Lincidde listed pro	Section A				
				• • • • • • • • • • • • • • • • • • • •		47	19,881
	IACRS deductions for assets placed	-					
<b>18</b> f	you are electing to group any assets placed in se				<u></u>	······〕	-
	Section B - Asset	(b) Month and	e During 2024 Tax Year I	Using the Gene	rai Deprec	lation Syster	n ·
	(a) Classification of property	year placed	only - see instructions	(d) Recovery period	(e) Corventio	r (f) Method	(g) Depreciation deduction
19a	3-year property			i			
b	5-year property		6,343.		HY	200DB	1,268
c	7-year property		9,400.		HY	200DB	<u> </u>
d	10-year property		19,331.	10 YRS.	HY	200DB	1,933
е	15-year property						
f	20-year property	1					•
g	25-year property			25 yrs.		S/L	
	· · · · · · · · · · · · · · · · · · ·	/		27.5 yrs.	MM	S/L	
h	Residential rental property	1		27.5 yrs.	, MM	S/L	
	· · · · · · · · · · · · · · · · · · ·	/		39 yrs.	мм	S/L	
i	Nonresidential real property	/	·····	00 9.0	MM	S/L	· · · · · · · · · · · · · · · · · · ·
	Section C - Assets	Placed in Service	During 2024 Tax Year U	sing the Altern		· · · · · · · · · · · · · · · · · · ·	em
					1	S/L	······································
<u>20a</u>	Class life			12 yrs.	+	S/L	 ·
b	12-year	,			MM	S/L S/L	
C	30-year			30 yrs. 40 yrs.			
d	40-year	<u> </u>		40 yrs.	MM	S/L	
<u> </u>	rt IV Summary (See instructions.						
	_isted property. Enter amount from li					21	
	Total. Add amounts from line 12, line						45 000
	Enter here and on the appropriate lin			itions · <u>see instr</u>		22	45,269
	For assets shown above and placed		e current year, enter the				
	portion of the basis attributable to se	ction 263A costs		23			

476251 12-20-24 LHA For Paperwork Reduction Act Notice, see separate instructions.

#### 2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 990	PAGE	10
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ORM 99	90 PAGE 10					<b>-</b>	r <u> </u>	990	<del></del>		1	······		r		1
Asset No.	Description	Date Acquired	Method	Life	G on v	l ine No	Unadjusted Cost Or Basis	Bus % Fxcl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
33	GEAR	06/27/24	200DB	5,00	нү	19в	5,002.				5,002.			1,000.	1,000.	
- - -	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						714,266.				714,266.	661,096.		22,742.	683,838.	
	LAND	1	1											- -		
1	LAND	12/01/51	L				5,786.				5,786.			٥.		
	* 990 PAGE 10 TOTAL LAND						5,786.				5,786.	0.		0.	0.	
	* GRAND TOTAL 990 PAGE 10 DEPR				ļ		1,201,021.				1,201,021.	907,557.		45,269.	952,826.	
	CURRENT YEAR ACTIVITY					ļ										
	BEGINNING BALANCE						1,165,947.			٥.	1,165,947.	907,557.			948,282.	
	ACQUISITIONS						35,074.			٥.	35,074.	0.			4,544.	
	DISPOSITIONS/RETIRED						0.			٥.	0.	0.			0.	
	ENDING BALANCE						1,201,021.			٥.	1,201,021.	907,557.			952,826.	
	ENDING ACCUM DEPR											952,826.				
	ENDING BOOK VALUE											248,195.	i			
											1			Ĩ		
				-								- -				
	1	<u> </u>				<u> </u>		<u> </u>		<u> </u>	<u> </u>	<u> </u>			[ <u></u>	1

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428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2024 DEPRECIATION AND AMORTIZATION REPORT

