

Wednesday May 25, 2022

10:00 A.M.

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

Join Zoom Meeting

<https://us02web.zoom.us/j/7628160712>

Dial: 1-888-788-0099 US Toll-free

Meeting ID: 762 816 0712

Passcode: 270967

Appointments:

10:00 A.M. --- Call to Order --- Invocation --- Pledge of Allegiance

10:05 A.M. --- Funding Request --- YMCA of North Central WV, Inc. --- Richard Iquanta

10:20 A.M. --- Funding Request --- YCF --- Patricia Ryan

10:40 A.M. --- Check Presentation from Governor's Office to Commission for Kitten Korner ---
Delegate Danny Hamrick

NEW BUSINESS – Action Items for Consideration or Approval:

1. Public Comment Period
2. Consent Agenda
3. Payroll Change Notices:
 - A. Robert Mason --- New Hire --- Effective 06-01-2022 --- Assessor
 - B. Tyler James Hall --- FMLA --- Sheriff's Department
4. Minutes and /or Amended Minutes of Previous Meeting:
 - A. Regular Meeting Minutes 05-11-2022
5. Requisitions --- Purchase Orders --- Invoices
 - A. Vendor Requisition List of Payments
6. Exonerations --- Corrective Tickets --- Joint Property Application:
 - A. Exonerations --- See Exhibit A
 - B. Corrective Ticket --- See Exhibit B
7. Consideration of approval of a Project Fund Requisition for the payment of costs associated with the project to be financed from proceeds of the Series 2019 Bonds issued for the Charles Pointe Economic Opportunity Development District, Series 2021 A & B (Development District No. 3 White Oaks Project No. 2) & Series 2008 A (Charles Pointe Project No. 2 – North Land Bay Improvements):
 - A. Requisition for Payment No. (05/25/2022) ---MuniCap \$10,156.25
8. Consideration of Approval of Project Fund Requisitions for the payment of costs associated with the General Services Administration Building Project to be financed

from proceeds of the Series 2020 Bonds issued for the Harrison County Building Commission:

A. Requisition Number #62 --- The Thrasher Group \$1,062.60

B. Requisition Number #64 --- The Thrasher Group \$1,863.38

9. Review – Discuss – Consider Permission to Travel --- Jacquelin Snider --- NADCP Drug Court Conference Training --- Nashville, TN --- Community Corrections, Day Report Center --- 07-24-2022 to 07-28-2022
10. Review - Discuss – Consider Reappointment of Ms. Orpha Swiger to Harrison County Solid Waste Authority --- Term 07-01-2022 to 06-30-2026 (Current Term Expires 06-30-2022)
11. Review – Discuss – Consider Certification of 2022 Primary Election
12. Review – Discuss – Consider Appointment of Jason Snyder to Replace Ken Wankie that has Retired --- Harrison County Board of Education
13. Review-Discuss-Consider Improvements presented by Parks and Rec to Summit Park, Spelter Park, Rec Complex
14. Review-Discuss-Consider Budget for Community Improvement Levy
15. Review-Discuss-Consider Requirements, location of 10 acres, budget for barn, deed restrictions for sale of 54 acres and deed restrictions for all property being sold by county commission
16. Review-Discuss-Consider Approving money for Body Cams in upcoming budget
17. Review-Discuss-Consider Approve money to lease or purchase 12 to 20 police cars now or in upcoming budget
18. Review-Discuss-Consider Agreement between Harrison County Commission and Clarksburg Parks and Rec Commission
19. Review-Discuss-Consider Agreement between Harrison County Commission and Harrison County Parks and Rec Commission
20. Review-Discuss-Consider Selling or transferring the 53.94 acres 290/4 and 6.65 2303/54.19 acres to another a public entity for development
21. Review-Discuss-Consider Opening Ceremonies for new Annex (date, time, guest, public tours, refreshments, etc.)
22. Review-Discuss-Consider Finishing bridge and rail trail from Hite Field to Lost Creek (Cost, time to complete)
23. Review-Discuss-Consider Issues with Coke oven agreement
24. Review-Discuss-Consider Changes to employee hand book made by county attorney
25. Review-Discuss-Consider Transferring 8 million dollars of ARPA funds into the County General Budget to be used for grant matches from state and federal agencies
26. Review-Discuss-Consider Approval or update on an Architect or Engineering firm for Pickle Ball Courts, Skating Rink, Children's Barn and Pavilion
27. Administrator's Report
28. Commissioner Comments - Questions

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

- A. Weekly Fiduciary Report from the County Clerk**
- B. Monthly Fiduciary Commission Settlements (NONE)**
- C. Monthly Minutes/Financial Information from Various Boards, Committees and Public Service Districts:**
 - 1. Bingamon PSD --- Meeting Minutes 04-18-2022**
 - 2. Greater Harrison County PSD --- Financials 04-2022**
 - 3. Greater Harrison County PSD --- Special Meeting 05-04-2022**
 - 4. Greater Harrison County PSD --- Regular Meeting 04-20-2022**
 - 5. Spelter VFD --- Form 990 --- 2021**
- D. Thank you Card from City of Stonewood for Supporting their Stonewood 75 Celebration**

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

- T-1. Ordinance Modification Request Authorizing Volunteer Fire Companies & Paid Fire Companies to Charge Fees**

10:05 AM
5-25-2022

**HARRISON COUNTY COMMISSION
SPECIAL FUNDING REQUEST**

Thank you for the opportunity to support your project. Please complete this application and return it to the Harrison County Commission, 301 West Main Street, Clarksburg, WV 26301 by fax or email:
Fax: 304-624-8673; Email: countyadministrator@harrisoncountywv.com; Question: 304-624-8500 Funding is derived from the State of West Virginia/Video Lottery Funding.

Date of Request: _____

Organization Name: YMCA of North Central West Virginia, Inc.

Name and Title of Requester: Benton Walker, CEO

Mailing Address of Organization and Responsible Person: P.O. Box 688 Clarksburg, WV 26302

If approved, this is where the check will be sent

Telephone: 304-623-3303

Fax _____

E-mail: bwalker@hcn-ncwvymca.org

FEIN# _____ Is your organization an IRS 501(c) 3 not-for-profit?

If yes, attach IRS Status Letter

If no, please explain:

TOTAL Cost of Project/Activity: \$2,500

Dollar Amount REQUESTED - Grant: \$1,500.00

Loan: \$ _____

Was project funded previously by HCC? ☒ Yes ☐ No

If so, when 2021

how much: \$1,500

Purpose of request (one sentence): Annual 5K race (supplies)

If for a fair/festival/event, give dates and location: Date July 9, 2022

Location: VA park

Describe the proposed activities with dollar amounts to be funded by this request:

Are your financial statements audited by an outside accounting firm? ☒ Y ☐ N

If Yes, by whom: We have an Annual Financial Review by Baker Tilley.

Do you plan to recognize the Harrison County Commission's contribution? If

Yes, how? Yes, via social media and on the T-Shirts.

HARRISON COUNTY COMMISSION

SPECIAL FUNDING REQUEST

(Name of Applicant) YMCA of North Central, WV 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) YMCA of North Central WV, the recipient of funding from the Harrison County Commission hereunder, that (Name of Applicant) YMCA of NCWV shall immediately report 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) YMCA of North Central WV 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

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 & Title of ApplicantForster, CEO**Date:** 4-14-22

This funding request is:

APPROVED

NOT APPROVED

TABLED

Amount Approved: \$ _____

Paid Date: _____

With the following notations: _____

Action taken at Harrison County Commission meeting (Date): _____

Commissioner Signature

10:20 AM
5-25-2020

HARRISON COUNTY COMMISSION SPECIAL FUNDING REQUEST

Thank you for the opportunity to support your project. Please complete this application and return it to the Harrison County Commission, 301 West Main Street, Clarksburg, WV 26301 by fax or email:
Facsimile: 304-624-8673; Email: countyadministrator@harrisoncountywv.com:
Questions: 304-624-8500 Funding is derived from the State of West Virginia/Video Lottery Funding.

Date of Request: April 28, 2022
Organization Name: Your Community Foundation of North Central West Virginia, Inc. (YCF)
Name & Title of Requestor: Patricia S. Ryan, President
Mailing Address of Organization and Responsible Person:
PO Box 409, Morgantown, WV 26507
If approved, this is where the check will be sent
Telephone: 3 Fax: _____ E-mail: patty@ycfww.org

FEIN# _____	Is your organization an IRS 501(c) 3 not-for-profit?
If yes, attach IRS Status Letter	
If no, please explain:	

TOTAL Cost of Project/Activity: \$ 1 Million
Dollar Amount REQUESTED - Grant: \$ 50,000 Loan: \$ 0

Was project funded previously by HCC? YES ☒ NO ☐ If so, when _____ how much: \$ _____

Have you previously received funds from the Harrison County Commission:	Y <input type="radio"/> N <input checked="" type="radio"/>
If Yes, how much? If funded multi years - list by fiscal year?	
When: _____; how much: \$ _____	
When: _____; how much: \$ _____	

Purpose of request (one sentence): Secure \$1 Million matching gift to greatly expand grant making capacity for nonprofit organizations in Harrison County, WV.
If for a fair/festival/event, give dates and location: _____ Date: _____ Location: _____

Describe the proposed activities with dollar amounts to be funded by this request:
Every year, YCF receives dozens of grant applications for important projects/programs and emerging community needs that fall outside the scope of our available funds. YCF's ability to support community needs of this kind is solely dependent upon our IMPACT Fund which houses crucial unrestricted funds to support charitable organizations' grant requests. Today, our IMPACT Fund is very modest, allowing us to support only a small fraction of the worthy requests we receive. In 2021, the IMPACT Fund was only able to cover 4% of the grant dollars requested by charitable organizations throughout the region. It is our goal to provide a minimum of \$100,000 annually for grantmaking in our service area. The proposed Harrison County IMPACT Fund would benefit specifically Harrison County.

Are your financial statements audited by an outside accounting firm? ☒ Y ☐ N
If Yes, by whom: Suttle & Stalnaker CPAs

Do you plan to recognize the Harrison County Commission's contribution? If
Yes, how? With permission, YCF is prepared to name a permanent endowed fund for Harrison County, issue a press release, include the fund on YCF's website, annual report, social media posts, and a photo opportunity.

HARRISON COUNTY COMMISSION**SPECIAL FUNDING REQUEST**

Your Community Foundation of North Central West Virginia, Inc. (YCF)

(Name of Applicant) _____ 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) YCF _____, the recipient of funding from the Harrison County Commission hereunder, that (Name of Applicant) YCF _____ shall immediately report 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) YCF _____ agrees to fully cooperate with the police and the Prosecuting Attorney's Office toward the successful prosecution of such activity.

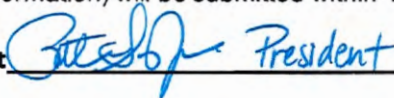
Please attach to this Request the following:

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

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

 President

Date

4/28/2022

For Official Use:

This funding request is:

APPROVED

NOT APPROVED

TABLED

Amount Approved: _____

Paid Date: _____

With the following notations:

Action taken at Harrison County Commission meeting on: _____

Approval Signature

Date

PAYROLL CHANGE NOTICE

3-A

DATE OF CHANGE 5/17/22	EMPLOYEE #	SOCIAL SECURITY NO	
NAME ROBERT MASON II		ADDRESS	
PHONE	CITY/STATE/ZIP CLARKSBURG WV	DEPARTMENT 407	SHIFT

THE CHANGE(S):

✓ All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB	NEW HIRE FOR	
<input type="checkbox"/> SHIFT	407 DATA	
<input type="checkbox"/> RATE		Collector
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN	BEGINNING JUNE 1 2022	
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE STARTING STEP + GRADE	
<input type="checkbox"/> OTHER (Explain) 5-1	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE <i>[Signature]</i>	DATE
HUMAN RESOURCES MANAGER	DATE



PAYROLL CHANGE NOTICE

DATE OF CHANGE	EMPLOYEE #	SOCIAL SECURITY NO	
NAME <u>Tyler Hall</u>		ADDRESS	
PHONE	CITY/STATE/ZIP	DEPARTMENT <u>700</u>	SHIFT

THE CHANGE(S):

<input checked="" type="checkbox"/> All Applicable Boxes	FROM	TO
<input type="checkbox"/> DEPARTMENT		
<input type="checkbox"/> JOB		
<input type="checkbox"/> SHIFT		
<input type="checkbox"/> RATE		
<input type="checkbox"/> ADDRESS/PHONE		
<input type="checkbox"/> BENEFIT PLAN		
<input type="checkbox"/> OTHER _____		
<input type="checkbox"/> OTHER _____		

THE REASON FOR THE CHANGE(S):

<input type="checkbox"/> HIRED	<input type="checkbox"/> PROBATIONARY PERIOD COMPLETED
<input type="checkbox"/> RE-HIRED	<input type="checkbox"/> LENGTH OF SERVICE INCREASE
<input type="checkbox"/> PROMOTION	<input type="checkbox"/> RE-EVALUATION OF EXISTING JOB
<input type="checkbox"/> DEMOTION	<input type="checkbox"/> RESIGNATION
<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RETIREMENT
<input type="checkbox"/> MERIT INCREASE	<input type="checkbox"/> LAYOFF
<input type="checkbox"/> WAGE SCALE CHANGE	<input type="checkbox"/> DISCHARGE
<input type="checkbox"/> LEAVE OF ABSENCE FROM _____ (DATE) UNTIL _____ (DATE)	
TYPE OF LEAVE <u>FMLA</u> <u>12 weeks</u>	
<input type="checkbox"/> OTHER (Explain) _____	

AUTHORIZATION:

EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE
HUMAN RESOURCES MANAGER	DATE



At the regular meeting of the County Commission of Harrison County held on Wednesday May 11, 2022, Commissioners Susan J. Thomas and David Hinkle were present. Patsy Trecost was present via zoom. Also present were John Spires, County Clerk, and Laura Pysz, County Administrator. Commissioner Thomas opened the meeting and Johnny Davis, from the IT Department, led those present in prayer and in the Pledge of Allegiance to the Flag. All motions passed unanimously unless otherwise noted.

