



Finance Department  
**Cheryl B. Shiffler**  
Director

540/665-5610  
Fax: 540/667-0370  
E-mail: cshiffle@fcva.us

**TO:** Board of Supervisors  
**FROM:** Finance Committee  
**DATE:** August 16, 2017  
**SUBJECT:** Finance Committee Report and Recommendations

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A Finance Committee meeting was held in the First Floor Conference Room at 107 North Kent Street on Wednesday, August 16, 2017 at 8:00 a.m. All members were present.  Items 1, 2, and 3 were approved under consent agenda.  Item 6 requires no action.

- The Sheriff requests a General Fund supplemental appropriation in the amount of \$100. This amount represents a donation to the DARE program. No local funds required. See attached memo, p. 3 – 4.
- The Sheriff requests a General Fund supplemental appropriation in the amount of \$5,080.92. This amount represents an auto claim reimbursement. No local funds required. See attached memo, p. 5 – 6.
- The Public Safety Communications Director requests a General Fund supplemental appropriation in the amount of \$7,579.72. This amount represents a carry forward of unspent FY17 funds for the completion of the radio upgrade. See attached memo, p. 7.
- Horizon Goodwill Industries, Inc. requests real property tax exemption. See attached application and Code of Virginia Tax Exempt Property, p. 8 – 64. The committee recommends denial of the exemption.
- The Winchester Regional Airport Executive Director requests an FY18 Airport Capital Fund supplemental appropriation in the amount of \$2,165,000 and an FY18 General Fund supplemental appropriation in the amount of \$209,674. These amounts represent the Airport Capital budget for FY18 and the local contribution. See attached information, p. 65 – 88. The committee recommends approval.

## Finance Committee Report and Recommendations

August 16, 2017

Page 2

6.  The committee will discuss airplane tax rate. The committee requested additional information and will resume discussions at the next meeting.
7. The committee will continue discussion on real property tax relief and deferral. See attached information, p. 89 – 97. The committee recommends promotion of the deferral program and approval of the code updates as presented. The committee also requested additional information and will resume discussion of the tax relief ranges at the next meeting.
8. The committee will continue discussion on workman's compensation and accident/injury coverage for volunteer fire & rescue personnel. See attached information, p. 98 – 140. The committee recommends implementing VACORPs recommendation for workers' compensation for volunteer fire & EMS.
9. The Finance/Audit Committee charter adopted by the Board of Supervisors requires an annual review and reassessment. See attached charter, p. 141 – 143. The committee recommends no changes to the charter.

### INFORMATION ONLY

1. The Finance Director provides a Fund 10 Transfer Report for June 2017. See attached, p. 144.
2. Fund balance information will be provided after the County closes FY17.
3. The Finance Director provides the FY 2019 budget calendar. See attached, p. 145.
4. The Finance Director provides the updated outside agency funding request form. See attached, p. 146 – 148.
5. The FY17 year-end open purchase orders have been provided by the County and the Schools. See attachments, p. 149 – 159.

Respectfully submitted,

FINANCE COMMITTEE

Judith McCann-Slaughter, Chairman  
Charles DeHaven  
Gary Lofton  
Angela Rudolph  
Jeffrey Boope

By   
Cheryl B. Shiffler, Finance Director

FREDERICK COUNTY SHERIFF'S OFFICE

FREDERICK COUNTY  
JUL 26 2017  
POLICE DEPARTMENT



Sheriff Lenny Millholland

Major Steve A. Hawkins

1080 COVERSTONE DRIVE  
WINCHESTER, VIRGINIA 22602

540/662-6168  
FAX 540/504-6400

TO : Angela Whitacre, – Treasurer's Office  
FROM : Sheriff Lenny Millholland  
SUBJECT : Donation to DARE  
DATE : July 25, 2017

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Attached please find a check in the amount of \$100.00 from Evendale Elementary School. This check represents a donation to our DARE program from the Just Say No Club.

This amount can be posted to: 3-010-018990-0015 (100J).

A copy of the memo will be sent to Finance for appropriation in our operating budget line of 3102-5413-000-001.

Thank you.

LWM/adl

Cc: Finance Department

C.S. 7/27/17



EVENDALE ELEMENTARY SCHOOL  
220 ROSA LANE  
WINCHESTER, VA 22602



532/514

CHECK NO.

1009

DATE

AMOUNT

5/26/2017

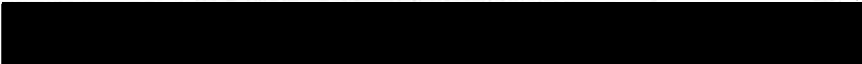
Exactly One Hundred Dollars and Zero Cents

\$100.00

PAY  
TO THE  
ORDER  
OF

Frederick County Sheriff's Off  
DARE  
5 North Kent Street  
Winchester, VA 22601

VOID AFTER 180 DAYS



# FREDERICK COUNTY SHERIFF'S OFFICE



Sheriff Lenny Millholland

Major Steve A. Hawkins

1080 COVERSTONE DRIVE  
WINCHESTER, VIRGINIA 22602

540/662-6168  
FAX 540/504-6400

TO : Cheryl Shiffler Director of Finance  
FROM : Sheriff Lenny Millholland  
DATE : August 7, 2017  
SUBJECT : Insurance Reimbursement

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We are requesting the insurance check received in the amount of \$5,080.92 for the auto claim involving Sgt. Smith dated July 3, 2017 be appropriated into our budget line of 3102-3004-000-002.

Thank you

A handwritten signature in blue ink, appearing to be "LWM/adl".