FOR

ORM 99	0 PAGE 10							990			·····					1
Asset No	Description	Date Acquired	Method	t ife	Corv	l ine 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	
12	2023 CAMAN ACCESSORY	08/22/23	200DB	5,00	ΗY	17	3,220.				3,220.	644.		1,030.	1,674.	
13	FURNITURE	04/01/02	SL	10.00		16	19,096.				19,096.	19,096.		0.	19,096.	
14	KME PUMPER	01/01/93	SL	10.00		16	122,500.				122,500.	122,500.		ο.	122,500.	
15	equipment	07/01/04	SL	10.00		16	76,066.				76,066.	76,066.		٥.	76,066.	.
16	2008 BOX BED PICK UP	04/01/10	SL	10.00		16	55,563.	5			55,563.	55,563.		0.	55,563.	
17	87 PIERCE	08/01/10	SL	10.00		16	69,960.				69,960.	69,718.		0.	69,718.	
18	PIERCE TANKER PUMPER	01/01/12	SL	10.00		16	61,170.				61,170.	61,170.		0.	61,170.	
19	TRUCK	06/15715	SL	10.00	1.11	16	/2016.4 <b>39</b> .		· · ·		96 139.	92,777.		9,644.	92,421.	
20	FURANCE	01/29/15	SL	10,00		1 ti					6 NDO.	528.		620.	6,148.	
21	FURNITURE	09/02/15	SL	10.00		16	1,000.				1,000.	833.		100.	933,	
22	FOAM PUMP	09/15/16	SL	10.00		16	6,095.				6,095.	4,470.		610.	5,080.	
23	POLARIS RANGER	09/15/16	200DB	5.00	нч	17	3,489.				3,489.	3,489.		0.	3,489.	
24	TRAILER	08/30/16	200DB	5.00	нү	17	2,748.				2,748.	2,748.		0.	2,748.	ן ן
25	BUNKER GEAR	02/15/17	200DB	5,00	ну	17	5,089.				5,089.	5,089.		0.	5,089.	
26	2000 DANKO INTL TANKER	10/15/17	200DB	5,00	нч	17	103,606,				103,606.	103,606.		٥.	103,606.	
28	RADIOS	04/27/22	200DB	5.00	нч	17	42,231.				42,231.	42,231.		٥.	42,231.	
31	EXTRACTOR	03/28/24	200DB	10.00	нч	19E	5,612.				5,612.			561.	561.	
32	WITMER GEAR	05/03/24	200DB	5.00	ну	19E	1,341.				1,341.			268.	268.	]

428111 04-01-24

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2024 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	0 PAGE 10							990			r			I		٦
Asset No.	Description	Date Acquired	Method	. Life	C o n v	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	
	BUILDINGS															
2	OLD BUILDING	12/01/51	SL	40.00		16	7,570.				7,570.	7,570.		o.	7,570.	
3	NEW BUILDING	04/01/02	SL	40,00		16	385,446.				385,446.	209,349.		9,636.	218,985.	
4	SIGN	02/01/17	SL	10.00		16	2,337.				2,337.	1,617.		234.	1,851.	
5	GENERATOR	08/15/18	200DB	7.00	ну	(17	27,285.				27,285.	23,632.		2,435.	26,067.	
6	BLDG IMPROVEMENT	03/24/23	200DB	10.00	ну	417	17,200.				17,200.	1,720.		3,096.	4,816.	
7	FURANCE 5 TON DAY ROOM	10/11/23	200DB	7,00	ну	17	9,400.				9,400.	1,343.		2,302.	3,645.	
29	GARAGE DOOR	05/03/24	200DB	10.00	.H.	d190	3,918.				3,918.			392.	392.	
30	FLOORING MAIN ROOM	09/13/24	200DB	10.00	н	d1 9 D	9,001.				9,801.			980.	980.	
34	HVAC	07/02/24	200DE	7.00	нл	<b>д 9</b> С	9,400.				9,400.			1,343.	1,343.	
	* 990 PAGE 10 TOTAL BUILDINGS						472,357.				472,357.	245,231.		20,418.	265,649.	
	FURNITURE & FIXTURES															
8	FURNITURE	04/17/23	200DE	7.00	H7	17	8,612.				8,612.	1,230.		2,109.	3,339.	·
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						8,612.				8,612.	1,230.		2,109.	3,339.	
	MACHINERY & EQUIPMENT															
9	BUNKER GEAR	04/08/23	200DE	5.00	н	217	2,974.				2,974.	595,	į	952.	1,547.	
10	HELMETS	10/11/23	200DE	5.00	нл	Y17	1,603.				1,603.	321.		513.	834.	
11	2023 CAMAN DEFENDER	04/28/23	200DE	5.00	HY	17	23,262.				23,262.	4,652.		7,444.	12,096.	