Appointments:

10:00 A.M. --- Call to Order --- Invocation --- Pledge of Allegiance

10:05 A.M. --- Proclamation Tommy "Franco" Thomas – David Tucker – Laura Pysz, County Administrator, read the proclamation declaring May 11, 2022 as Tommy "Franco" Thomas Day.

10:20 A.M. --- Funding Request – Humane Society of HC – Frankie Dennison - Frankie Dennison, from the Humane Society, spoke about the pet expo and the funding request. Trecost made a motion to approve \$1500.00. Motion carried.

10:40 A.M. --- Proclamation from Governor Jim Justice for Mental Health Acceptance Week – Aaron Futton / Darci Scott - Jeannie McGinty, from WVU Healthy Minds in Clarksburg, read the proclamation declaring May 1st – 7th, 2022 as Children's Mental Health Acceptance Week. McGinty stated that there will be a Mental Health Day at the Shinnston Fire Department on Saturday, May 14, 2022.

NEW BUSINESS – Action Items for Consideration or Approval:

1. Public Comment Period – Mickey Petitto, from Commercial Appraisers, addressed the Commission in regards to the potential sale of property on Rt. 279. Petitto requested appraisal of the property. David Tucker spoke about the proclamation for Tommy Thomas. Amy Wilson, from Harrison County Economic Development, spoke about property adjoining the airport and how she felt now was the best time to apply for funding. Wilson asked if there was a plan of action for the development.
2. Consent Agenda – Hinkle made a motion to approve. Motion carried.
3. Payroll Change Notices: Hinkle made a motion to approve. Motion carried.

- A. Carole Renee Courtney – 16 Hours LWOP --- Parks & Recreation
4. Minutes and /or Amended Minutes of Previous Meeting: Hinkle made a motion to approve.
A & B. Motion carried.
 - A. Special Meeting Minutes --- April 19, 2022 (Draft)
 - B. Regular Meeting Minutes --- April 27, 2022 (Draft)
 5. Requisitions --- Purchase Orders --- Invoices – Hinkle made a motion to approve 5A.
Motion carried.
 - A. Vendor Requisition List of Payments
 6. Exonerations --- Corrective Tickets --- Joint Property Application :(NONE)
 7. Consideration of approval of a Project Fund Requisition for the payment of costs associated with the project to be financed from proceeds of the Series 2019 Bonds issued for the Charles Pointe Economic Opportunity Development District, Series 2021 A & B (Development District No. 3 White Oaks Project No. 2) & Series 2008 A (Charles Pointe Project No. 2 – North Land Bay Improvements): Hinkle made a motion 7A-C. Motion carried.
 - A. Requisition No. (05/11/22) --- UMB Bank \$362.50
 - B. Requisition No. 49 (05/11/22) --- MuniCap, Inc. \$1,825.00
 - C. Requisition No. 50 (05/11/22) --- MuniCap, Inc. \$1,775.00
 8. Consideration of Approval of Project Fund Requisitions for the payment of costs associated with the General Services Administration Building Project to be financed from proceeds of the Series 2020 Bonds issued for the Harrison County Building Commission – Hinkle asked for an update on the amount of expenses left for the building. Hinkle made a motion to approve 8A & B. Motion carried.
 - A. Requisition Number #61 --- Rycon Construction \$1,168,065.63
 - B. Requisition Number #62 --- Rycon Construction \$51,291.00
 9. Review – Discuss – Consider Promoting Gary Dennis Burner to Deputy Director of Animal Control W/A Paygrade of 8 - 4 Effective 05/25/2022 (new payperiod) – Laura Pysz, County Administrator, stated it was her recommendation to promote Gary Burner to Deputy Director of Animal Control. Hinkle made a motion to approve. Motion carried.
 10. Review - Discuss – Consider Bridgeport PD Notice of Membership Harrison & Taylor E911 Advisory Board – Laura Pysz, County Administrator, stated this was the letter that was approved by the E911 Advisory Board. Hinkle made a motion to approve Bridgeport Interim Chief, Mark Rogers, to the appointment. Motion carried.
 11. Review – Discuss – Consider Selling Excess County Property as Set Forth on List – Laura Pysz, County Administrator, stated there are three properties on the list. The properties include the Farms at Maple Lake, property by the airport, and Rt. 19 demo property in Hepzibah. Thomas asked what the purpose was in originally purchasing the properties and if there are any plans in the pipeline for developing the properties. Amy Wilson, from Harrison County Economic Development, spoke on the history and interest of the airport property. Trecost stated terms and conditions can be placed on the Ratino property at the airport. Trey Simmerman, County attorney, gave an overview on several options on private/public partnership for lease/sale. Trecost made a motion to sale all three pieces of property, and to sell the Ratino property under the conditions that the county retains ownership of approximately 10 acres and enter a site development agreement relating to

the development of the parcel that is acceptable to the county on the terms and conditions to be developed as part of the sale. Then 10 acres would be designated for the Youth Farming Complex and only commercial or industrial could be developed on the remaining acreage. Hinkle spoke of the need for an industrial park. Thomas stated she would like to see documentation before it is put out for auction. Trey Simmerman stated this is just approval for the concept. Trecost and Thomas voted yes. Hinkle voted no. Motion carried.

12. Review – Discuss – Consider Update from parks on projects. Balance in park's budget --- Projected expenses by June 30. (projects, wages, etc.) – Mike Book, Parks and Recreation Director, and Doug Comer, Deputy Director, gave an update on projects with Good Hope baseball field, basketball court, and swing sets. Comer & Book spoke on water damage at Spelter and work on dugouts and playground equipment. Comer & Book spoke on the removal of a trailer on the property and potential additional parking. Comer & Book spoke about drainage issues and fencing at Summit Park. Comer & Book spoke about cleaning and resurfacing the basketball court at Wallace. Comer & Book stated they are still looking for additional employees for summer programming.
13. Review – Discuss – Consider staff to report on GSA building change orders, change request, cost for changes & status of FFE purchases – Laura Pysz, County Administrator, stated the total finance for the GSA building has been \$19,813,874.00. Current cost and remaining estimates: Construction contract award cost was \$15,458,000.00. Site demo was \$1,000,000.00. Demo change order #1 was \$165,540.00. Demo change order #2 was for \$1,367.00. Demo change order #3 was \$21,854.00. This was a request for extra days and it is still pending. Miscellaneous change order #1 was for \$50,800.00. Miscellaneous change order #2 was for over excavation of soils for \$136,975.00. Change order #3 was for under drain for \$9876.00. Change order #4 was for bottle fillers for day report for \$9,540.00.00. Change order #5 is \$26,762.00. Still have pending cameras for county clerk tax office, and day report. Still pending are TV outlets and power for day report. Still pending is a door added between bookkeeping and payroll. Still pending is cut cast stone for front steps. Balance on design contract is \$396,900.00. Past expenditures eligible for reimbursement is \$1,400,000.00. For the FFE: furniture is \$390,559.00, day report is \$61,000.00, high density storage for county clerk is \$112,000.00 and is still pending, high density storage for day report is \$37,500.00 and is still pending, owner construction testing is \$110,000.00 and utility relocation is \$52,000.00.. Total current project cost is \$19,581,863.00. Pysz, County Administrator, stated furniture delivery date for the new building will be June 27th and Gary Hamrick, will be the liaison with elected officials to show them their respective space in the new building. Pysz stated a change order of \$51,291.00 was approved last week, but is not included in today's list.
14. Review – Discuss – Consider Approve new computers for assessor, tax, clerk, voting and commission offices – Laura Pysz, discussed quotes for new computers. Charlie Curkendall, stated that 1/3 of all computers are replaced yearly and his advice is to replace computers on a rotating basis. Rocky Romano asked for new computers to move to the new building. Trey Simmerman, County Attorney, spoke about a phased plan for all elected officials and one person to be assigned for all call issues. Hinkle made a motion to go ahead and start the process to purchase the equipment with Advantage. Motion carried.

15. Review – Discuss – Consider staff update on Rail Trails --- Money spent this fiscal year --- Amount budgeted this year --- Projected cost by June 30 – Laura Pysz, County Administrator, stated grass will be cut this week on the North trail. Pysz stated they are continuing to have issues with ATV's and motorcycles on all trails. On the South trail, fibernet is done. Gravel will be spread this week. On the North trail, they have cut brush and replaced a culvert. Work on the trail from Glen Falls and Spelter should be done by May 13th. For year-to-date, we have spent \$67,000.00 on rail trails from rail trail line item. That leaves a balance of \$73,897.00. There was \$140,905.00 budgeted for the line item. There was \$1,200,000.00 allocated for paving. Total of \$600,000 was coming out of community improvement and \$600,000.00 was coming out of coal severance. Since paving bids were less than expected, \$780,000 of the \$1,200,000.00 has been reallocated to the North trail. That still leaves \$420,000 for paving. There is \$150,000 budgeted for next year's rail trail projects. Trecoast mentioned getting with the Sheriff on trading a 4-wheeler for a side-by-side to help patrol the trails. Hinkle asked what has been paid to Thrasher and what account it has come out of. Hinkle asked why money has not been moved from the ARP funds to the rail trail line item. Hinkle asked if coke ovens have been fenced off yet. There still remains one bridge to update. There is a legal issue with a property owner who uses it as an access to their property. An update will be given at the June 8th meeting.
16. Review – Discuss – Consider Update on elevators --- Discuss replacing them. Laura Pysz, County Administrator – Elevator 1 is scheduled to be fixed in June. TKE has been coming in every day to reset the computer to keep Elevator 2 working. Elevator 2 cannot be fixed permanently till Elevator 1 is fixed. Thomas stated the elevators were put in service in 2006. Hinkle wants to have it placed on next week's agenda to start the bidding process. Hinkle asked Laura Pysz to contact Ralph Peterson, who has previous experience with the elevator.
17. Review – Discuss – Consider Report on ARPA funds --- Report, copies of requested projects, etc. – Laura Pysz, County Administrator, stated they have had one request for reimbursement and that was in the amount \$187,797.00 for a street sweeper for the City of Shinnston. Pysz stated it was approved by the commission and has been sent to the state for approval. Pysz stated it falls in line with the water/sewage/internet category for the ARP funds. Hinkle stated he was appalled at how this transaction was handled.
18. Review – Discuss – Consider Entry of Agreed Order Withdrawing Motion for an Order Appointing the Sheriff of Harrison County, West Virginia as Administrator De Bonis Non, of the Estate of Shirley J. Epling – Trey Simmerman, County Attorney, stated this agreement cancels out the original request to have the Sheriff appointed as administrator of the estate. Hinkle made a motion to approve and affix the three commissioner's signatures. Motion carried.
19. Review – Discuss – Consider Michael Blake for reappointment --- East View PSD Board --- Term Expired April 2022 --- Effective 05/11/2022 – 05/10/2028 – Hinkle made a motion to approve. Motion carried.
20. Review – Discuss – Consider Sharon Hamilton for reappointment --- Enlarged Hepizbah PSD Board --- Term expired December 2021 --- Effective 05/11/2022 – 05/10/2028 – Hinkle made a motion to approve. Motion carried.

21. Administrator's Report – Laura Pysz, County Administrator, stated that Election Canvass will begin Monday at 9 am. Pysz thanked all the poll workers and team for their work on Election Day. Pysz stated that animal control is accepting applications for the spay/neuter program. Pysz stated they are looking at various options for the annex roof leaking. Hinkle asked if Pysz and the Sheriff are squared away on Blue/Gold Development. Hinkle asked if the Supreme Court is being brought in on a matter. Pysz, County Administrator, stated they are not.
22. Commissioner Comments – Questions – Trecost asked Laura Pysz, County Administrator to get with the Sheriff before July 1st to look at purchasing 12 new cruisers and to look at a new lease agreement for camera vests. Hinkle would like to point out that when the Ratino property came up for sale, the original commissioners recognized the importance of developing the property. Hinkle feels the county has made a mistake by not getting on board to work with the people for development. Hinkle doesn't think a private investor will ever put in the amount of money needed to develop the property.

Hinkle made a motion to adjourn. Motion carried.

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

Susan J. Thomas, President

Date

May 25, 2022

5-A

Date of Meeting	May 25, 2022		
Work Order Number	Vendor Name	Amount of Invoice-Quote	Description

31942	Staples	\$954.79	Black Toner/Pros. Atty
38976	Advantage Technology	\$99,169.36	Equipment/New Building
39064	U S Cellular	\$633.10	Cellular Account/Home Confin
39065	The Water Shop	\$36.75	Water/Cooler/Comm. Corr.
39066	Alere Toxocology Services	\$55,530.30	Lab Confirmations/Day Report
39067	Mirco Distributing II	\$2,002.65	Lab Confirmations/Day Report
39069	Trac Solutions	\$4,331.00	Monitoring Fees/Home Confinement
39070	Dana Safety Supply (Fleet Safety)	\$255.00	Window Bars/Law Enforce.
39072	Lowe's	\$253.74	Maintenance Supplies/Day Report
39073	Alcohol Monitoring Systems	\$1,229.60	Daily Monitoring
39074	Uline Inc.	\$40.36	Replacement Boxes/Day Report
39077	Streicher's - Minneapolis	\$2,619.88	Simu-Mask & Rounds/Law Enf.
39079	U S Cellular	\$2,859.78	Cellular Account/Law Enforce.
39080	Trapuzzano's Uniforms	\$208.89	Uniform Shirts/Deputy Baldwin
39082	Stationers	\$226.64	Office Supplies/Park & Rec.
39083	Sandy's	\$80.95	Maintenance Supplies/Parks
39084	Marsh	\$38.44	Gas & Oil Can/ Park & Rec.
39085	Sandy's	\$179.95	Leaf Blower /Park & Rec.
39086	James & Law	\$637.10	Toner /Parks & Rec.
39092	Xerox Coporation	\$351.39	Copier Rental/ County Clerk
39094	Mon Power	\$23.95	Service Spelter Park
39095	Mon Power	\$20,329.40	Service Courthouse/Annex
39096	Pace Shredding	\$745.30	Shredding Service /Courthouse
39097	BSN Sport	\$4,499.99	Pitcher Mound/Park & Rec.
39098	Mountain Medical Equipment Inc	\$2,200.00	Specimen Collection Hats/Day Report
39099	A-1 Exterminating Co. Inc	\$125.00	Pest Control/Animal Control
39100	Ace Aggregates Inc.	\$464.48	Stone/Rail Trail/Spelter to Glen Falls
39101	The Thrasher Group	\$5,068.40	Harrison Co. Rail Trail Eng of Record
39102	Wboy	\$1,240.00	Commerical/Park & Rec.
39103	AT&T Mobility	\$120.72	LPR Data & Equipment/L.E.
39104	Woodford Oil	\$990.00	200.0 Bio Clear Additive
39105	Town of Nutter Fort	\$472.77	Utility Service Public Safety Bldg
39107	Woodford Oil	\$1,650.00	5W20 Bulk Oil / Garage
39108	TK Elevators	\$2,385.50	Labor for Service/Elevators
39109	Dominion Energy of WV	\$186.58	Public Safety Bldg./Service
39113	Commerce District Charles Pointe	\$342.88	Association Dues /E911
39116	Harrison County Sheriff	\$50.00	Demo Property/70 Coplin Ave.
39118	Harrison County Sheriff	\$50.00	Demo Property 112 Fleming St
39119	Harrison County Sheriff	\$50.00	Demo Property/Flint St.
39120	Harrison County Sheriff	\$50.00	Demo Property/Joe Town Rd.
39121	Harrison County Sheriff	\$50.00	Demo Property/Junkins Ave.
39122	AT&T Mobility	\$136.26	Service /Pros. Atty