LWM/adl

C.S. 8/4/17

**VACORP CLAIMS**  
1315 Franklin Road SW  
Roanoke, VA 24016-4807  
540-345-8500

68-183/514

412

**PAY** Five Thousand Eighty and 92/100 Dollars \*\*\*\*\*  
**TO**  
**THE**  
**ORDER**  
**OF**

DATE	CHECK NO.
7/25/2017	268310
AMOUNT	
\$ **5,080.92**	

Attn: J. Place Frederick County  
107 North Kent Street  
Winchester, VA 22601

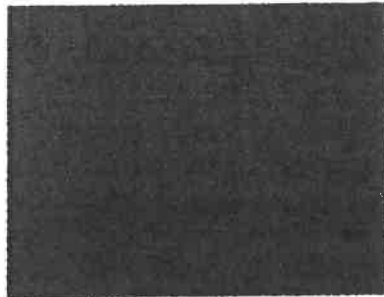
**AUTHORIZED ACCOUNT SIGNER**  
**TWO SIGNATURES REQUIRED OVER \$36,000**

SECURITY FEATURES INCLUDED. DETAILS ON BACK

**REMITTANCE STATEMENT - PLEASE DETACH BEFORE DEPOSITING**

Description	From Date	To Date	Invoice #	Invoice Amt	Amount
Auto Comprehensive	7/3/2017	7/3/2017	Estimate	\$5,580.92	\$5,580.92
Auto Comprehensive	7/3/2017	7/3/2017	Deductible	(\$500.00)	(\$500.00)

Claim Number: 0342017191658 Claimant: Frederick County Payee: Attn: J. Place Frederick County  
Check Number: 268310 Total Check Amt: \$5,080.92 Event Date: 7/3/2017 Department: 034 Frederick Date of Check: 7/25/2017  
Memo: APD Letter + Estimate  
Enclosure





COUNTY of FREDERICK, VIRGINIA

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DEPARTMENT OF PUBLIC SAFETY COMMUNICATIONS  
1080 Coverstone Dr, Winchester, VA 22602

Tel: 540-665-6356  
Fax: 540-723-8848

LeeAnna Pyles,  
Director of Public Safety

TO: Finance Committee

FROM: LeeAnna Pyles; Director   
Public Safety Communications

Date: July 14, 2017

Ref: Carry Forward of FY17 Funds

I am requesting that the following amount, which was appropriated in FY16-17, be carried forward to the FY17-18 Budget.

Line item 3506-8003-000 has unencumbered funds which were appropriated for a radio upgrade.

I am requesting that the funds left within the project budget be carried forward for any items that need to be purchased to complete the project, which includes computers, monitors and monitor trees. Currently there is \$7579.72 remaining that is unencumbered.



**FREDERICK COUNTY, VIRGINIA**  
 Ellen E. Murphy, Commissioner of the Revenue  
 P.O. Box 552, Winchester VA 22604-0552  
 Phone: 540-665-5680 Fax: 540-667-6487  
[www.fcva.us/cor](http://www.fcva.us/cor) • [www.fcva.us/re](http://www.fcva.us/re)

**DATE:** 6/27/17  
**FILE APPLICATION TRIENNIALY**

**APPLICATION FOR REAL PROPERTY TAX EXEMPTION**

This Application must be completed by Applicants seeking to maintain their existing exemption and new Applicants seeking exemption.

Frederick County Code Section 155-153(B):  
*Each organization which owns real property exempt from taxation pursuant to designation of the Board of Supervisors or pursuant to designation of the General Assembly shall file triennially, commencing on November 15, 2014, an application with the Commissioner of the Revenue as a requirement for retention of the exempt status of the property. The Commissioner of the Revenue shall send notice of this requirement to each such organization by not later than September 15 preceding the November 15 on which such application is due. Such application shall show the ownership and usage of such property, and such other information as the entity deems desirable, for the property for which retention of such exemption is sought.*

**\*\*\* COMPLETE AS LEGALLY APPROPRIATE PER THE DATE OF THIS APPLICATION. \*\*\***

<b>Organization's Name:</b>	Hagerstown Goodwill Industries, Inc. dba Horizon Goodwill Industries, Inc.																						
<b>Organization's Federal Employer Identification No. (EIN):</b>	52-0660403																						
<b>Contact Name:</b>	David Shuster	<b>Phone Number:</b>	301-733-7330x1623																				
<b>Contact Title:</b>	Director of Operations and Compliance	<b>Email:</b>	dshuster@goodwill-hgi.org																				
<b>Mailing Address:</b>	14515 Pennsylvania Ave., Hagerstown, MD 21742																						
<b>Frederick County Location Address:</b>	156 Cole Lane, Winchester, VA 22602																						
<b>Date Organization Began or Will Begin Operating in Frederick County:</b>	1997																						
<b>1. What is the organization's purpose?</b>	By removing barriers and creating opportunities in education and training, Horizon Goodwill ensures individuals and families can realize and achieve their fullest potential through the dignity and power of employment.																						
<b>2. What is the organization's federal tax designation (select one):</b>	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> 501(c)(6) <input type="checkbox"/> 501(c)(7) <input type="checkbox"/> Other [specify]:																						
<b>3. How is the organization funded?</b>	Public support in the form of contributions and earned revenue from activities related to our mission and tax exempt status.																						
<b>4. What activities or services does the organization provide that enhances Frederick County and its citizens?</b>	Horizon Goodwill is an economic engine in the county as a business, an employer, and a community service provider, operating profitable, strategic social enterprises that advance our mission of turning jobseekers into successful employees via job readiness training for the unemployed or under employed in the region.																						
<b>5. Provide a detailed list of all real property owned by the organization for which it is seeking a Frederick County tax exemption (attach additional sheet, if necessary):</b>	<table border="1"> <thead> <tr> <th>MAP NO.</th> <th>PROPERTY ADDRESS</th> <th>DATE ACQUIRED</th> <th>USE OF PROPERTY</th> </tr> </thead> <tbody> <tr> <td>54-5-7</td> <td>156 Cole Lane, Winchester, VA 22602</td> <td>6/15/2017</td> <td>Employment opportunities on contracts with business partners; job and technical training in cooperation with Lord Fairfax Community College.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			MAP NO.	PROPERTY ADDRESS	DATE ACQUIRED	USE OF PROPERTY	54-5-7	156 Cole Lane, Winchester, VA 22602	6/15/2017	Employment opportunities on contracts with business partners; job and technical training in cooperation with Lord Fairfax Community College.												
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# APPLICATION FOR REAL PROPERTY TAX EXEMPTION