428111 04-01-24

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

	$\sim$								
SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	EZ	OMB No. 1545-0047						
(Rev. December 2024) Department of the Treasury	cember 2024)     Form 990 or 990-EZ or to provide any additional information.       nt of the "reasury     Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service Name of the organizatio			identification number						
FORM 990. PA	RT VI, SECTION A, LINE 6:								
	TION HAS MEMBERS								
FORM 990, PA	RT VI, SECTION A, LINE 7A:								
THE OFFICERS	AND FIRE CHIEF ARE ELECTED BY THE MEMBERS								
FORM 990, PA	RT VI, SECTION B, LINE 11B:								
THE FORM 990	IS AVAILABLE TO ALL BOARD MEMBERS FOR REVIEW	PRIOR	TO FILING.						
	RT VI, SECTION C, LINE 19:								
ALL DOCUMENT	S ARE AVAILABLE UPON REQUESWT								
ADD DOCUMENT	D AKE AVAILABLE OF ON ALGO AFAIL								
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Schedule O (Form 990) (Rev. 12-2024)

Schedule <u>G (Form 990)</u>
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SPELTER VOLUNTEER FIRE DEPT

r la Subblemen	al Information (continued)	
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Schedule G (Form 990)

Sch	nedule G (Form 990) (Rev. 12-2024) SPELTER_VOLUNTEER_FIRE_DEPT55-	0476	872	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	
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	
	indicate the percentage of gaming activity conducted in:		162	
a	a The organization's facility	i 13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's garning/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
t	o 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 the 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:			
	I 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			
<b>D</b> -	organization's own exempt activities during the tax year \$			
ra	<b>IT IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15a, 15a, 15a, 15a, 15a, 15a, 15a, 15a	art III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
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Schedule G (Form 990) (Rev. 12-2024) SPELTER VOLUNTEER FIRE DEPT

55-0476872 Page 2

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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE DINNER AND (add col. (a) through RAFFLE col. (c)) (total number) (event type) (event type) Revenue 4,681. 4,681. 1 Gross receipts 2 Less: Contributions 4.681. 4,681. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 11,353. 11,353. 7 Food and beverages 8 Entertainment 9 Other direct expenses 11,353. 10 Direct expense summary. Add lines 4 through 9 in column (d) -6.672. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingc col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses % Yes % Yes % Yes No No No 6 Volunteer labor 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: Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If 'Yes," explain: _____

432082 01-14-25

Schedule G (Form 990) (Rev. 12-2024)

# **Sun Valley Public Service District**

Regular Board Meeting Tuesday, May 13, 2025

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

Present	Employees	<b>Also Present</b>
Richard "Gregg" Dale	Kevin Short	Cody Turner
Connor Thompson		Zack Dobbins

#### 1. Approval of Minutes

Connor Thompson made a motion to approve the minutes from the Regular Board meeting on Tuesday April 8, 2025, as read. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.

#### 2. Signing of Checks

Connor Thompson made a motion to approve the Check Signed Document dated 4/15/25 through 5/13/25. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.

#### 3. Phase IIIA Sewer Project

Zack Dobbins informed the Board that he had the 10th Payment Request for the Phase IIIA Sewer Collection System Upgrades Project. After discussion, **Connor Thompson made a motion to approve Resolution #10 for the Phase IIIA Sewer Project, with \$1,845.00 going to Thrasher Engineering; and \$1,250.00 going to JD Utilities and \$113,195.48 going to Pro Contracting for a grand total of \$116,290.48 to be submitted to IJDC and Harrison County ARPA.** Gregg Dale seconded the motion. All in favor, none opposed and none abstained

#### 4. Phase IIIB Sewer Project

Zack Dobbins informed the Board that he had the 4th Payment Request for the Phase IIIB Sewer Collection System Upgrades Project. After discussion, Connor Thompson made a motion to approve Resolution #4 for the Phase IIIB Sewer Project, with \$11,400.00 going to Thrasher Engineering; with \$79,546.50 going to Pro Contracting Inc., and \$780.00 going to SVPSD ROW Reimbursement, for a grand total of \$91,726.50 to be submitted to WVDEP (SRF) and IJDC and EEG and the Harrison County Commission ARPA. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.

#### 5. Thrasher Engineering Progress Report

Cody gave the Board a progress report on the construction.

**Phase IIIA** – Cody informed the Board that he spoke to the Contractor this afternoon and their plan is to start next week on the punch list items and will get wrapped up. Cody said he believes they have until 5/21/25 to get this completed. Gregg said that he wanted to get along with everybody and he doesn't want a situation like what we went through with Dave Sugar Excavating, but if the punch list is not completed, then he is going to make a motion to hold

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C. C-5

the final funds. Gregg and everyone discussed this in detail.

**Phase IIIB** – Cody said that the contractors will be back in a couple weeks to start on III B as they are at Canaan Valley at the present time finishing a job.