May 25, 2022

39124	Matthew Bender Co.	\$603.61	WV Criminal Proc. HDBK/Pros. Atty.
39125	Will County Sheriff's Department	\$62.00	Process Service
39127	Marsh	\$27.20	Copies of Keys/Park & Rec.
39128	Trac Solutions	\$23,552.50	Monitoring Fees/Home Confinement
39136	Ace Aggregates Inc.	\$565.28	Stone/Rail Trail/Spelter to Glen Falls
39137	Advantage Technology	\$3,240.00	410 Microsoft License/Courthouse
39138	Global Equipment Co.	\$28.89	Rechargeable Batteries/Maintenance
39139	Hart Office Solution	\$175.35	Copier Rental/911
39140	JD's General Contracting & Hauling	\$5,425.00	Spelter Hometeam Dugout
39141	Lowe's	\$85.49	Tradestack Multi Access/Maintenance
39143	Liberty Distributors, Inc.	\$2,785.91	Janitorial Supplies / Cage
39145	Harrison County Sheriff	\$25.00	Process Service
39146	Sanzo Specialties Inc	\$618.04	Firefighters Accountability Tags
39147	Town of West Milford	\$2,000.00	Contribution Community Festival
39148	Truist Bank	\$3,409.02	Various Charges/Pros.Atty
39150	Truist Bank	\$699.78	WV APCO Conference/C.Cutright/911
39153	Truist Bank	\$715.03	Various Charges/Animal Control
39154	WV State Auditor	\$23,175.00	Financial Audit
39156	A-1 Exterminating Co. Inc	\$373.25	Pest Control/Various Location
39157	Harrison County Bank	\$34,405.48	Airport Property Payment
39158	Advance Auto	\$71.23	Automobile Parts/Garage
39159	Advance Auto	\$142.74	Automobile Parts/Garage
39161	Appalachian Tire Products	\$1,173.00	Tires/Garage
39162	Clarksburg Water Board	\$72.52	Water Service
39163	Chenoweth Ford	\$663.38	Parts & Supplies/Garage
39164	Dominion Energy of WV	\$71.17	Service/WVU Extension Office
39165	Fisher Auto	\$481.40	Automobile Parts/Garage
39166	Harry Green	\$105.95	Wheel Alignment / Garage
39167	JD's General Contracting & Hauling	\$5,425.00	Spelter Visiting Team Office
39168	Posey's Auto Wrecking	\$60.00	Automobile Parts/Garage
39169	Robertson Heating Supply	\$55.87	Maintenance Supplies/Courthouse
39170	Sandy's	\$24.19	Maintenance Supplies/Garage
39171	Sunset Outdoor Supply	\$618.74	Spindle Blade Bolt/Maintenance
39173	Dominion Energy of WV	\$207.48	Service/Animal Control
39174	Waste Management	\$92.84	Waste Collection/Courthouse
39175	Mon Power	\$151.65	Service/ Animal Control
39176	Mon Power	\$533.00	Service/Salem Tower
39178	SHI	\$193.00	Black Toner / Grants Dept.
39179	Truist Bank	\$2,193.63	Various Charges/Co.Commission
39192	CDWG	\$5,712.55	Computers/Community Corrections
39193	Jotform	\$4,740.00	Forms & App making software/I.T.
County Clerk	POS Supply Solutions	\$39.50	Black Ribbon Cartridge

May 25, 2022

County Clerk	Fifth Third Bank	\$212.29	Election Day Supplies
County Clerk	The Exponent Telegram	\$196.44	Legal Ads
County Clerk	Election Systems & Software	\$10,278.15	Coding/Layout & Audio
Diana Caton	Diana Caton - Milliman	\$24.67	Wellness Reimbursement
	Total	\$348,383.12	

6-A
Exhibit A

Exonerations

EXHIBIT A

PP 219 Joe F. & Pamela Pernell

PP 220 Timothy J. & Dona M.

EXONERATIONS

STATE OF WEST VIRGINIA

COUNTY OF HARRISON

Personal Property

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

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

On the 25th day of May, 2022 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **PERNELL JOE F & PAMELA** whose address is, 2291 SUN VALLEY RD CLARKSBURG, WV 26301, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **5010** on **2008 Jeep Wrangler**, Class **3/4** in **COAL-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **180**, Class **3/4** in and for the year **2021**, resulting in a difference in assessed value of **4830**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2021**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

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

The above mentioned taxpayer in error reported the 2008 Jeep, the vehicle was assessed and paid on the sons account # 3070498. Exonerate a value of 4830 at a class 3 rate of levy to correct the overcharge. Please remove the 08 Jeep Wran (4830) from the vehicle description.

District: **07 - COAL-OUTSIDE**Account No. **3022883**Ticket No. **700000103**Tax Year **2021**

Amount Exonerated: \$112.48

PRESENT: Prosecuting Attorney
(or)

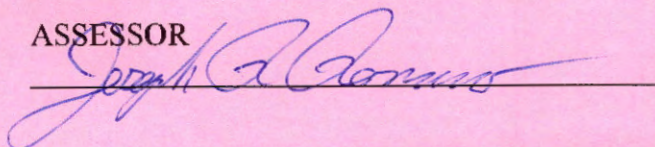
APPROVED: President, County Commission

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR



PP220

EXONERATIONS

STATE OF WEST VIRGINIA

COUNTY OF HARRISON

Personal Property

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

David Hinkle

Susan J. Thomas

Patsy Trecoast II

On the 25th day of May, 2022 issued the following order, which was made and entered, to-wit:

Upon application of CRICHARDS for **ROBINSON TIMOTHY J & DONA M** whose address is, 61 SCHOOL ST SALEM, WV 26426, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of **31650** on **2018 Jeep Wrangler**, Class **3/4** in **TENMILE-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at **14625**, Class **3/4** in and for the year **2021**, resulting in a difference in assessed value of **17025**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, in and for the year **2021**, if the same has not been paid, and if it has been paid, that the Sheriff refund the same to them.

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

The above mentioned taxpayer in error reported the 2018 Jeep Wrangler, the vehicle is assessed and paid on Dona's account # 3080384. Exonerate a value of 17025 at a class 3 rate of levy to correct the overcharge. Please remove the 18 Jeep Wran (17025) from the vehicle description also please remove Dona M name from the account.

District: **18 - TENMILE-OUTSIDE**
Account No. **3055258**
Ticket No. **926698**
Tax Year **2021**

Amount Exonerated: \$396.48

PRESENT: Prosecuting Attorney
(or)

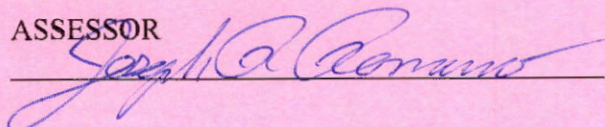
APPROVED: President, County Commission

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR



6-B
Exhibit B

Corrective Tickets

EXHIBIT B

RE 160 Michael Lee McCray

RE 161 Michael Lee McCray

RE 160

CORRECTIVE TICKET

STATE OF WEST VIRGINIA

COUNTY OF HARRISON

Real Estate

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

David Hinkle

Susan J. Thomas

Patsy Trecoast II

On the 25th day of May, 2022 issued the following order, which was made and entered, to-wit:

Upon application of DMCNEMAR for **MCCRAY MICHAEL LEE** whose address is, 751 GRAFTON RD FAIRMONT, WV 26554, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of on **2 LOTS ENTERPRISE INC PAR 14**, Class 3/4 in **CLAY-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at , in and for the year **2020**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, and that a corrected assessment and the payment of the correct tases so assessed in and for the year **2020**, as described below, be so ordered.

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

Correct legal only from 1 Lot Enterprise (.29 ac) to above description.

District **05 - CLAY-OUTSIDE**

Account No. **6242014**

Ticket No. **14953**

Tax Year **2020**

Amount Exonerated: \$

Corrected Ticket Amount: \$

TIF: #

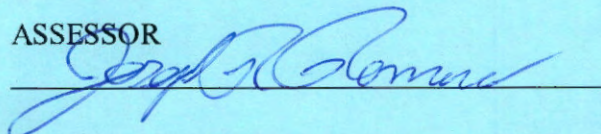
PRESENT: Prosecuting Attorney

(or)

PRESENT: Tax Commissioner

ATTEST: County Clerk

ASSESSOR



APPROVED: President, County Commission

ORDER ENTERED TO STATE AUDITOR

RE 1161

CORRECTIVE TICKET

STATE OF WEST VIRGINIA

COUNTY OF HARRISON

Real Estate

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

David Hinkle

Susan J. Thomas

Patsy Trecoast II

On the 25th day of May, 2022 issued the following order, which was made and entered, to-wit:

Upon application of DMCNEMAR for **MCCRAY MICHAEL LEE** whose address is, 751 GRAFTON RD FAIRMONT, WV 26554, who proved to the satisfaction of the Commission that said property owner is aggrieved by an erroneous assessment of on **2 LOTS ENTERPRISE INC PAR 14**, Class 3/4 in **CLAY-OUTSIDE**, Harrison County, West Virginia, which should have been assessed at , in and for the year **2021**. The Commission therefore, orders that the said applicant be and is hereby exonerated from the said erroneous assessment and from the payment of the taxes so assessed, and that a corrected assessment and the payment of the correct taxes so assessed in and for the year **2021**, as described below, be so ordered.

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

Correct legal only from 1 Lot Enterprise (.29 ac) to above description.

District **05 - CLAY-OUTSIDE**

Account No. **6242014**

Ticket No. **14953**

Tax Year **2021**

Amount Exonerated: \$

Corrected Ticket Amount: \$

TIF: #

PRESENT: Prosecuting Attorney
(or)

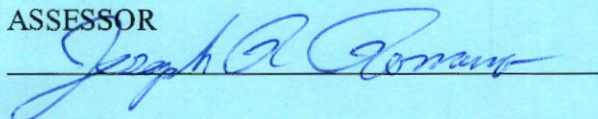
APPROVED: President, County Commission

PRESENT: Tax Commissioner

ORDER ENTERED TO STATE AUDITOR

ATTEST: County Clerk

ASSESSOR



7-A

**FORM OF REQUISITION
FOR PAYMENT FROM SERIES A
ADMINISTRATIVE EXPENSE FUND**

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

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

REQUISITION FOR PAYMENT NO. (05/25/22)

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 **\$10,156.25.**

5. The total amount requested to be disbursed from the Series A Administrative Expense Fund pursuant to this Requisition is **\$10,156.25.** 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) **\$10,156.25** 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 **25th day of May, 2022** .

THE COUNTY COMMISSION OF
HARRISON COUNTY

By: _____
Its President

Schedule I
to Requisition

Copies of Invoices or Statements
(Attached)

MuniCap, Inc.	Invoice #032022-132	Dated 05/25/22	\$10,156.25
		Total	\$10,156.25

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

INVOICE

Invoice Date 5/25/2022
Invoice # 032022-132

Balance Due

Remit check to:

or

Wire Instructions:

Bill To:

Mrs. Susan Thomas
County Commission of Harrison
County WV
301 West Main Street
Clarksburg, WV 26301

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

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

*ABA Routing No.: 031 301 422
To the account of: MuniCap, Inc.
Account No.: 00 082 362 31*

Project Charles Pointe Consulting 2263

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date
5/25/2022

Invoice #
032022-132

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

Terms Net 30, ...
Client # 2263

Project		Charles Pointe Consulting		
Item	DATE	Description	Hrs	Amount
Assoc (KMO)	2/1/2022	Participate in call with assessor and review model to plan next steps.	2	350.00
Assoc (KMO)	2/2/2022	Review model and discuss questions internally.	0.75	131.25
Assoc (KMO)	2/8/2022	Continue updating model development summary.	0.5	87.50
Sr VP (DS)	2/8/2022	Review assessment methodology and prior iterations.	1	275.00
Assoc (KMO)	2/9/2022	Update model absorption and other schedules, research personal property tax information.	1	175.00
Assoc (KMO)	2/10/2022	Review model and draft and send questions to client point of contact.	0.5	87.50
Assoc (KMO)	2/11/2022	Research comparable properties.	1.25	218.75
Sr VP (DS)	2/11/2022	Review projections. Provide updates.	2	550.00
Assoc (KMO)	2/12/2022	Update model and research personal property tax information.	1	175.00
Assoc (KMO)	2/14/2022	Speak with county regarding valuation questions and review administrative information from current tax district.	0.75	131.25
Assoc (KMO)	2/15/2022	Continue review of administrative data from existing district and find additional information on existing properties.	1.75	306.25
Vice Pres (MM)	2/16/2022	Provide associate information needed to update projections.	0.5	125.00
Assoc (KMO)	2/16/2022	Continue review of existing real and personal property tax information in district.	1.75	306.25
Assoc (KMO)	2/18/2022	Research existing parcels in district and their real property and personal property values and their comparability to future development.	1	175.00
Sr VP (DS)	2/18/2022	Attend conference call with underwriter. Review materials. Discuss with associate.	3	825.00
Assoc (KMO)	2/19/2022	Review real property and personal property information from a different West Virginia TIF district and research Charles Pointe residential properties.	2.25	393.75
Assoc (KMO)	2/20/2022	Compare real property and personal property information from multiple TIF districts and search for comparable residential properties.	2.25	393.75
Assoc (KMO)	2/21/2022	Research comparable properties, review materials sent by developer, follow up with questions.	2	350.00
Assoc (KMO)	2/22/2022	Update model based on information received by developer.	2	350.00

Total

MuniCap, Inc.
Suite 210
8965 Guilford Road
Columbia, MD 21046

INVOICE

Invoice Date 5/25/2022
Invoice # 032022-132

Balance Due \$10,156.25

Remit check to:

or

Wire Instructions:

Bill To:

Mrs. Susan Thomas
County Commission of Harrison
County WV
301 West Main Street
Clarksburg, WV 26301

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

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

*ABA Routing No.: 031 301 422
To the account of: MuniCap, Inc.
Account No.: 00 082 362 31*

Project Charles Pointe Consulting 2263

PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT

Invoice Date
5/25/2022

Invoice #
032022-132

MuniCap, Inc.