PAGE 2

**6. Select the category of exemption under which your organization qualifies:**

- Church or Religious Body or Religious Organization *[provide supporting documentation]*
- Non-Profit Cemetery
- Library or Non-Profit Institution of Learning
- Museum
- Historic Preservation
- Park
- Playground
- Club, Scouts, or nationally-known helpful organization *[specify]:* Goodwill
- College Foundation or Alumni Association
- Recognized Farming Association *[specify]:* \_\_\_\_\_
- Veterans Association or Auxiliary of same *[specify]:* \_\_\_\_\_

**NOTE:** A copy of your most recent exempt IRS tax return and/or your latest detailed financial statements may be requested.

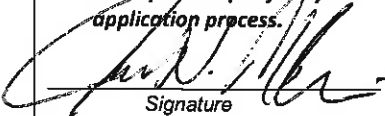
**7. List the following information for all officers who have the legal authority to represent the organization:**

NAME	TITLE	MAILING ADDRESS	TELEPHONE NO.	EMAIL ADDRESS
Ron Bowers	Board Chair	14515 Pennsylvania Ave., Hagerstown, MD 21742	301-331-3325	ronbowers@myactv.net
Butch Adams	Board Vice -Chair	14515 Pennsylvania Ave., Hagerstown, MD 21742	240-347-4805	badams@pia.edu
John N. McCain	Executive Director & CEO	14515 Pennsylvania Ave., Hagerstown, MD 21742	301-733-7330	jmccain@goodwill-hgi.org

### DECLARATION AND SIGNATURE

If the real estate owner is a business entity such as a trust, partnership, limited liability company, or corporation, this Application must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign. *It is a misdemeanor for any person to willfully subscribe a return which is not believed to be true and correct as to every material matter.* (Code Va. Sec. 58.1-11)

**DECLARATION:** I do swear or affirm under penalty of perjury (1) that the information herein and in any attachment(s) hereto are true, complete, and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign this Application and represent the organization during the tax exemption application process.


John N. McCain
 Owner *OR*
CEO
6/27/17  
Print Name
 If Business, Title:
(e.g., President, VP etc.)
Date

**\*\*\* FOR OFFICE USE ONLY \*\*\***

Date Received: _____	<input type="checkbox"/> Copy sent to Rod Williams on _____	Initials: _____	Disposition: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
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[Rev. 10/2014]

Ellen E. Murphy  
Commissioner of the Revenue  
Frederick County VA  
107 N. Kent Street  
Winchester VA 22601

Re: 156 Cole Lane, Winchester, VA 22602

July 13, 2017

Dear Commissioner Murphy,

Please find below the additional information requested in your letter dated July 10, 2017 regarding our application for real property tax exemption for 156 Cole Lane, Winchester, VA 22602. We recently purchased this property after leasing it for many years.

Per your request to provide the most recent tax return for this specific location, please find attached our IRS Form 990 for 2016. As we do not conduct retail sales at this location, any revenues generated at this location are from contractual business partnerships and thus are included as income on our combined organizational filing.

This property is a former manufacturing/warehouse facility with a small administrative office complex at the front. We currently conduct the following training programs, projects, and partnerships specifically at this location:

*Dell Reconnect Computer Recycling* – Our employees and clients perform the final processing and bundling for pick-up of all computers donated to our organization through the Dell Reconnect program. In addition to being a strategic sustainability partnership that provides an outlet keep old computers out of the waste stream throughout our service territory, this program also provides job skills training and employment for our clients.

*Contract Business Services* – We currently provide assembly and packaging services on demand for Kohls and Rubbermaid, again providing job skills training and employment in partnership with other local businesses.

*Educational Partnership with Lord Fairfax Community College* – We provide in-kind space for Lord Fairfax Community College to conduct their HVAC and plumbing trades classes at this location, in exchange for tuition-free access to courses for our job-seeking clients.

Please let me know if you need any additional information regarding our application.

Sincerely,



David Shuster  
Director of Operations and Compliance



U. S. TREASURY DEPARTMENT

WASHINGTON 25

OFFICE OF  
COMMISSIONER OF INTERNAL REVENUE

ADDRESS REPLY TO  
COMMISSIONER OF INTERNAL REVENUE  
WASHINGTON 25, D. C.

AND REFER TO

T:R:PEO:5  
FCB

Hagerstown Goodwill Industries, Inc.  
223 North Prospect Street  
Hagerstown, Maryland

OCT 16 1956

Gentlemen:

It is the opinion of this office, based upon the evidence presented, that you are exempt from Federal income tax as an organization described in section 501(c)(3) of the Internal Revenue Code of 1954, as it is shown that you are organized and operated exclusively for charitable and educational purposes.