**Indian Run** – Cody discussed with the Board the letter that was written to WVIJDC (Todd Johnston and Wayne Morgan) dated April 30, 2025, regarding the critical needs for the Water System Extension request for Indian Run. Cody told the Board that he hopes to hear from the Governor's office in the next couple of weeks. Cody said that he had Amendment #1 that he would like to present to the Board for review. He said when the funding goes through, they can hit the ground working. Cody said they have already ordered mapping from their mapping department, so when they get full authorization they will be going full throttle to get the design work done rather quickly. After the Board reviewed Amendment #1, **Connor Thompson made a motion to proceed on the Engineering Process with Thrasher Engineering for the Indian Run Waterline Extension. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.** 

#### 6. Manager's Report

- **A.** Kevin provided the Board with copies of the Delinquency Report Summary for Sun Valley PSD showing the total amounts still past due before charges were created on April 25, 2025 and discussed.
- **B.** Kevin provided the Board with copies of the Delinquency Report Summary for Lake Floyd PSD showing the total amounts still past due before charges were created on April 25, 2025 and discussed.
- **C.** 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.
- D. Kevin provided the Board with a copy of the Water Loss Report for July 2024 through June 2025. Kevin informed the Board that we had a Water Loss of 21.55 % for the month of April, 2025. He said that we have a 19.65% adjusted Water Loss for FY 2024-2025. Kevin and the Board discussed this in detail.
- **E.** 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 April, 2025 and discussed.
- **F.** Kevin provided the Board with a copy of the Vendor Invoice Report dated 04/30/25 and discussed.
- **G.** Kevin provided the Board with a copy of the CWCR (Current Cash Working Capital Reserve), Water to Water working Capital Reserve Savings Account for FY 2024-2025 and discussed.
- **H.** Kevin provided the Board with a copy of the CWCR (Current Cash Working Capital Reserve), Sewer to Sewer Working Capital Reserve Savings Account for FY 2024-2025 and discussed.
- I. Kevin provided the Board with a copy of the SVPSD Water Fund Budget for Fiscal Years 2025-2026 and the Sewer Fund Budget for Fiscal Years 2025-2026 and discussed. After discussion, Connor Thompson made a motion to accept the SVPSD Water Fund Budget for Fiscal Years 2025-2026 & the SVPSD Sewer Fund Budget for Fiscal years 2025-2026. Gregg Dale seconded the motion. All in favor, none opposed and none abstained.
- J. Kevin informed the Board that the culvert collapsed in our parking lot beside the Board room. Kevin showed the Board pictures of where it started out as a small hole and finally turned into 65 feet of culvert pipe they had to replace. Kevin and the Board discussed this in detail.

#### 7. Next Board Meeting

Connor Thompson announced that the next Board meeting would be June 10, 2025.

## 8. Adjournment

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

Chairman

Chairman Treasurer

Jandra attern Secretary

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#### Sun Valley PSD

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### VENDOR INVOICE REPORT ** OPEN INVOICES ** DUE DATE: 5/31/25 ** BANK:ALL ** BEGINNING DATE: 1/01/62 - ENDING DATE: 5/31/25 ** ** PAY-TO VENDOR ** ALL FUNDS

		ACC	OUNT	#	TITLE	QUAN	AMOUNTS	QUAN	BALANCES
В	80	391	000	00	OFFICE FURNITURE & EQUIPMENT	2	475.98	2	475.98
В	80	651	100	00	MAINTENANCE OF MAINS	1	2,234.53	1	2,234.53
В	80	663	000	00	METER EXPENSES	1	550.00	1	550.00
В	80	921	100	00	OFFICE SUPPLIES & OTHER EXPENS	4	564.05	4	564.05
В	80	923	400	00	OUTSIDE SERVICES-ACCOUNTING	1	6,333.30	1	6,333.30
В	80	930	100	00	EDUCATION/EMPLOYEES	1	266.00	1	266.00
В	80	933	000	00	TRANSPORTATION	2	1,760.12	2	1,760.12
		FU	ND#	80	WATER FUND	12	12,183.98	12	12,183.98
В	81	391	000	00	OFFICE FURNITURE & EQUIPMENT	2	203.99	2	203.99
В	81	392	000	00	TRANSPORTATION EQUIPMENT	1	697.50	1	697.50
В	81	793	000	00	GENERAL & MISC SUPPLIES & EXP	4	241.73	4	241.73
В	81	795	100	00	OUTSIDE SERVICES-ACCOUNTING	24	32,644.99	24	32,644.99
В	81	800	000	00	OTHER GENERAL EXPENSES	1	114.00	1	114.00
В	81	811	000	00	TRANSPORTATION EXPENSE	2	754.34	2	754.34
		FU	ND#	81	SEWER FUND	34	34,656.55	34	34,656.55
					ALL FUNDS	46	46,840.53	46	46,840.53