Suite 210
8965 Guilford Road
Columbia, MD 21046

Terms Client #
Net 30, ... 2263

Project Charles Pointe Consulting

Item	DATE	Description	Hrs	Amount
Assoc (KMO)	2/23/2022	Perform updates to model, mostly regarding structure of sheets and connections to each other.	1.25	218.75
Assoc (KMO)	2/24/2022	Create new model schedules, incorporate data, research comparable properties.	3.5	612.50
Sr VP (DS)	2/24/2022	Review projections. Prepare Marshall & Swift. Discussions with associate.	8	2,200.00
Assoc (KMO)	2/25/2022	Continue creating additional model schedules and summarize information for client.	2.25	393.75
Assoc (KMO)	2/28/2022	Briefly review relevant tax rates, discuss final model changes internally.	0.5	87.50
Sr VP (DS)	2/28/2022	Update, proof, and circulate projections.	4.5	1,237.50
		Subtotal Fees:		10,156.25
EIN: 03-0461891. Overdue accounts are subject to 1% monthly finance charge.			Total	\$10,156.25

DS

Billing Inquiries? Call (443) 539-4104
Page 2

E

8-A

HARRISON COUNTY BUILDING COMMISSION
LEASE REVENUE BONDS
SERIES 2020
(GENERAL SERVICES ADMINISTRATION BUILDING PROJECT)

REQUISITION FORM

WesBanco Bank, Inc.
One Bank Plaza
Wheeling, West Virginia 26003
Attn: Corporate Trust Department

Ms. LaShawnda K. Fogle,

You are authorized to make the following disbursement from the Acquisition Fund maintained under that certain Bond Indenture and Security Agreement dated as of October 1, 2020, by and between the Harrison County Building Commission and WesBanco Bank, Incorporated as Trustee:

- (1) Requisition Number: # 62
- (2) The Thrasher Group Inc.
600 White Oaks Blvd.
Bridgeport, WV 26330
- (3) Amount: \$1062.60

A. The expense listed above has been incurred as a Cost of the Project, is properly chargeable against the Acquisition Fund, is due and unpaid, and has not been the basis of any previous disbursement.

B. The total obligation on account of which the payment requested herein is to be made is \$1062.60 of which has previously been paid, and \$1062.60 remains outstanding.

C. If applicable, a copy of the invoice relating to this payment is attached, and a description of the work, materials or equipment is attached. There are no vendors', mechanics' or other liens, bailment leases or conditional sales contracts which should be satisfied or discharged before the payments as requisitioned therein are made, or which will not be discharged before the payments as requisitioned therein are made, or which will not be discharged by such payment.

D. That the work, material or other purchased item to which the payment relates has been accomplished, delivered or installed in a manner satisfactory to the County.

E. Funds remaining in the Acquisition Fund are sufficient to complete acquisition, construction, equipping, and improvement of the Project.

F. The Trustee shall have no duty to make any investigation of this Requisition or invoices/statements attached hereto, but may accept the same as conclusive evidence of the

accuracy of this Requisition. Trustee may rely in good faith on this Requisition signed by an Authorized Lessee Representative and that said document is believed to be genuine.

Dated this ____ day of _____, 2022.

THE COUNTY COMMISSION
OF HARRISON COUNTY

By: _____

Its: _____

REIMBURSEMENT AND THIRD PARTY PAYMENTS

(1) Reimbursement to Issuer or Harrison County Commission:

	<u>Vendor</u>	<u>Description of Expense</u>	<u>Payment Date</u>	<u>Amount</u>
a.				
b.				
c.				
d.				
e.				
f.				
Total				\$ -

(2) Payments to Third Party Payees or Other Vendors:

	<u>Vendor</u>	<u>Description of Expense</u>	<u>Approval Date</u>	<u>Amount</u>
a.	The Thrasher Group	Sight Work	25-May-22	\$1,062.60
b.				
c.				
d.				
e.				
f.				
Total				\$ 1,062.60

(3) Total amount of disbursements pursuant to this Requisition: \$ 1,062.60

The items listed for reimbursement listed above in Section 1 & Section 2
are supported by attached copies of invoices or statements.

Approval Signature

Date



ARCHITECTURE | ENGINEERING | FIELD SERVICES

The Thrasher Group Inc.
600 White Oaks Blvd
Bridgeport, WV 26330

Harrison County Commission
301 WEST MAIN STREET
CLARKSBURG, WV 26301

May 9, 2022

Project No: 060-10232.00

Invoice No: 1022814

Invoice Total **\$1,062.60**

Project 060-10232.00 HCC-COURTHOUSE ANNEX CLERK OF THE WORKS

Project Summary

PHASE	PREVIOUSLY INVOICED	CURRENT INVOICE	TOTAL AMOUNT INVOICED
ENGINEERING DURING CONSTRUCTION	\$6,884.03	\$1,062.60	\$7,946.63
	\$6,884.03	\$1,062.60	\$7,946.63

Invoice Total **\$1,062.60**

Phase 401 ENGINEERING DURING CONSTRUCTION
Professional Personnel

		Hours	Rate	Amount	
BILLER, CHADWICK	3/31/2022	2.00	150.00	300.00	
BILLER, CHADWICK	4/14/2022	2.00	150.00	300.00	
BILLER, CHADWICK	4/28/2022	3.00	150.00	450.00	
Totals		7.00		1,050.00	
Total Labor					1,050.00

Reimbursable Expenses

DIRECT BILLABLE TRAVEL

3/25/2022	BILLER, CHADWICK	Contractor Meeting	4.20	
3/31/2022	BILLER, CHADWICK	Contractor Meeting	4.20	
4/28/2022	BILLER, CHADWICK	BiWeekly Contractor Mtg	4.20	
	Total Reimbursables		12.60	12.60

Total this Phase \$1,062.60

Total this Invoice \$1,062.60

Billings to Date

	Current	Prior	Total
Labor	1,050.00	6,825.00	7,875.00
Expense	12.60	59.03	71.63
Totals	1,062.60	6,884.03	7,946.63

8-B

HARRISON COUNTY BUILDING COMMISSION
LEASE REVENUE BONDS
SERIES 2020
(GENERAL SERVICES ADMINISTRATION BUILDING PROJECT)

REQUISITION FORM

WesBanco Bank, Inc.
One Bank Plaza
Wheeling, West Virginia 26003
Attn: Corporate Trust Department

Ms. LaShawnda K. Fogle,

You are authorized to make the following disbursement from the Acquisition Fund maintained under that certain Bond Indenture and Security Agreement dated as of October 1, 2020, by and between the Harrison County Building Commission and WesBanco Bank, Incorporated as Trustee:

- (1) Requisition Number: # 64
- (2) The Thrasher Group Inc.
600 White Oaks Blvd
Bridgeport, WV 26330
- (3) Amount: \$1,863.38

A. The expense listed above has been incurred as a Cost of the Project, is properly chargeable against the Acquisition Fund, is due and unpaid, and has not been the basis of any previous disbursement.

B. The total obligation on account of which the payment requested herein is to be made is \$1,863.38 of which has previously been paid, and \$1,863.38 remains outstanding.

C. If applicable, a copy of the invoice relating to this payment is attached, and a description of the work, materials or equipment is attached. There are no vendors', mechanics' or other liens, bailment leases or conditional sales contracts which should be satisfied or discharged before the payments as requisitioned therein are made, or which will not be discharged before the payments as requisitioned therein are made, or which will not be discharged by such payment.

D. That the work, material or other purchased item to which the payment relates has been accomplished, delivered or installed in a manner satisfactory to the County.

E. Funds remaining in the Acquisition Fund are sufficient to complete acquisition, construction, equipping, and improvement of the Project.

F. The Trustee shall have no duty to make any investigation of this Requisition or invoices/statements attached hereto, but may accept the same as conclusive evidence of the

accuracy of this Requisition. Trustee may rely in good faith on this Requisition signed by an Authorized Lessee Representative and that said document is believed to be genuine.

Dated this ____ day of _____, 2022.

THE COUNTY COMMISSION
OF HARRISON COUNTY

By: _____

Its: _____

REIMBURSEMENT AND THIRD PARTY PAYMENTS

(1) Reimbursement to Issuer or Harrison County Commission:

	<u>Vendor</u>	<u>Description of Expense</u>	<u>Payment Date</u>	<u>Amount</u>
a.				
b.				
c.				
d.				
e.				
f.				
Total				\$ -

(2) Payments to Third Party Payees or Other Vendors:

	<u>Vendor</u>	<u>Description of Expense</u>	<u>Approval Date</u>	<u>Amount</u>
a.	The Thrasher Group	Sight Work	25-May-22	\$1,863.38
b.				
c.				
d.				
e.				
f.				
Total				\$ 1,863.38

(3) Total amount of disbursements pursuant to this Requisition: \$ 1,863.38

The items listed for reimbursement listed above in Section 1 & Section 2 are supported by attached copies of invoices or statements.

Approval Signature

Date



ARCHITECTURE | ENGINEERING | FIELD SERVICES

The Thrasher Group Inc.
600 White Oaks Blvd
Bridgeport, WV 26330

Harrison County Commission
301 WEST MAIN STREET
CLARKSBURG, WV 26301

May 10, 2022
Project No: 092-10017.00
Invoice No: 1022863

Invoice Total \$1,863.38

Project 092-10017.00 Harrison County Commission (WV) Harrison

ATTN: LARA PYSZ

Phase	411	Field Services			
Professional Personnel			Hours	Rate	Amount
Engineer Technician					
PEARSON, DONOVAN	1/28/2022		2.00	44.00	88.00
Testing Cubes					
PEARSON, DONOVAN	1/29/2022		1.50	44.00	66.00
CPU					
PEARSON, DONOVAN	2/10/2022		2.00	44.00	88.00
PEARSON, DONOVAN	2/11/2022		1.00	44.00	44.00
PEARSON, DONOVAN	2/24/2022		2.00	44.00	88.00
Mortar Cubes					
PEARSON, DONOVAN	2/25/2022		1.50	44.00	66.00
CPU					
PEARSON, DONOVAN	2/28/2022		2.00	44.00	88.00
Weekly Cubes					
PEARSON, DONOVAN	3/9/2022		2.00	44.00	88.00
Went to site and was told contractor was at lunch and would be back shortly. Later found out they had left the job for the day without notifying the Super.					
PEARSON, DONOVAN	3/10/2022		1.50	44.00	66.00
Cubes					
PEARSON, DONOVAN	3/11/2022		1.00	44.00	44.00
CPU					
PEARSON, DONOVAN	4/1/2022		2.00	44.00	88.00
PEARSON, DONOVAN	4/2/2022		2.00	44.00	88.00
CPU					
TALKINGTON, MICHAEL	1/22/2022		.50	44.00	22.00
mortar mold pick up					

UNDERWOOD, CODY	2/17/2022	2.00	44.00	88.00	
Mortar Cubes					
Totals		23.00		1,012.00	
Ovt. Premium				68.38	
Total Labor					1,080.38

Unit Billing

TRANSPORTATION & EQUIPMENT DR

1/22/2022	M. TALKINGTON	1.0 DAY @ 30.00	30.00	
1/29/2022	D. PEARSON 1/28/22-1/29/22	2.0 DAYS @ 30.00	60.00	
2/11/2022	D. PEARSON 2/10/22-2/11/22	2.0 DAYS @ 30.00	60.00	
2/17/2022	C. UNDERWOOD	1.0 DAY @ 30.00	30.00	
2/25/2022	D. PEARSON 2/24/22-2/25/22	2.0 DAYS @ 30.00	60.00	
2/28/2022	D. PEARSON	1.0 DAY @ 30.00	30.00	
3/11/2022	D. PEARSON 3/9/22-3/11/22	3.0 DAYS @ 30.00	90.00	
	Total Units		360.00	360.00
		Total this Phase		\$1,440.38

Phase	412	Laboratory Testing
-------	-----	--------------------

Unit Billing

CONCRETE CYLINDERS

1/28/2022	6097	3.0 CYLINDERS @ 15.00	45.00	
2/10/2022	6183	3.0 CYLINDERS @ 15.00	45.00	
2/17/2022	6249	3.0 CYLINDERS @ 15.00	45.00	
2/24/2022	6293	3.0 CYLINDERS @ 15.00	45.00	
2/28/2022	6302	3.0 CYLINDERS @ 15.00	45.00	
3/10/2022	6435	3.0 CYLINDERS @ 15.00	45.00	
4/1/2022	6606	3.0 CYLINDERS @ 15.00	45.00	
	Total Units		315.00	315.00
		Total this Phase		\$315.00

Phase	901	Clerical
-------	-----	----------

Unit Billing

CLERICAL DR

1/29/2022	1/22/22; 1/28/22-1/29/22	3.0 DAYS @ 9.00	27.00	
2/17/2022	2/10/22-2/11/22; 2/17/22	3.0 DAYS @ 9.00	27.00	
2/25/2022	2/24/22-2/25/22	2.0 DAYS @ 9.00	18.00	
2/28/2022	2/28/22; 3/9/22-3/11/22	4.0 DAYS @ 9.00	36.00	
	Total Units		108.00	108.00
		Total this Phase		\$108.00
		Total this Invoice		<u>\$1,863.38</u>

Project Manager AUSTIN THRASHER

Harrison County Commission

Approval to Travel

9.