Accordingly, you are not required to file income tax returns unless you change the character of your organization, the purposes for which you were organized, or your method of operation. Any such changes should be reported immediately to the District Director of Internal Revenue for your district in order that their effect upon your exempt status may be determined.

You are required, however, to file an information return, Form 990A, annually, with the District Director of Internal Revenue for your district so long as this exemption remains in effect. This form may be obtained from the District Director and is required to be filed on or before the fifteenth day of the fifth month following the close of your annual accounting period.

Contributions made to you are deductible by the donors in computing their taxable income in the manner and to the extent provided by section 170 of the 1954 Code.

Bequests, legacies, devises or transfers to or for your use are deductible in computing the value of the taxable estate of a decedent for Federal estate tax purposes in the manner and to the extent provided by sections 2055 and 2106 of the 1954 Code. Gifts of property to or for your use are deductible in computing taxable gifts for Federal gift tax purposes in the manner and to the extent provided by section 2522 of the 1954 Code.

2 - Hagerstown Goodwill Industries, Inc.

No liability is incurred by you for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless you have filed a waiver of exemption certificate in accordance with the applicable provisions of such Act. In the event you desire social security coverage for your employees or have any questions relating to the filing of a waiver of exemption certificate you should take the matter up with your District Director of Internal Revenue.

Your attention is called to the provisions of section 501(c)(3) of the Internal Revenue Code of 1954 under which your exemption will be revoked if any substantial part of your activities consists of carrying on propaganda, or otherwise attempting, to influence legislation, or if you participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office.

For the purpose of applying this ruling to any period with respect to which the Internal Revenue Code of 1954 is not applicable, any reference herein to a provision of the 1954 Code shall be deemed a reference to the corresponding provision of the 1939 Code.

The District Director of Internal Revenue, Baltimore, Maryland, is being advised of this action.

Very truly yours,

*P. Henry Needham*

Chief, Pensions and  
Exempt Organizations Branch

Form 5977-2 (Rev. 2-55)

## Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning

, and ending

\*\*-\*\*\*0403

### HAGERSTOWN GOODWILL INDUSTRIES, INC

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>9,061,026</u>
<b>Revenue</b>		
Contributions	<u>1,329,948</u>	
Program service revenue	<u>18,068,121</u>	
Investment income	<u>2,112</u>	
Capital gain / loss	<u>-809</u>	
Fundraising / Gaming:		
Gross revenue	<u>10,387</u>	
Direct expenses	<u>9,228</u>	
Net income	<u>1,159</u>	
Other income	<u>100,712</u>	
<b>Total revenue</b>		<u>19,501,243</u>
<b>Expenses</b>		
Program services	<u>17,787,467</u>	
Management and general	<u>1,552,524</u>	
Fundraising	<u>81,582</u>	
<b>Total expenses</b>		<u>19,421,573</u>
<b>Excess / (deficit)</b>		<u>79,670</u>
 Changes		<u>24,486</u>
 <b>Net Asset / Fund Balance at End of Year</b>		<u><u>9,165,182</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>19,544,233</u>
Less:	
Unrealized gains	<u>24,486</u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>18,504</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u><u>19,501,243</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>19,440,077</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>18,504</u>
Plus:	
Investment expenses	<u>          </u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u><u>19,421,573</u></u>

		Balance Sheet		
		Beginning	Ending	Differences
Assets		<u>11,277,849</u>	<u>11,713,724</u>	
Liabilities		<u>2,216,823</u>	<u>2,548,542</u>	
Net assets		<u>9,061,026</u>	<u>9,165,182</u>	<u>104,156</u>

#### Miscellaneous Information

Amended return  
Return / extended due date 05/15/17  
Failure to file penalty \_\_\_\_\_

### Form 990-T Return Summary

For calendar year 2016, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

\*\*-\*\*\*0403

#### HAGERSTOWN GOODWILL INDUSTRIES, INC

**Income**

Gross profit		
Capital gain / loss		
Unrelated debt-financed income	-855	
All other income		
<b>Total income</b>		-855

**Deductions**

Officer compensation		
Salaries		
All other deductions		
Net operating loss		
Specific deduction		
<b>Total deductions</b>		-855
<b>Unrelated business taxable income</b>		-855

**Taxes / Credits / Payments**

Regular tax		
Proxy tax		
Alternative minimum tax		
<b>Tax</b>		
Foreign tax credit		
Other credits		
General business credits		
Prior year minimum tax credit		
<b>Total nonrefundable credits</b>		
Other taxes		
<b>Total tax</b>		2,231
Estimated tax payments	2,231	
Paid with extension		
Tax withheld		
Other credits / payments		
Estimated tax penalty		
Overpayment applied to next year's tax		
<b>Payments / penalty / application</b>		2,231
<b>Net tax due</b>		0

**Additions to Tax**

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
<b>Total additions</b>		
<b>Balance due</b>		2,231
<b>Refund</b>		

**Next Year's Estimates**

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total</b>	

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 05/15/17

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning ..... 2016, and ending ..... 20 .....