Travelers Name: Jacquelin Snider
Department: Community Corrections, Day Report Center
Destination: 2800 Opryland Dr. Nashville, TN
Travel Dates: July 24-28, 2022
Reason: 2022 NADCP Drug Court Conference training for CEU's required for Licencure

Estimated Cost \$2,254.28

Transportation \$597.28

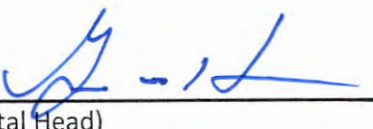
Air	\$				
County Vehicle	\$				
Private Vehicle	\$	<u>\$597.28</u>	<u>1021</u>	miles @ <u>0.58.5</u>	per mile
Rental Car	\$			days @	per day

Lodging 4 nights @ /night \$762.00

Registration

Meals

Incidentals

Approving Authority 
(Elected Official/Departmental Head)

Date 5/19/2022

County Commission Action

() Approve () Disapprove

Date

Nancy Jackson

From: Gary Hamrick
Sent: Wednesday, May 11, 2022 10:10 AM
To: Nancy Jackson
Subject: RE: 2022 NADCP Drug Court Conference (July 25th-28th, 2022 in Nashville, Tennessee) Information - Justification Toolkit Information and Approximation on Total Expenses Incurred

Approved

From: Nancy Jackson
Sent: Wednesday, May 11, 2022 10:09 AM
To: Gary Hamrick <ghamrick@harrisoncountywv.com>
Subject: FW: 2022 NADCP Drug Court Conference (July 25th-28th, 2022 in Nashville, Tennessee) Information - Justification Toolkit Information and Approximation on Total Expenses Incurred

Authorization to travel for Jacquelin.

From: Nancy Jackson
Sent: Monday, May 9, 2022 8:18 AM
To: Gary Hamrick <ghamrick@harrisoncountywv.com>
Subject: FW: 2022 NADCP Drug Court Conference (July 25th-28th, 2022 in Nashville, Tennessee) Information - Justification Toolkit Information and Approximation on Total Expenses Incurred

Authorization to travel for Jacquelin.

From: Jacquelin Snider <jsnider@harrisoncountywv.com>
Sent: Friday, May 6, 2022 4:03 PM
To: Nancy Jackson <njackson@harrisoncountywv.com>
Subject: FW: 2022 NADCP Drug Court Conference (July 25th-28th, 2022 in Nashville, Tennessee) Information - Justification Toolkit Information and Approximation on Total Expenses Incurred

Nancy, I'm assuming this is at the Gaylord in Nashville Tennessee. I read it somewhere.

From: Edmond, Melanie [<mailto:Melanie.Edmond@courtsww.gov>]
Sent: Tuesday, March 8, 2022 3:53 PM
To: Carol Moscar <cmoscar@harrisoncountywv.com>; Jacquelin Snider <jsnider@harrisoncountywv.com>; Richard Southall <rsouthall@harrisoncountywv.com>
Cc: Pat McIntire <pmcintire@harrisoncountywv.com>; Gary Hamrick <ghamrick@harrisoncountywv.com>; Michael Burnside <Michael.burnside@courtsww.gov>
Subject: FW: 2022 NADCP Drug Court Conference (July 25th-28th, 2022 in Nashville, Tennessee) Information - Justification Toolkit Information and Approximation on Total Expenses Incurred

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

Good Afternoon,



Harrison County Community Corrections



DAY REPORT CENTER
215 SOUTH THIRD STREET, SUITE 600
CHASE TOWERS WEST
CLARKSBURG, WEST VIRGINIA 26301
(304) 624-8556
FAX (304) 626-1085

5-6-22

Gary Hamrick
Director of Harrison County
Community Corrections

Dear Gary,

I would like to attend the NADCP conference, RISE22, July 25-28, 2022, in Nashville, TN. I believe that attending this conference will benefit me through the education I will obtain and the valuable information I'll be able to share with Harrison County Drug Court and Harrison County Community Corrections Program.

NADCP provides training to over 6,000 treatment court professionals annually at its national conference – the largest training conference in the nation addressing substance abuse and crime.

RISE22 is specifically tailored to enhance the skills, leadership, and training of the treatment court team with over 270 cutting-edge sessions, opportunities to connect and learn from colleagues around the world. I will come away educated in all the necessary tools for my profession. RISE22 offers courses for the new practitioner and team members who have been in the field for years. The sessions will be a blend of providing what to watch for now and in the future and practical ways to implement these concerns at a minimal cost. Further, it will help us focus our attention on the highest risk areas, given how stretched our resources are.

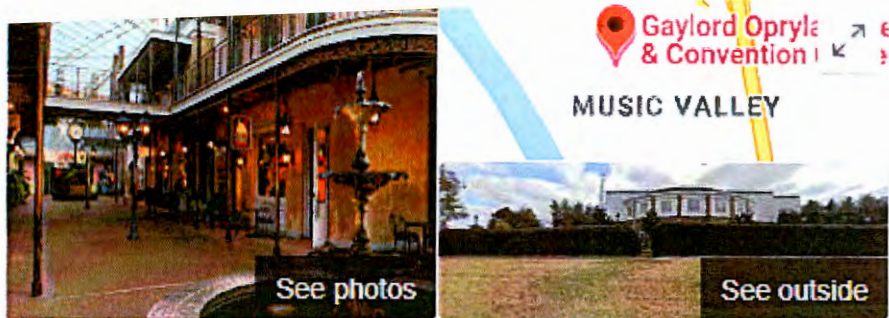
Plenary presentations and breakout session topics will include subjects on the following; drug testing best practices, support and solutions for individuals returning from jails and prisons, federal priorities and future treatment courts, collaborative justice in treatment courts, supervision of offenders with mental health needs, criminogenic risks, veterans treatment courts, engaging and promoting treatment courts, evidenced-based treatment in addictions and much more. It is not often that an opportunity comes along for me to go to a conference like this, so I hope that you will approve my attendance. NADCP provides enormous value for the money because the pre-registration fee is only \$795 for NADCP members, \$895 for non-members, and \$595 for international attendees, which includes a daily continental breakfast and an opening reception. I have calculated the costs on the attached expense worksheet for your convenience.

Additionally, this conference will provide me most if not all of my continuing education. RISE22 will offer me a world-class education that is unparalleled in our field.

For the benefits that I expect to derive from this conference, I believe those costs are minimal, and I hope you will support my attendance.

Sincerely,

Jacquelin Snider BA, BS ADC
Community Corrections Counselor



Gaylord Opryland Resort & Convention Center

[Website](#) [Directions](#) [Save](#)

4.5 ★★★★★ 26,169 Google reviews

4-star hotel

[CHECK AVAILABILITY](#)

Address: 2800 Opryland Dr, Nashville, TN 37214

Departments: Relâche Spa at Gaylord Opryland Resort

Phone: (615) 889-1000

[Compare prices](#)

☐ Tue, May 31

☐ Wed, Jun 1

☐ 2

Anita @ Gaylord

Hand carry Tax Exempt Cert

cc Hold room (can reverse cc w/ check @ room check-in)

YOUR TRIP TO:

2800 Opryland Dr, Nashville, TN, 37214-1200

7 HR 59 MIN | 510 MI  $\times 56.5 = 298.35$

Est. fuel cost: \$63.60



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501



1. Start out going **north** on S 3rd St toward W Main St/WV-20.

Then 0.17 miles

0.17 total miles



2. Merge onto US-50 E.

Then 2.95 miles

3.13 total miles



3. Merge onto I-79 S toward **Charleston**.

Then 118.68 miles

121.80 total miles



4. I-79 S becomes I-77 S.

Then 1.46 miles

123.26 total miles



5. Merge onto I-64 W via EXIT 101 toward **Huntington/US-119 S** (Crossing into **Kentucky**).

Then 170.96 miles

294.22 total miles



6. Take the **US-27/US-68** exit, EXIT 113, toward **Paris/Lexington**.

Then 0.40 miles

294.62 total miles



7. Turn **right** onto N Broadway/US-27 S/US-68 W.

If you are on N Broadway and reach Judy Ln you've gone about 0.1 miles too far.

Then 1.19 miles

295.81 total miles



8. Turn **right** onto W New Circle Rd W/KY-4 W.

W New Circle Rd W is just past N Broadway.

If you reach Broadview Dr you've gone about 0.1 miles too far.

Then 5.83 miles

301.63 total miles



9. Merge onto Pisgah Pike Scenic Byway/US-60 W via EXIT 5B toward **Versailles**.

Then 6.20 miles

307.83 total miles



10. Take the ramp toward **Lawrenceburg/Elizabethtown**.

Then 0.64 miles

308.48 total miles



11. Merge onto Martha Layne Collins Blue Grass Pkwy.

Then 70.61 miles

379.08 total miles



12. Merge onto I-65 S via EXIT 1B on the **left** toward **Nashville/Paducah**
(Crossing into **Tennessee**).

Then 124.81 miles

503.89 total miles



13. Merge onto TN-155 E via EXIT 90B.

Then 4.93 miles

508.83 total miles



14. Take the **McGavock Pike W** exit, EXIT 12, toward **Music Valley Dr/Opryland Hotel/Conv Ctr.**

Then 0.23 miles

509.05 total miles



15. Merge onto McGavock Pike.

Then 0.16 miles

509.21 total miles



16. Turn **left** onto Opryland USA.
Opryland USA is just past McGavock Pike.

Then 0.03 miles

509.24 total miles



17. Turn **slight right** to stay on Opryland USA.

Then 0.36 miles

509.59 total miles



18. Opryland USA becomes Opryland Dr.

Then 0.13 miles

509.72 total miles



19. 2800 Opryland Dr, Nashville, TN 37214-1200, 2800 OPRYLAND DR.
If you reach Briley Pkwy you've gone about 0.3 miles too far.

Save to My Maps

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.

YOUR TRIP TO:

215 S 3rd St, Clarksburg, WV 26301-2958

7 HR 59 MIN | 511 MI  **58.6** **\$293.93**

Est. fuel cost: \$61.80



Print a full health report of your car with HUM
vehicle diagnostics (800) 906-2501



1. Start out going **northwest** on Opryland Dr toward Opryland USA.

Then 0.13 miles

0.13 total miles



2. Opryland Dr becomes Opryland USA.

Then 0.33 miles

0.46 total miles



3. Turn **left** to stay on Opryland USA.

Then 0.05 miles

0.51 total miles



4. Take the 1st **right** onto McGavock Pike.

Then 0.19 miles

0.70 total miles



5. Merge onto TN-155 W via the ramp on the **left**.

Then 3.11 miles

3.81 total miles



6. Take the **Ellington Pky/US-31E S** exit, EXIT 15, toward **I-65 N/Louisville/Briarville Rd.**

Then 0.24 miles

4.04 total miles



7. Merge onto I-65 N via EXIT 15C on the **left** toward **Louisville** (Crossing into Kentucky).

Then 124.90 miles

128.94 total miles



8. Take EXIT 93 toward **Bardstown/Lexington**.

Then 0.61 miles

129.55 total miles



9. Merge onto Martha Layne Collins Blue Grass Pkwy.

Then 70.72 miles

200.27 total miles



10. Merge onto Pisgah Pike Scenic Byway/US-60 E via EXIT 72A toward **Lexington**.

Then 6.41 miles

206.68 total miles



11. Merge onto W New Circle Rd N/KY-4 N toward **I-75/I-64**.

Then 4.83 miles

211.51 total miles



12. Merge onto Newtown Pike/KY-922 N via EXIT 9B toward **I-64/I-75**.

Then 1.94 miles

213.44 total miles



13. Merge onto I-64 E/I-75 S toward **Ashland/Knoxville**.

Then 4.01 miles

217.45 total miles



14. Merge onto I-64 E via EXIT 111 on the **left** toward **Winchester/Ashland**
(Crossing into **West Virginia**).

Then 168.85 miles

386.30 total miles



15. Merge onto I-77 N via EXIT 59 on the **left** toward **Parkersburg/I-79**.

Then 1.92 miles

388.22 total miles



16. Keep **right** to take I-79 N via EXIT 104 toward **Clarksburg**.

Then 118.27 miles

506.49 total miles



17. Take the **US-50** exit, EXIT 119, toward **Bridgeport/Clarksburg**.

Then 0.57 miles

507.06 total miles



18. Turn **left** onto Northwestern Turnpike/George Washington Hwy/US-50 W.
Continue to follow US-50 W.

Then 3.01 miles

510.07 total miles



19. Take the ramp toward **Downtown 2nd St**.

Then 0.18 miles

510.25 total miles



20. Turn **slight left** onto N 2nd St.
Huntington Bank is on the corner.

Then 0.22 miles

510.47 total miles



21. Turn **right** onto Washington Ave.
Washington Ave is just past Modoc Aly.
Washington Square Pizzeria & Lounge is on the right.
If you reach Parrill Ct you've gone a little too far.

Then 0.06 miles

510.53 total miles



22. Turn **right** onto S 3rd St.
Washington Square Pizzeria & Lounge is on the right.

Then 0.04 miles

510.57 total miles



23. 215 S 3rd St, Clarksburg, WV 26301-2958, 215 S 3RD ST is on the **right**.
Your destination is just past Modoc Aly.
If you reach W Main St you've gone a little too far.

Save to My Maps



WEST VIRGINIA SOLID WASTE MANAGEMENT BOARD 10

601 57th St. SE
Charleston, WV 25304
Phone: (304)926-0448

Mark D. Holstine, P.E., Executive Director
www.state.wv.us/swmb

May 12, 2022

The Honorable Susan Thomas, President
Harrison County Commission
301 W Main Street
Clarksburg, WV 26301

Dear Commissioner Thomas:

According to the current records of the West Virginia Solid Waste Management Board, the Harrison County Commission appointment for Ms. Orpha Swiger to the Harrison County Solid Waste Authority will expire on June 30, 2022. In accordance with W. Va. Code §22C-4-3, every four (4) years each county commission within the State is statutorily obligated to appoint an individual to each county or regional solid waste authority in its jurisdiction. **This letter does not serve as a recommendation but merely as a reminder of term expiration.**

The Harrison County Commission has the option to reappoint Ms. Orpha Swiger or may choose to appoint someone new effective July 1, 2022. Please note regardless of the chosen option the appointment will be for a full, four-year (4) term ending on June 30, 2026, in accordance with W. Va. Code §22C-4.3(b). In the event an appointee resigns or passes away, the vacancy shall be filled within 60 days for the remaining term of this four (4) year appointment.

The West Virginia Solid Waste Management Board would ask for a copy of this appointment to please be forwarded to our office so the State's records may be updated accordingly. Your commitment to the Harrison County Solid Waste Authority is valued.

Sincerely,

Mark D. Holstine, P.E.
Executive Director

CC: Harrison County Solid Waste Authority
Harrison County Clerk

APPOINTMENT DATA BOARDS AND/OR COMMISSIONS

12

Last Name

Snider

First Name

Jason

Middle Name

To Replace Ken WANKIE (Retired)

Home Address (If PO Box, give street address)

462 MORNING Dove DRIVE

City

Clarksburg

State

WV

Zip Code

26301

Employer Name

Harrison County Board of Education

Employer Address

City

Clarksburg

State

WV

Zip Code

26301

Home Phone

Business Phone

Position Sought

Community Corrections Advisory Board

Prior service on City or County Boards

Years Served

Qualifications

Director of Safety and Discipline for Harrison County Schools.

This board seat is appointed by Superintendent of Schools by virtue of position

Hours available per month

Education Background

I will serve if appointed



YES



NO

Reset

Print

Submit



United States of America

State of West Virginia



County of Harrison, ss:

Clerk's Fiduciary Report

Estate from Wednesday, May 11, 2022, through Tuesday, May 17, 2022

The County Commission of Harrison County this day proceeded to examine the report of the Clerk of the Commission of the Fiduciary and Probate matters had before him 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 11, 2022, the following matters were disposed of in the presence of the Clerk:

A duly certified copy of the last will and testament of **GLENDA PEARL LYNCH**, deceased, late a resident of Fayette, West Virginia, was admitted to record.

The last will and testament of **HERBERT LAWRENCE WALKER III**, deceased, was proved by the affidavit of the attesting witnesses and the same was admitted to probate and record.

KAREN W FOX, who was named in the last will and testament of **HERBERT LAWRENCE WALKER III**, deceased, as EXECUTRIX thereof, qualified as such. No bond was required.

On, Thursday, May 12, 2022, the following matters were disposed of in the presence of the Clerk:

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

A duly certified copy of the last will and testament of **MAGGIE E HOLBERT**, deceased, late a resident of LEWIS, WEST VIRGINIA, was admitted to record.

A duly certified copy of the last will and testament of **ROBERT F HOLBERT**, deceased, late a resident of LEWIS, WEST VIRGINIA, was admitted to record.

A duly certified copy of the last will and testament of **RUSSELL G ELLYSON**, deceased, late a resident of LEWIS, WEST VIRGINIA, was admitted to record.

A duly certified copy of the last will and testament of **STANLEY R HARRIS**, deceased, late a resident of MONONGALIA, WEST VIRGINIA, was admitted to record.

A duly certified copy of the last will and testament of **DELLA W HARRIS**, deceased, late a resident of MONONGALIA, WEST VIRGINIA, was admitted to record.

On, Monday, May 16, 2022, the following matters were disposed of in the presence of the Clerk:

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **DAMON PATRICK REIDY** was appointed and qualified as CO ADMINISTRATOR of the estate of **ALAN ROBERT ROMINE**, deceased. Bond was 570,000.00.

More than 31 days since the date of death or the surviving spouse or heir, upon a motion, **JOSHUA S ROGERS** was appointed and qualified as CO ADMINISTRATOR of the estate of **ALAN ROBERT ROMINE**, deceased. Bond was 570,000.00.

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

MARK S WARE, who was named in the last will and testament of **THELMA MARION FERRISE**, deceased, as CO EXECUTOR thereof, qualified as such. No bond was required.

MARY ANN WARE, who was named in the last will and testament of **THELMA MARION FERRISE**, deceased, as CO 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, **HEATHER COCHRAN** was appointed and qualified as ADMINISTRATRIX of the estate of **SANDRA EARLDENE GLASPELL**, deceased. No bond was required.

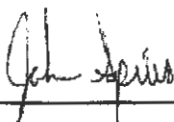
A duly certified copy of the last will and testament of **BEVERLY STRICKLER**, deceased, late a resident of WOOD, WEST VIRGINIA, was admitted to record.

On, Tuesday, May 17, 2022, the following matters were disposed of in the presence of the Clerk:

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

CALANTHA ANNE YOST, who was named in the last will and testament of **CALANTHA Y HARRIS**, 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, **CALANTHA ANNE YOST** was appointed and qualified as ADMINISTRATRIX of the estate of **HAROLD STANFORD YOST**, deceased. No bond was required.



John R Spires
Clerk of the Harrison County Commission

Wednesday, May 25, 2022

Confirmed

C-1

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

April 18th, 2022

The monthly meeting of the Bingamon Public Service District (BPSD) Board of Directors was held on April 18th, 2022, at the Bingamon Public Service District office trailer.

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

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

READING OF THE MINUTES - Minutes from the March 21st, 2022, BPSD board meeting was distributed. Mr. Sieber called for any corrections or additions to the minutes. *A motion was made by Bud Hildreth, seconded by Brad Fortney, to accept the minutes as published. The motion carried unanimously.*

TREASURER'S REPORT - Board members reviewed the Treasurer's Report. The bank balance as of March 31, 2022, was \$82,112.52. Accounts receivable for the month totaled \$ 7,152.96

- Current outstanding bills were reviewed/there was a mistake on the bills as presented. The outstanding bills were corrected. *A motion was made by Mike Sieber and seconded by Bud Hildreth, to pay the current corrected bills. The motion was passed unanimously.*

OFFICE MANAGER'S REPORT - Mrs. Teresa Basnett, Office Manager

- City National Bank MMA earned \$ 4.15 in interest and totals \$69,350.00
- City National Bank Reserve Account earned \$1.69 in interest and totals \$30,510.49.
- The Renewal/Replacement Acct. at BB&T earned \$.10 in interest totals \$11,394.83.
- WesBanco day of meeting balance \$82,112.52
- 24 hour notices this month there were 22. We didn't have any payment agreements. 5 made full payments. 1 partial payments. We collected \$1631.00 out of the \$5,162.57. 2 were turned off for nonpayment. Mrs. Basnett said online payments were over \$4,626.56 this month.
- Mrs. Basnett explained to the Board that Bingamon PSD had been enrolled in the LIHWAP Assistance Program through the WVDHHR.

- Mrs. Basnett brought up that our QuickBooks Desktop and Microsoft 365 need to be renewed. The Board advised Mrs. Basnett update the Microsoft 365 to go ahead and upgrade the Quickbooks Desktop to 2022 version. The Board also discussed a disaster recovery backup through Frontier.

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

- Mr. Kuhens reported 2 service line leaks and 1 mainline leak were repaired this month. Along with 4 taps redone, setters, wells and everything. Still have several more to go.
- Mr. Kuhens reported work started on the Whetstone Pumphouse. Some changes need to be made with the pump; it wasn't set up with the low-pressure switch. Work started on the Pumphouse across from Webb. A temporary light has been put up and the ceiling needs replaced.

SAFETY COMMITTEE MEETING: Distracted Driving

OLD BUSINESS: Tina Kellar and Mary Ellen Sullivan wanted to talk about the recent recommendations from the Public Service Engineer concerning the current water pressure issues at the Kellar's residence. The Board informed them that the PSD is going to speak to an Engineer that used to work at Thrasher to get a second opinion.

NEW BUSINESS: The Board went into Executive Session.

NEXT MONTHLY BPSD BOARD MEETING – The next regularly scheduled BPSD board meeting will be held @ the office trailer on May 16th, 2022 @ 6:30 PM

ADJOURNMENT – The meeting was adjourned at 8:01 pm upon a *motion by Brad Fortney, seconded by Mike Sieber, and carried unanimously.*



Michael Sieber, Chairman



Teresa Basnett, Office Manager

C-2

GHCPSD - WATER DIVISION
INCOME STATEMENT
FOR THE PERIOD
04/01/2022 - 04/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	181,267.58	189,025.00	(7,757.42)	97.55%
FACILITIES CHARGE	-	-	-	0.00%
INTEREST INCOME	31.50	300.00	(268.50)	0.02%
MISCELLANEOUS/RECONNECT FEES	3,621.89	341.67	3,280.22	1.95%
QUIET DELL LEASE	500.00	566.67	(66.67)	0.27%
TAP FEES	400.00	950.00	(550.00)	0.22%
UNUSUAL CHARGE	-	-	-	0.00%
TOTAL INCOME	185,820.97	191,183.33	(5,362.36)	
EXPENSES				
ACCT, BILLING, & COLLECTING	5,351.44	5,133.33	218.11	3.11%
BRIDGEPORT SANITARY BOARD	-	-	-	0.00%
CHEMICALS	-	108.33	(108.33)	0.00%
CLARKSBURG SANITARY BOARD	-	-	-	0.00%
DEBT SERVICE	24,610.85	29,350.00	(4,739.15)	14.29%
DIRECTORS FEES	441.78	491.67	(49.89)	0.26%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	5,424.95	6,241.67	(816.72)	3.15%
LAB SERVICE	1,004.00	925.00	79.00	0.58%
LABOR	31,724.80	28,441.67	3,283.13	18.42%
MAINTENANCE	5,268.85	11,216.67	(5,947.82)	3.06%
MISCELLANEOUS EXPENSE	-	33.33	(33.33)	0.00%
OFFICE SUPPLIES & EXPENSE	5.00	175.00	(170.00)	0.00%
OUTSIDE SERVICES/CONTRACT LABOR	4,536.42	5,991.67	(1,455.25)	2.63%
POWER PURCHASED	3,744.92	3,308.33	436.59	2.17%
PROPERTY/LIABILITY & INJURIES INSURANCE	-	3,800.00	(3,800.00)	0.00%
REGULATORY COMMISSION	-	858.33	(858.33)	0.00%
RENEWAL & REPLACEMENT	5,389.00	3,975.00	1,414.00	3.13%
RENT EXPENSE	2,500.00	2,500.00	-	1.45%
TAXES	2,744.19	2,500.00	244.19	1.59%
TRANSPORTATION	3,650.15	3,491.67	158.48	2.12%
UTILITIES	1,353.95	925.00	428.95	0.79%
WATER PURCHASED	74,485.21	80,825.00	(6,339.79)	43.25%
TOTAL EXPENSES	172,235.51	190,291.67	(18,056.16)	
NET SURPLUS (DEFICIT)	13,585.46	891.67	12,693.79	

GHCPSD - SEWER DIVISION
INCOME STATEMENT
FOR THE PERIOD
04/01/2022 - 04/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	202,765.89	210,008.33	(7,242.44)	84.13%
FACILITIES CHARGE	2,500.00	2,500.00	-	1.04%
INTEREST INCOME	68.24	833.33	(765.09)	0.03%
MISCELLANEOUS/RECONNECT FEES	-	-	-	0.00%
QUIET DELL LEASE	-	-	-	0.00%
TAP FEES	3,250.00	1,741.67	1,508.33	1.35%
UNUSUAL CHARGE	32,441.88	15,991.67	16,450.21	13.46%
TOTAL INCOME	241,026.01	231,075.00	9,951.01	
EXPENSES				
ACCT, BILLING, & COLLECTING	3,384.49	1,058.33	2,326.16	1.68%
BRIDGEPORT SANITARY BOARD	8,681.85	8,783.33	(101.48)	4.32%
CHEMICALS	-	1,325.00	(1,325.00)	0.00%
CLARKSBURG SANITARY BOARD	1,853.00	2,025.00	(172.00)	0.92%
DEBT SERVICE	92,773.73	92,519.58	254.15	46.11%
DIRECTORS FEES	358.22	283.33	74.89	0.18%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	4,161.50	4,600.00	(438.50)	2.07%
LAB SERVICE	236.00	1,000.00	(764.00)	0.12%
LABOR	14,136.81	18,825.00	(4,688.19)	7.03%
MAINTENANCE	26,273.98	20,966.67	5,307.31	13.06%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	1,958.34	991.67	966.67	0.97%
OUTSIDE SERVICES/CONTRACT LABOR	28,733.94	23,766.67	4,967.27	14.28%
POWER PURCHASED	13,621.30	20,083.33	(6,462.03)	6.77%
PROPERTY/LIABILITY & INJURIES INSURANCE	-	1,758.33	(1,758.33)	0.00%
REGULATORY COMMISSION	-	608.33	(608.33)	0.00%
RENEWAL & REPLACEMENT	-	17,258.33	(17,258.33)	0.00%
RENT EXPENSE	-	-	-	0.00%
TAXES	587.31	1,716.67	(1,129.36)	0.29%
TRANSPORTATION	2,959.81	1,983.33	976.48	1.47%
UTILITIES	1,477.64	516.67	960.97	0.73%
WATER PURCHASED	-	-	-	0.00%
TOTAL EXPENSES	201,197.92	220,069.58	(18,871.66)	
NET SURPLUS (DEFICIT)	39,828.09	11,005.42	28,822.67	