**2016**

Department of the Treasury  
Internal Revenue Service

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

**Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

**HAGERSTOWN GOODWILL INDUSTRIES, INC**

Employer identification number

**\*\*--\*\*\*0403**

Name and title of officer

**JOHN MCCAIN  
EXECUTIVE DIR / CEO**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>19,501,243</b>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **SMITH ELLIOTT KEARNS & COMPANY, LLC** to enter my PIN **60403** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date **05/10/17**

**Part III Certification and Authentication**

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

**\*\*\*\*\***  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MICHAEL P. MANSPEAKER, CPA**

Date **05/10/17**

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

**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.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2016**  
Open to Public Inspection

**A For the 2016 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**  
**HAGERSTOWN GOODWILL INDUSTRIES, INC**  
 Doing business as **HORIZON GOODWILL INDUSTRIES**  
 Number and street (or P.O. box if mail is not delivered to street address) **14515 PENNSYLVANIA AVENUE** Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code **HAGERSTOWN MD 21742**

**D Employer identification number**  
**\*\*-\*\*\*0403**

**E Telephone number**  
**301-733-7330**

**G Gross receipts\$** **19,520,556**

**F Name and address of principal officer:**  
**JOHN MCCAIN**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J Website:** **WWW.HORIZONGOODWILL.ORG** **H(c) Group exemption number** ▶ \_\_\_\_\_

**K Form of organization:**  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L Year of formation:** **1955** **M State of legal domicile:** **MD**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>32</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>32</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>1174</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>189</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>-1,836</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>-855</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,502,192</b>	<b>1,329,948</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,666,452</b>	<b>18,068,121</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>3,791</b>	<b>1,303</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-217</b>	<b>101,871</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>19,172,218</b>	<b>19,501,243</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>12,301,471</b>	<b>12,863,359</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>81,582</b>		<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>6,190,820</b>	<b>6,558,214</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18,492,291</b>	<b>19,421,573</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>679,927</b>	<b>79,670</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>11,277,849</b>	<b>11,713,724</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,216,823</b>	<b>2,548,542</b>
		<b>9,061,026</b>	<b>9,165,182</b>

**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: **JOHN MCCAIN** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIR / CEO**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **MICHAEL P. MANSPEAKER, CPA** Preparer's signature: **MICHAEL P. MANSPEAKER, CPA** Date: **05/10/17** Check  if self-employed  PTIN: **\*\*\*\*\***  
 Firm's name: **SMITH ELLIOTT KEARNS & COMPANY, LLC** Firm's EIN: **\*\* - \*\*\*3935**  
 Firm's address: **480 N POTOMAC ST HAGERSTOWN, MD 21740** Phone no.: **301-733-5020**



**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**SEE SCHEDULE O**

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 \$ **5,963,005** including grants of \$ ) (Revenue \$ **6,093,416** )

**BUSINESS SERVICES - FROM PACKAGING, ASSEMBLY, AND FULLFILLMENT TO CUSTODIAL, SECURITY AND MAILROOM SERVICES, HORIZON GOODWILL INDUSTRIES' BUSINESS SERVICES OPERATION IS ANOTHER OF OUR SOCIAL ENTERPRISES, OPERATING AS A BUSINESS AND VENDOR TO OVER 42 FEDERAL, STATE AND COMMERCIAL ENTITIIES ACROSS OUR 4 STATE REGION. WITH THE MISSION OF "REMOVING BARRIERS, CREATING OPPORTUNITIES", HORIZON GOODWILL INDUSTRIES' BUSINESS SERVICES OPERATION FOCUSES ON PUTTING PEOPLE TO WORK. PROVIDING HANDS-ON PAID TRAINING TO INDIVIDUALS WITH DISABILITIES AND BARRIERS, GOODWILL'S BUSINESS SERVICES CREATES OPPORTUNITIES FOR PEOPLE TO LEARN AND GROW WHILE ON THE JOB AND HELPS THOSE NOT READY FOR COMPETITIVE EMPLOYMENT BUILD NECESSARY TECHNICAL AND SOFT SKILLS TO GET AND KEEP A JOB IN THE COMMUNITY.**

4b (Code: ) (Expenses \$ **1,890,535** including grants of \$ ) (Revenue \$ )

**MISSION SERVICES - ACROSS 17 COUNTIES IN MARYLAND, PENNSYLVANIA, VIRGINIA, AND WEST VIRGINIA, HORIZON GOODWILL INDUSTRIES IS DEDICATED TO PUTTING PEOPLE TO WORK AND OFFERS FREE JOB TRAINING AND JOB SEEKING SERVICES TO INDIVIDUALS IN OUR COMMUNITIES WHO WANT TO WORK BUT STRUGGLE TO FIND IT. OUR MISSION SERVICES DIVISION PROVIDES INDIVIDUALIZED CASE MANAGEMENT, PAID WORK EXPERIENCES, JOB OR CAREER DEVELPMENT, AND CONNECTIONS TO COMMUNITY SERVICES THAT ADDRESS CRITICAL NEEDS AS FOOD, HOUSING, AND MENTAL HEALTH. GOODWILL'S EMPLOYMENT PROGRAMS, EDUCATIONAL PARTNERSHIPS, AND RELATED SUPPORT SERVICES INCREASE AN INDIVIDUAL'S CONFIDENCE, THEIR ABILITY TO NAVIGATE CHANGE AND THEIR OVERALL EMPLOYABILITY. OUR CUSTOMIZED PROGRAMS AND SERVICES ARE DESIGNED TO HELP INDIVIDUALS WITH BARRIERS TO EMPLOYMENT,**

4c (Code: ) (Expenses \$ **6,643,378** including grants of \$ ) (Revenue \$ **11,639,702** )