**GHCPSD - COMBINED
INCOME STATEMENT
FOR THE PERIOD
04/01/2022 - 04/30/2022**

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	384,033.47	399,033.33	(14,999.86)	89.97%
FACILITIES CHARGE	2,500.00	2,500.00	-	0.59%
INTEREST INCOME	99.74	1,133.33	(1,033.59)	0.02%
MISCELLANEOUS/RECONNECT FEES	3,621.89	341.67	3,280.22	0.85%
QUIET DELL LEASE	500.00	566.67	(66.67)	0.12%
TAP FEES	3,650.00	2,691.67	958.33	0.86%
UNUSUAL CHARGE	32,441.88	15,991.67	16,450.21	7.60%
TOTAL INCOME	426,846.98	422,258.33	4,588.65	
EXPENSES				
ACCT, BILLING, & COLLECTING	8,735.93	6,191.67	2,544.26	2.34%
BRIDGEPORT SANITARY BOARD	8,681.85	8,783.33	(101.48)	2.32%
CHEMICALS	-	1,433.33	(1,433.33)	0.00%
CLARKSBURG SANITARY BOARD	1,853.00	2,025.00	(172.00)	0.50%
DEBT SERVICE	117,384.58	121,869.58	(4,485.00)	31.43%
DIRECTORS FEES	800.00	775.00	25.00	0.21%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	9,586.45	10,841.67	(1,255.22)	2.57%
LAB SERVICE	1,240.00	1,925.00	(685.00)	0.33%
LABOR	45,861.61	47,266.67	(1,405.06)	12.28%
MAINTENANCE	31,542.83	32,183.33	(640.50)	8.45%
MISCELLANEOUS EXPENSE	-	33.33	(33.33)	0.00%
OFFICE SUPPLIES & EXPENSE	1,963.34	1,166.67	796.67	0.53%
OUTSIDE SERVICES/CONTRACT LABOR	33,270.36	29,758.33	3,512.03	8.91%
POWER PURCHASED	17,366.22	23,391.67	(6,025.45)	4.65%
PROPERTY/LIABILITY & INJURIES INSURANCE	-	5,558.33	(5,558.33)	0.00%
REGULATORY COMMISSION	-	1,466.67	(1,466.67)	0.00%
RENEWAL & REPLACEMENT	5,389.00	21,233.33	(15,844.33)	1.44%
RENT EXPENSE	2,500.00	2,500.00	-	0.67%
TAXES	3,331.50	4,216.67	(885.17)	0.89%
TRANSPORTATION	6,609.96	5,475.00	1,134.96	1.77%
UTILITIES	2,831.59	1,441.67	1,389.92	0.76%
WATER PURCHASED	74,485.21	80,825.00	(6,339.79)	19.95%
TOTAL EXPENSES	373,433.43	410,361.25	(36,927.82)	
NET SURPLUS (DEFICIT)	53,413.55	11,897.08	41,516.47	

GHCPSD - WATER DIVISION
INCOME STATEMENT
FOR THE PERIOD
07/01/2021 - 04/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	1,798,138.58	1,890,250.00	(92,111.42)	97.16%
FACILITIES CHARGE	-	-	-	0.00%
INTEREST INCOME	336.83	3,000.00	(2,663.17)	0.02%
MISCELLANEOUS/RECONNECT FEES	42,404.06	3,416.67	38,987.39	2.29%
QUIET DELL LEASE	5,000.00	5,666.67	(666.67)	0.27%
TAP FEES	4,900.00	9,500.00	(4,600.00)	0.26%
UNUSUAL CHARGE	-	-	-	0.00%
TOTAL INCOME	<u>1,850,779.47</u>	<u>1,911,833.33</u>	<u>(61,053.86)</u>	100.00%
EXPENSES				
ACCT, BILLING, & COLLECTING	55,503.21	51,333.33	4,169.88	3.09%
BRIDGEPORT SANITARY BOARD	-	-	-	0.00%
CHEMICALS	1,780.00	1,083.33	696.67	0.10%
CLARKSBURG SANITARY BOARD	-	-	-	0.00%
DEBT SERVICE	246,108.50	293,500.00	(47,391.50)	13.68%
DIRECTORS FEES	5,543.23	4,916.67	626.56	0.31%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	60,567.92	62,416.67	(1,848.75)	3.37%
LAB SERVICE	8,599.81	9,250.00	(650.19)	0.48%
LABOR	307,171.93	284,416.67	22,755.26	17.08%
MAINTENANCE	127,134.37	112,166.67	14,967.70	7.07%
MISCELLANEOUS EXPENSE	4,732.65	333.33	4,399.32	0.26%
OFFICE SUPPLIES & EXPENSE	1,728.17	1,750.00	(21.83)	0.10%
OUTSIDE SERVICES/CONTRACT LABOR	55,353.73	59,916.67	(4,562.94)	3.08%
POWER PURCHASED	40,421.76	33,083.33	7,338.43	2.25%
PROPERTY/LIABILITY & INJURIES INSURANCE	20,597.87	38,000.00	(17,402.13)	1.15%
REGULATORY COMMISSION	9,402.34	8,583.33	819.01	0.52%
RENEWAL & REPLACEMENT	7,564.00	39,750.00	(32,186.00)	0.42%
RENT EXPENSE	25,000.00	25,000.00	-	1.39%
TAXES	26,570.38	25,000.00	1,570.38	1.48%
TRANSPORTATION	39,781.52	34,916.67	4,864.85	2.21%
UTILITIES	8,520.11	9,250.00	(729.89)	0.47%
WATER PURCHASED	746,810.44	808,250.00	(61,439.56)	41.52%
TOTAL EXPENSES	<u>1,798,891.94</u>	<u>1,902,916.67</u>	<u>(104,024.73)</u>	100.00%
NET SURPLUS (DEFICIT)	<u>51,887.53</u>	<u>8,916.67</u>	<u>42,970.86</u>	

GHCPSD - SEWER DIVISION
INCOME STATEMENT
FOR THE PERIOD
07/01/2021 -04/30/2022

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	2,002,244.36	2,100,083.33	(97,838.97)	88.33%
FACILITIES CHARGE	25,000.00	25,000.00	-	1.10%
INTEREST INCOME	649.73	8,333.33	(7,683.60)	0.03%
MISCELLANEOUS/RECONNECT FEES	-	-	-	0.00%
QUIET DELL LEASE	-	-	-	0.00%
TAP FEES	19,550.00	17,416.67	2,133.33	0.86%
UNUSUAL CHARGE	219,408.77	159,916.67	59,492.10	9.68%
TOTAL INCOME	2,266,852.86	2,310,750.00	(43,897.14)	100.00%
EXPENSES				
ACCT, BILLING, & COLLECTING	10,977.11	10,583.33	393.78	0.57%
BRIDGEPORT SANITARY BOARD	68,477.31	87,833.33	(19,356.02)	3.57%
CHEMICALS	7,893.76	13,250.00	(5,356.24)	0.41%
CLARKSBURG SANITARY BOARD	23,366.50	20,250.00	3,116.50	1.22%
DEBT SERVICE	834,686.84	925,195.83	(90,508.99)	43.46%
DIRECTORS FEES	4,206.77	2,833.33	1,373.44	0.22%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	46,269.97	46,000.00	269.97	2.41%
LAB SERVICE	4,197.21	10,000.00	(5,802.79)	0.22%
LABOR	173,139.30	188,250.00	(15,110.70)	9.02%
MAINTENANCE	161,389.70	209,666.67	(48,276.97)	8.40%
MISCELLANEOUS EXPENSE	-	-	-	0.00%
OFFICE SUPPLIES & EXPENSE	14,228.45	9,916.67	4,311.78	0.74%
OUTSIDE SERVICES/CONTRACT LABOR	174,805.71	237,666.67	(62,860.96)	9.10%
POWER PURCHASED	123,979.68	200,833.33	(76,853.65)	6.46%
PROPERTY/LIABILITY & INJURIES INSURANCE	15,089.88	17,583.33	(2,493.45)	0.79%
REGULATORY COMMISSION	10,547.96	6,083.33	4,464.63	0.55%
RENEWAL & REPLACEMENT	197,890.95	172,583.33	25,307.62	10.30%
RENT EXPENSE	-	-	-	0.00%
TAXES	8,957.98	17,166.67	(8,208.69)	0.47%
TRANSPORTATION	28,748.84	19,833.33	8,915.51	1.50%
UTILITIES	11,608.61	5,166.67	6,441.94	0.60%
WATER PURCHASED	-	-	-	0.00%
TOTAL EXPENSES	1,920,462.53	2,200,695.83	(280,233.30)	100.00%
NET SURPLUS (DEFICIT)	346,390.33	110,054.17	236,336.16	

**GHCPSD - COMBINED
INCOME STATEMENT
FOR THE PERIOD
07/01/2021 -04/30/2022**

	ACTUAL	BUDGET	VARIANCE	% OF TOTAL
INCOME				
DOMESTIC SERVICE/LATE CHGS	3,800,382.94	3,990,333.33	(189,950.39)	92.30%
FACILITIES CHARGE	25,000.00	25,000.00	-	0.61%
INTEREST INCOME	986.56	11,333.33	(10,346.77)	0.02%
MISCELLANEOUS/RECONNECT FEES	42,404.06	3,416.67	38,987.39	1.03%
QUIET DELL LEASE	5,000.00	5,666.67	(666.67)	0.12%
TAP FEES	24,450.00	26,916.67	(2,466.67)	0.59%
UNUSUAL CHARGE	219,408.77	159,916.67	59,492.10	5.33%
TOTAL INCOME	4,117,632.33	4,222,583.33	(104,951.00)	100.00%
EXPENSES				
ACCT, BILLING, & COLLECTING	66,480.32	61,916.67	4,563.65	1.79%
BRIDGEPORT SANITARY BOARD	68,477.31	87,833.33	(19,356.02)	1.84%
CHEMICALS	9,673.76	14,333.33	(4,659.57)	0.26%
CLARKSBURG SANITARY BOARD	23,366.50	20,250.00	3,116.50	0.63%
DEBT SERVICE	1,080,795.34	1,218,695.83	(137,900.49)	29.06%
DIRECTORS FEES	9,750.00	7,750.00	2,000.00	0.26%
EMP. BEN./GROUP INSURANCE/PENSION COSTS	106,837.89	108,416.67	(1,578.78)	2.87%
LAB SERVICE	12,797.02	19,250.00	(6,452.98)	0.34%
LABOR	480,311.23	472,666.67	7,644.56	12.91%
MAINTENANCE	288,524.07	321,833.33	(33,309.26)	7.76%
MISCELLANEOUS EXPENSE	4,732.65	333.33	4,399.32	0.13%
OFFICE SUPPLIES & EXPENSE	15,956.62	11,666.67	4,289.95	0.43%
OUTSIDE SERVICES/CONTRACT LABOR	230,159.44	297,583.33	(67,423.89)	6.19%
POWER PURCHASED	164,401.44	233,916.67	(69,515.23)	4.42%
PROPERTY/LIABILITY & INJURIES INSURANCE	35,687.75	55,583.33	(19,895.58)	0.96%
REGULATORY COMMISSION	19,950.30	14,666.67	5,283.63	0.54%
RENEWAL & REPLACEMENT	205,454.95	212,333.33	(6,878.38)	5.52%
RENT EXPENSE	25,000.00	25,000.00	-	0.67%
TAXES	35,528.36	42,166.67	(6,638.31)	0.96%
TRANSPORTATION	68,530.36	54,750.00	13,780.36	1.84%
UTILITIES	20,128.72	14,416.67	5,712.05	0.54%
WATER PURCHASED	746,810.44	808,250.00	(61,439.56)	20.08%
TOTAL EXPENSES	3,719,354.47	4,103,612.50	(384,258.03)	100.00%
NET SURPLUS (DEFICIT)	398,277.86	118,970.83	279,307.03	

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

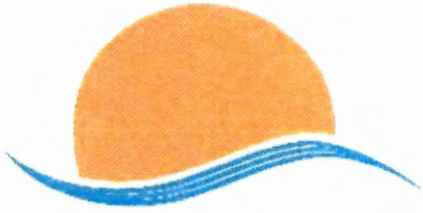
OPERATING ACTIVITIES	
Net Income (Loss)	\$ 39,828.09
Adjustments to reconcile Net Income to net cash provided by operations:	
Accounts Payable	\$ (21,107.92)
Customer Deposits	\$ 4,385.79
Payroll Liabilities	\$ (3,562.43)
Due (From) To Water Fund	\$ 38,713.99
Net cash provided by Operating Activities	\$ 58,257.52
INVESTING ACTIVITIES	
1450 - WORK IN PROGRESS:Row's & Land	\$ -
Fixed Assets Project	\$ (324,977.58)
Net cash provided by Investing Activities	\$ (324,977.58)
FINANCING ACTIVITIES	
	\$ -
5.5 Agreement	\$ 436.00
Draw on Bond & Grants	\$ 347,821.58
Net cash provided by Financing Activities	\$ 348,257.58
Net cash increase (decrease) for period	\$ 81,537.52
Cash at beginning of period	\$ 2,010,607.01
Cash at end of period	<u><u>\$ 2,092,144.53</u></u>
Unrestricted Cash	\$ 968,672.49
<u>Restricted Cash</u>	
Construction Account	\$ 1,687.42
Depreciation Reserve	\$ 915,051.87
Rural Development Reserve	\$ 25,279.80
Bond Commission Sweep	\$ 52,760.10
SB 234	\$ 30,000.00
Customer Deposits	\$ 98,692.85
Total Restricted Cash	\$ 1,123,472.04
Total Unrestricted & Restricted Cash	<u><u>\$ 2,092,144.53</u></u>
	\$ -

GREATER HARRISON COUNTY PSD - WATER

Statement of Cash Flows

April 2022

OPERATING ACTIVITIES	
Net Income (Loss)	\$ 13,585.46
Adjustments to reconcile Net Income to net cash provided by operations:	
Accounts Receivable	\$ (138.19)
Accounts Payable	\$ 2,848.39
Customer Deposits	\$ 1,006.57
Due (From) To Sewer Fund	\$ (38,713.99)
Net cash provided by Operating Activities	\$ (21,411.76)
INVESTING ACTIVITIES	
Fixed Assets Projects	\$ (231,427.73)
	\$ -
Net cash provided by Investing Activities	\$ (231,427.73)
FINANCING ACTIVITIES	
5.5 Agreement	\$ -
Grants	\$ 217,484.33
Net cash provided by Financing Activities	\$ 217,484.33
Net cash increase (decrease)for period	\$ (35,355.16)
Cash at beginning of period	\$ 1,102,600.78
Cash at end of period	<u><u>\$ 1,067,245.62</u></u>
 Unrestricted Cash	 \$ 607,449.50
 <u>Restricted Cash</u>	
Depreciation Reserve	\$ 331,441.73
Bond Commission Sweep	\$ 26,503.00
Construction Stevens Run	\$ 45.00
SB 234	\$ 35,000.00
Customer Deposits	\$ 66,806.39
Total Restricted Cash	\$ 459,796.12
 Total Unrestricted & Restricted Cash	 <u><u>\$ 1,067,245.62</u></u>
	 \$ -



Greater Harrison County
Public Service District

C-3
PO Box 190
West Milford, WV
26451

Phone: 304-745-3463

Fax: 304-745-5327

www.greaterharrison.com

At the special meeting of Greater Harrison County PSD held on Wednesday May 4, 2022, Chairman James Scudere, Treasurer Ruth Ann Messenger, Secretary Mark Leonard and Member Thomas Michael were present. Also present were Bill Hoover, General Manager, Zack Dobbins of Bennett and Dobbins, Clay Riley and Kylea Radcliff of Thrasher Engineering, Glen Cook VP of Rover Construction, Chris Anderson President of Tritan and Steve Deihl VP of Tritan.

1. Rover Construction and Tritan

General discussions pertaining to Phase II Rt. 73

2. Michael moved to approve establishing bank accounts for County ARPA Funding. Board concurred.

Mark Leonard moved to adjourn meeting. Board concurred.

Meeting adjourned

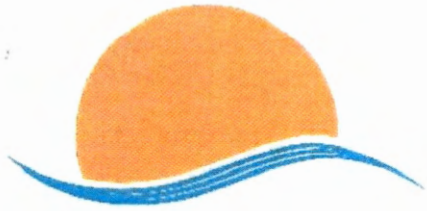
Chairman James Scudere
James Scudere

Treasurer Ruth Ann Messenger
Ruth Ann Messenger

Secretary Mark Leonard
Mark Leonard

Member Thomas Michael
Thomas Michael

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



Greater Harrison County
Public Service District

CA
PO Box 190
West Milford, WV
26451

Phone: 304-745-3463

Fax: 304-745-5327

www.greaterharrison.com

At the regular meeting of Greater Harrison County PSD held on Wednesday April 20, 2022, Chairman James Scudere, Treasurer Ruth Ann Messenger, Secretary Mark Leonard and Member Thomas Michael were present. Also present were Bill Hoover, General Manager, Zack Dobbins of Bennett and Dobbins, Sam Harrold of Mountain State Law, Logan Alastanos and Kylea Radcliff of Thrasher Engineering, Patrick Lesmann of P & B Services, John Pizzo of Steptoe and Johnson and Glenn Cook of Rover Construction.

1. Minutes and/or Amended Minutes of Previous Meeting: Leonard moved to approve. Board concurred

2. Public Comment Period:

Glenn Cook of Rover Construction discussion for special meeting to be held May 4th at 1 pm

3. Zack Dobbins – Bennett and Dobbins

A. Resolution #20 for Enterprise \$214,392.97. Leonard moved to approve. Board concurred.

B. Resolution #34 for Phase 2 Rt. 73 \$109,495.15. Leonard moved to approve. Board concurred.

C. Resolution #2 for Steven's Run \$217,484.33. Leonard moved to approve. Board concurred.

D. 2023 Budgets

Water Budget. Scudere moved to approve. Board concurred

Sewer Budget. Leonard moved to approve. Board concurred

4. Patrick Lesmann – P&B Services

Overview

5. Thrasher Engineering

A. Phase 2 Rt. 73 – Construction Update

Contract #3 change order #8 –Final quantity adjustment. Review, discuss, consider - Michael moved to approve. Board concurred

Contract #3 Final Inspection Letter – Review and discuss. Michael moved to enter Executive Session with engineer and legal counsel. Board concurred

Meeting call back to order by Michael. Board concurred. Discussions to continue with special meeting on May 4th.

B. Enterprise Project – Construction Update

91% complete

Change order #4 – Increase cost and additional days. Leonard moved to approve. Board concurred

Amendment #2 – Increase cost and additional days. Michael moved to approve. Board concurred

C. Sludge Removal Project – Design Update

Soil samples 2nd site conducted

D. Quiet Dell – General Discussion

Appraisals back and forwarded. Financing options under review.

- E. Woodstock Heights Sanitary Sewer Extension Project – Amendment #1
Review, discuss, consider – Michael moved to approve. Board concurred
- F. 10-year plan Sewer – General Update
Nothing to add
- G. River Crossings – General Update
Congressional earmark request submitted for \$500,00
- H. Steven's Run – Project Update
68% complete, delayed VFD's and potential for additional funding
- I. Overall Water Project – Project Update
Nothing to add
- J. Locust Heights – Project Update
Quoting options, drafting responses to PSC information.
- K. 10-year plan Water – General Discussion
Nothing to add
- L. General Discussion – Request to Harrison County Commission
Review, discuss, consider – Letter requesting ARPA \$100,000 Locust Heights and \$100,000 Bar screen. Michael moved to approve submittal of letter. Board concurred
- 6. Finance Report
Michael moved to approve financial transactions. Board concurred
- 7. Bill Hoover – Water
 - A. Water loss overall 27%. Coon's Run at 19%.
 - B. Lead and copper guidelines will become costly to district.
 - C. Formal complaint filed with the PSC – William Brady of Locust Heights
 - D. West Milford's project resulted in 10 of our customers now flow through their master meter pit.
- 8. Bill Hoover – Sewer
 - A. Bingamon Services meeting resulted in no agreement.
 - B. Shinnston Sanitary Board pursuing projects to increase size.
 - C. Package plants operate under general permit and required to sample 1x/qtr.
 - D. Consider selling .95 acres at Wood Crest
- 9. Bill Hoover – Good of the District
 - A. One water and one sewer bank account needed for ARPA accounts.

Mark Leonard moved to adjourn meeting. Board concurred.

Meeting adjourned

Chairman James J. Scudere
James Scudere

Secretary Mark Leonard
Mark Leonard

Treasurer Ruth Ann Messenger
Ruth Ann Messenger

Member Thomas Michael
Thomas Michael

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

Form **990****Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service**A** For the 2021 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**SPELTER VOLUNTEER FIRE DEPT**

Doing business as

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

BOX 176

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SPELTER, WV 26438**F** Name and address of principal officer: **LORI DUNN****D** Employer identification number**E** Telephone number**(304) 622-8256****G** Gross receipts \$**86,478.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **N/A****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1951** **M** State of legal domicile: **WV****Part I Summary**

1 Briefly describe the organization's mission or most significant activities: FIRE PREVENTION AND PROTECTION	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0
	6 Total number of volunteers (estimate if necessary) 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 69,521. Current Year 77,618.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 520. 6,985.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 70,041. 84,603.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 111,000. 122,056.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 111,000. 122,056.
	19 Revenue less expenses. Subtract line 18 from line 12 -40,959. -37,453.
	20 Total assets (Part X, line 16) Beginning of Current Year 314,887. End of Year 261,793.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26) 407,679. 392,038.
	22 Net assets or fund balances. Subtract line 21 from line 20 -92,792. -130,245.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	LORI DUNN, PRESIDENT Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name APRIL LEULIETTE	Preparer's signature <i>April Leuliette</i>
	Firm's name ▶ THE RODEHEAVER GROUP, P.C.	Firm's EIN ▶ 52-2006953
	Firm's address ▶ 248 E MAIN STREET CLARKSBURG, WV 26301	Phone no. 304-624-9400

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:**FIRE PREVENTION AND PROTECTION****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 119,636. including grants of \$) (Revenue \$ 650.)

THE ORGANIZATION IS A VOLUNTEER FIRE DEPARTMENT THAT PROVIDES FIRE PROTECTION AND AID TO THE DISTRICT OF 26 SQUARE MILES. THERE ARE APPROXIMATELY 1000 HOMES, 30 BUSINESSES, 3000 PEOPLE AND 2 SCHOOLS IN ITS COVERAGE AREA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses **119,636.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒ X**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	6											
b Enter the number of voting members included on line 1a, above, who are independent		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?			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?											X	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?											X	
6 Did the organization have members or stockholders?							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?							X					
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									X			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?										X		
b Each committee with authority to act on behalf of the governing body?										X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O												X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?												
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?												
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X									
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.												
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X								
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?												
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done												
13 Did the organization have a written whistleblower policy?							X					
14 Did the organization have a written document retention and destruction policy?							X					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?												
a The organization's CEO, Executive Director, or top management official									X			
b Other officers or key employees of the organization									X			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.												
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?											X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?												

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **LORI DUNN, PO BOX -**

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	49,737.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	27,881.			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f		77,618.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real 650.			
	b Less: rental expenses	6b	0.			
	c Rental income or (loss)	6c	650.			
	d Net rental income or (loss)		650.	650.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	8,210.			
	b Less: direct expenses	8b	1,875.			
	c Net income or (loss) from fundraising events		6,335.		6,335.	
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
	11 a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		84,603.	650.	0.	6,335.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	900.		900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	1,420.		1,420.	
14 Information technology				
15 Royalties				
16 Occupancy	10,885.	10,885.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	20,057.	20,057.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,567.	46,567.		
23 Insurance	3,419.	3,419.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OPERATIONAL EQUIPMENT	21,661.	21,661.		
b SUPPLIES	4,508.	4,508.		
c FUEL	4,183.	4,183.		
d TRUCK EXPENSE	3,024.	3,024.		
e All other expenses	5,432.	5,332.	100.	
25 Total functional expenses. Add lines 1 through 24e	122,056.	119,636.	2,420.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	10,711.	1	4,182.
	2 Savings and temporary cash investments	512.	2	512.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,086,222.		
	b Less: accumulated depreciation	10b 829,123.	303,664.	10c 257,099.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	314,887.	16	261,793.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	407,679.	23	392,038.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	407,679.	26	392,038.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	0.	31	-37,453.
	32 Total net assets or fund balances	-92,792.	32	-130,245.
	33 Total liabilities and net assets/fund balances	314,887.	33	261,793.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	84,603.
2	Total expenses (must equal Part IX, column (A), line 25)	2	122,056.
3	Revenue less expenses. Subtract line 2 from line 1	3	-37,453.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-92,792.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-130,245.

Part XII Financial Statements and ReportingCheck 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

SPELTER VOLUNTEER FIRE DEPT

Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.
---------------	---

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s). _____

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

Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,790.	99,631.	99,615.	69,521.	77,618.	411,175.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	64,790.	99,631.	99,615.	69,521.	77,618.	411,175.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						411,175.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	64,790.	99,631.	99,615.	69,521.	77,618.	411,175.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4.	6.	1.	0.	0.	11.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						411,186.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described on line 11a above?
 - c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
 - b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E - Distribution Allocations (see instructions)

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

Schedule A (Form 990) 2021

Part V

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

SPELTER VOLUNTEER FIRE DEPT

Employer identification number

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

Amount

1c

1d

1e

1f

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

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

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

(a) Current year

(b) Prior year

(c) Two years back

(d) Three years back

(e) Four years back

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

Yes No

3a(i)

3a(ii)

3b

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,786.		5,786.
b Buildings		422,638.	217,558.	205,080.
c Leasehold improvements		657,798.	611,565.	46,233.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				257,099.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2021

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
1	Expenses per audited financial statements
2	Expenses per return
3	Amount of difference
4	Reason for difference
5	Amount of difference
6	Reason for difference
7	Amount of difference
8	Reason for difference
9	Amount of difference
10	Reason for difference
11	Amount of difference
12	Reason for difference
13	Amount of difference
14	Reason for difference
15	Amount of difference
16	Reason for difference
17	Amount of difference
18	Reason for difference
19	Amount of difference
20	Reason for difference
21	Amount of difference
22	Reason for difference
23	Amount of difference
24	Reason for difference
25	Amount of difference
26	Reason for difference
27	Amount of difference
28	Reason for difference
29	Amount of difference
30	Reason for difference
31	Amount of difference
32	Reason for difference
33	Amount of difference
34	Reason for difference
35	Amount of difference
36	Reason for difference
37	Amount of difference
38	Reason for difference
39	Amount of difference
40	Reason for difference
41	Amount of difference
42	Reason for difference
43	Amount of difference
44	Reason for difference
45	Amount of difference
46	Reason for difference
47	Amount of difference
48	Reason for difference
49	Amount of difference
50	Reason for difference
51	Amount of difference
52	Reason for difference
53	Amount of difference
54	Reason for difference
55	Amount of difference
56	Reason for difference
57	Amount of difference
58	Reason for difference
59	Amount of difference
60	Reason for difference
61	Amount of difference
62	Reason for difference
63	Amount of difference
64	Reason for difference
65	Amount of difference
66	Reason for difference
67	Amount of difference
68	Reason for difference
69	Amount of difference
70	Reason for difference
71	Amount of difference
72	Reason for difference
73	Amount of difference
74	Reason for difference
75	Amount of difference
76	Reason for difference
77	Amount of difference
78	Reason for difference
79	Amount of difference
80	Reason for difference
81	Amount of difference
82	Reason for difference
83	Amount of difference
84	Reason for difference
85	Amount of difference
86	Reason for difference
87	Amount of difference
88	Reason for difference
89	Amount of difference
90	Reason for difference
91	Amount of difference
92	Reason for difference
93	Amount of difference
94	Reason for difference
95	Amount of difference
96	Reason for difference
97	Amount of difference
98	Reason for difference
99	Amount of difference
100	Reason for difference

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SPELTER VOLUNTEER FIRE DEPT

Employer identification number

FORM 990, PART VI, SECTION A, LINE 2:

PRESIDENT AND THE CHIEF OF THE ORGANIZATION ARE MARRIED

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

THE ORGANIZATION HAS MEMBERS

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

THE OFFICERS AND FIRE CHIEF ARE ELECTED BY THE MEMBERS

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

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

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST



STONEWOOD 75
A Community Celebration
8052 Southern Avenue
Stonewood, WV 26301
(304) 623-2919

Ms. Laura Pysz, County Administrator
(304) 624-8673
Harrison County Commission
301 West Main Street
Clarksburg, WV 26301

May 17, 2022

Dear Ms. Pysz,

On behalf of The Stonewood 75th Committee & City of Stonewood, I want to thank the Harrison County Commission for supporting our celebration. We would like to invite the County Commission to include a welcome letter in our event program. If the Commission would like to participate, please email a signed letter to me at pfolio@outlook.com and copy our editor, Tom Randolph at tomrandolphsw@yahoo.com. The due date is June 1, 2022.

If you need additional information or have any questions, please contact me at (404) 459-4504 or the email above.

Regards,

Patrick E. Folio – Planning Committee, Chair
Stonewood 75 Committee