**DONATED GOODS RETAIL - WITH THE BELIEF THAT "YOUR DONATIONS CHANGE LIVES", HORIZON GOODWILL'S DONATED GOODS RETAIL OPERATION COLLECTS DONATIONS OF USED CLOTHING AND HOUSEHOLD ITEMS AND SELLS THEM THROUGH A NETWORK OF 18 THRIFT STORES AND 2 ATTENDED DONATION CENTER. DONATED GOODS RETAIL OPERATION EMPLOYED 745 INDIVIDUALS IN 2016, MANY OF WHOM HAVE SIGNIFICANT DISABILITIES AND OTHER BARRIERS TO EMPLOYMENT. WAGES PAID TO INDIVIDUALS WITH DISABILITIES AND BARRIERS TOTALED \$1.6 MILLION. EXCESS AND UNSALABLE ITEMS ARE SOLD THROUGH RECYCLING AND/OR SALVAGE CHANNELS, KEEPING MILLIONS OF POUNDS OUT OF THE LANDFILL EACH YEAR. UNIQUE ITEMS, JEWELRY AND BOOKS ARE SOLD THROUGH HGI'S E-COMMERCE CHANNELS. THESE OPERATIONS, THE THRIFT STORES, AND ATTENDED DONATION CENTER GENERATE REVENUE AND CASH FLOW THAT**

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

(Expenses \$ **3,290,549** including grants of \$ ) (Revenue \$ **335,003** )

4e Total program service expenses **17,787,467**

**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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> 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		<input checked="" type="checkbox"/>
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>X</b>	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<b>X</b>	
<b>4a</b>	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)?		<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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		
<b>c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 in Schedule O.		
	<b>1a</b> 32		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 32		
<b>2</b>	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?	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	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?		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	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 in Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>12c</b>		<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in 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: ►

**SHARON AHRENS**  
**HAGERSTOWN**      **14515 PENNSYLVANIA AVENUE**      **MD 21742-1670 301-733-7330**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>RON BOWERS</b>	1.00									
<b>CHAIRMAN</b>	0.00	X		X			0	0	0	
(2) <b>BERNARD ADAMS</b>	1.00									
<b>VICE-CHAIR</b>	0.00	X		X			0	0	0	
(3) <b>STEVEN MICHAEL</b>	1.00									
<b>TREASURER</b>	0.00	X		X			0	0	0	
(4) <b>LORI WRISTON</b>	1.00									
<b>SECRETARY</b>	0.00	X		X			0	0	0	
(5) <b>NICOLE ALT-MYERS</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(6) <b>WALTER BELL</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(7) <b>MELINDA CANNON</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(8) <b>SAM COOL</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(9) <b>STUART CZAPSKI</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(10) <b>ROBIN FERREE</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	
(11) <b>REBECCA FISHACK</b>	1.00									
<b>DIRECTOR</b>	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROSEANN FISHER	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) LOUIS GUISTINI	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) HEATHER GUESSFORD	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) MARK HALSEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) TRACIE HOVEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) KAREN HUMBERTSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) MARYANNE KEYSER	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) NORMA KOLSON	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Sub-total</b>							<b>237,424</b>		<b>9,489</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>237,424</b>		<b>9,489</b>	
<b>d Total (add lines 1b and 1c)</b>							<b>237,424</b>		<b>9,489</b>	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **23** 0

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 38,255					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,260,087					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 31,606					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		<b>1,329,948</b>				
	<b>Program Service Revenue</b>	<b>2a</b> PROG. SERVICE REVENUE-STORES	Busn. Code 453310	11,108,203	11,108,203		
<b>b</b> PROG. SERV REVENUE-CONTRACTS		624310	6,093,416	6,093,416			
<b>c</b> PROG. SERVICE REVENUE-SALVAGE		900099	423,270	423,270			
<b>d</b> FEES FROM GOVERNMENT AGENCIES		624310	335,003	335,003			
<b>e</b> E-COMMERCE SALES		454110	108,229	108,229			
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			<b>18,068,121</b>				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,112			2,112
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	7,440				
		(ii) Personal					
		<b>b</b> Less: rental exps.	9,276				
	<b>c</b> Rental inc. or (loss)	-1,836					
	<b>d</b> Net rental income or (loss)		-1,836		-1,836		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis & sales exps.		809			
		<b>c</b> Gain or (loss)		-809			
	<b>d</b> Net gain or (loss)		-809			-809	
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	10,387				
		<b>b</b> Less: direct expenses	9,228				
<b>c</b> Net income or (loss) from fundraising events			1,159			1,159	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>					
<b>11a</b> UNCLAIMED PROPERTY REVENUE	900099	101,320			101,320		
<b>b</b> MISCELLANEOUS	900099	1,228			1,228		
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		102,548					
<b>12 Total revenue.</b> See instructions		19,501,243	18,068,121	-1,836	105,010		



**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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	246,913	158,067	88,846	
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	9,775,690	9,280,783	494,907	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	123,579	117,252	6,327	
9 Other employee benefits	1,828,398	1,725,131	103,267	
10 Payroll taxes	888,779	837,317	51,462	
11 Fees for services (non-employees):				
a Management				
b Legal	17,216	8,555	8,661	
c Accounting	40,655	20,203	20,452	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	296,815	147,500	149,315	
12 Advertising and promotion	115,139	28,020	23,227	63,892
13 Office expenses	1,505,514	1,274,599	215,647	15,268
14 Information technology	151,113	91,813	59,300	
15 Royalties				
16 Occupancy	3,227,663	3,158,146	69,517	
17 Travel	531,611	507,058	24,553	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	56,617	13,721	42,896	
20 Interest	7,974	6,282	1,692	
21 Payments to affiliates	135,256	9,818	125,438	
22 Depreciation, depletion, and amortization	376,830	343,466	33,364	
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	59,983	47,254	12,729	
b MEMBERSHIP DUES	18,688	1,356	17,332	
c BAD DEBT EXPENSE	10,771	8,485	2,286	
d SUBSCRIPTIONS/PUBLICATION	4,365	1,062	881	2,422
e All other expenses	2,004	1,579	425	
25 Total functional expenses. Add lines 1 through 24e	19,421,573	17,787,467	1,552,524	81,582
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	2,190,796	1	2,442,420
	<b>2</b> Savings and temporary cash investments	2,390,830	2	624,629
	<b>3</b> Pledges and grants receivable, net		3	
	<b>4</b> Accounts receivable, net	1,019,719	4	793,875
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	<b>7</b> Notes and loans receivable, net		7	
	<b>8</b> Inventories for sale or use	102,140	8	54,230
	<b>9</b> Prepaid expenses and deferred charges	73,183	9	94,333
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,975,246		
	<b>b</b> Less: accumulated depreciation	10b 3,777,555	5,450,864	10c 6,197,691
	<b>11</b> Investments—publicly traded securities	15,119	11	1,458,605
	<b>12</b> Investments—other securities. See Part IV, line 11		12	
	<b>13</b> Investments—program-related. See Part IV, line 11		13	
	<b>14</b> Intangible assets		14	
	<b>15</b> Other assets. See Part IV, line 11	35,198	15	47,941
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,277,849	16	11,713,724	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	896,175	17	925,278
	<b>18</b> Grants payable		18	
	<b>19</b> Deferred revenue	100,704	19	
	<b>20</b> Tax-exempt bond liabilities		20	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	1,219,944	23	1,623,264
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		24	
	<b>25</b> 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	
	<b>26 Total liabilities.</b> Add lines 17 through 25	2,216,823	26	2,548,542
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	8,826,809	27	9,084,947
	<b>28</b> Temporarily restricted net assets	234,217	28	80,235
	<b>29</b> Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		32	
<b>33 Total net assets or fund balances</b>	9,061,026	33	9,165,182	
<b>34 Total liabilities and net assets/fund balances</b>	11,277,849	34	11,713,724	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,501,243
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,421,573
3	Revenue less expenses. Subtract line 2 from line 1	3	79,670
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,061,026
5	Net unrealized gains (losses) on investments	5	24,486
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,165,182

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 in Schedule O.	X	
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
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>PAUL MULDOWNY</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(21) <b>BRADLEY PINGREY</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(22) <b>MARY BETH PIROLOZZI</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(23) <b>SHARON RUPPENTHAL</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(24) <b>J. SCOTT SHIFE</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(25) <b>SUZETTE SNYDER</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(26) <b>RICHARD STARLIPER</b>	1.00									
DIRECTOR	0.00	X						0	0	0
(27) <b>WILLIAM SWARTZ</b>	1.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **28**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) <b>BEN THOMPSON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(29) <b>WILLIAM VALENTINE</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(30) <b>F. CHRISTIAN WRIGHT</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(31) <b>MICHAEL ZAMPELLI</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(32) <b>MARIANNE ZEIGLER</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(33) <b>JOHN MCCAIN</b>	40.00									
EXECUTIVE DIR / CEO	0.00			X			169,222	0	3,830	
(34) <b>SHARON AHRENS</b>	40.00									
DIR. OF ACCOUNTING	0.00			X			68,202	0	5,659	
<b>1b Sub-total</b>							<b>237,424</b>		<b>9,489</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **29**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**HAGERSTOWN GOODWILL INDUSTRIES, INC**

Employer identification number

**\*\*-\*\*\*0403**

**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 or 990-EZ).)
- 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 in 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,406,466	1,403,797	1,554,232	1,502,192	1,329,948	7,196,635
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	14,888,283	15,573,977	16,546,822	17,666,452	18,068,121	82,743,655
3 Gross receipts from activities that are not an unrelated trade or business under section 513			27,941	10,802	112,935	151,678
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	16,294,749	16,977,774	18,128,995	19,179,446	19,511,004	90,091,968
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.)						90,091,968

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	16,294,749	16,977,774	18,128,995	19,179,446	19,511,004	90,091,968
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,562	4,085	3,180	2,841	2,112	19,780
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	7,562	4,085	3,180	2,841	2,112	19,780
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0			0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	26,188	17,465				43,653
13 Total support. (Add lines 9, 10c, 11, and 12.)	16,328,499	16,999,324	18,132,175	19,182,287	19,513,116	90,155,401
14 First five 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 2016 (line 8, column (f) divided by line 13, column (f))	15	99.93 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	99.91 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2016.** 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—2015.** 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 in (b) and (c) below, the governing body of a supported organization?
  - b A family member of a person described in (a) above?
  - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), 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 government entity (see instructions).

2 Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? 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 V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013 .....			
d	From 2014 .....			
e	From 2015 .....			
f	<b>Total of lines 3a through e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013 .....			
c	Excess from 2014 .....			
d	Excess from 2015 .....			
e	Excess from 2016 .....			

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

**PART III, LINE 12 - OTHER INCOME DETAIL**

\$ 43,653

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

Employer identification number

**HAGERSTOWN GOODWILL INDUSTRIES, INC**

**\*\* - \*\*\* 0403**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization <b>HAGERSTOWN GOODWILL INDUSTRIES, INC</b>	Employer identification number <b>**-***0403</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>UNITED WAY OF WASHINGTON COUNTY, MD</b> <b>33 WEST FRANKLIN STREET</b>  <b>HAGERSTOWN MD 21740</b>	\$ 38,255	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>DEPT. OF HEALTH AND MENTAL HYGIENE</b> <b>201 WEST PRESTON STREET #316</b>  <b>BALTIMORE MD 21201</b>	\$ 1,260,087	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

HAGERSTOWN GOODWILL INDUSTRIES, INC

\*\*-\*\*\*0403

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...



**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 are a 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 programs
- 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.

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

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

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

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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		919,893		919,893
b Buildings		7,361,008	2,734,220	4,626,788
c Leasehold improvements				
d Equipment		1,366,807	815,386	551,421
e Other		327,538	227,949	99,589
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>6,197,691</b>

Part VII Investments—Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows numbered 1 through 9.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

**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	19,544,233
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	24,486	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	18,504	
e	Add lines 2a through 2d	2e		42,990
3	Subtract line 2e from line 1	3		19,501,243
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		19,501,243

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

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

1	Total expenses and losses per audited financial statements		1	19,440,077
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	18,504	
e	Add lines 2a through 2d	2e		18,504
3	Subtract line 2e from line 1	3		19,421,573
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		19,421,573

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION FOLLOWS THE FASB ACCOUNTING STANDARDS CODIFICATION, WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. THE ORGANIZATION'S POLICY IS TO CHARGE PENALTIES AND INTEREST TO INCOME TAX EXPENSE AS INCURRED. THE ORGANIZATION'S FEDERAL AND STATE INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND STATE TAX AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETURNS ARE FILED.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

RENTAL EXPENSES NOT TREATED AS REDUCTION OF REVENUE	\$	9,276
FUNDRAISING DIRECT EXPENSES	\$	9,228

**Part XIII** Supplemental Information (continued)

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**RENTAL EXPENSES NOT TREATED AS REDUCTION OF REVENUE** \$ 9,276

**FUNDRAISING DIRECT EXPENSES** \$ 9,228

**SCHEDULE J**  
**(Form 990)**

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**HAGERSTOWN GOODWILL INDUSTRIES, INC**

Employer identification number

**\*\*-\*\*\*0403**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016 HAGERSTOWN GOODWILL INDUSTRIES, INC \*\*-\*0403

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOHN MCCAIN EXECUTIVE DIR / CEO	169,222	0	0	3,423	407	173,052	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**Part III** Supplemental information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal dotted lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**HAGERSTOWN GOODWILL INDUSTRIES, INC**

Employer identification number

**\*\*-\*\*\*0403**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>11,108,203</b>	<b>RESALE VALUE</b>
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.





**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**HAGERSTOWN GOODWILL INDUSTRIES, INC**

Employer identification number

**\*\*-\*\*\*0403**

**FORM 990 - ORGANIZATION'S MISSION**

HORIZON GOODWILL INDUSTRIES HELPS INDIVIDUALS REALIZE AND ACHIEVE THEIR FULLEST POTENTIAL THROUGH THE DIGNITY AND POWER OF WORK. WITH OPERATIONS, PROGRAMS, AND SERVICES IN 17 COUNTIES ACROSS MARYLAND, PENNSYLVANIA, VIRGINIA, AND WEST VIRGINIA. WE FOCUS ON HUMAN DEVELOPMENT THAT EXPANDS THE RICHNESS OF HUMAN LIFE AND THAT IS CENTERED ON PEOPLE, THEIR OPPORTUNITIES AND CHOICES. IN THE LAST YEAR, 6,989 INDIVIDUALS BENEFITED FROM HORIZON GOODWILL'S MISSION OF "REMOVING BARRIERS AND CREATING OPPORTUNITIES", IMPROVING THEIR JOB SKILLS, EMPLOYABILITY, EDUCATION AND ECONOMIC SELF-SUFFICIENCY.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

BUSINESS SERVICES EMPLOYED 345 PEOPLE IN 2016. WAGES PAID TO INDIVIDUALS WITH DISABILITIES AND BARRIERS TOTALED \$2.5 MILLION LAST YEAR. BY TRAINING WITH GOODWILL, PEOPLE GAIN SECTOR SPECIFIC WORK EXPERIENCE, TECHNICAL TRAINING, JOB AND INCOME STABILITY, AND THE SOFT SKILLS NECESSARY TO BECOME MORE SELF-SUFFICIENT IN EMPLOYMENT WITH BUSINESSES IN OUR COMMUNITIES AFTER THEY GRADUATE.

**FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT**

RE-ESTABLISH A WORK AND EARNINGS HISTORY, DEVELOP JOB AND LIFE SKILLS, AND ENHANCE THEIR FINANCIAL, SOCIAL, AND EDUCATIONAL CIRCUMSTANCES. HORIZON GOODWILL SERVES INDIVIDUALS WITH BARRIERS TO EMPLOYMENT SUCH AS LACK OF TRANSPORTATION OR CHILD CARE, LACK OF CIVILIAN WORK EXPERIENCE FOR VETERANS, CHEMICAL DEPENDENCY, CRIMINAL BACKGROUND, AND EMOTIONAL,

Name of the organization

HAGERSTOWN GOODWILL INDUSTRIES, INC

Employer identification number

\*\*-\*\*\*0403

COGNITIVE AND/OR PHYSICAL DISABILITIES. IN 2016, HORIZON GOODWILL PLACED 413 INDIVIDUALS IN JOBS WITH 329 EMPLOYERS ACROSS 4 STATES WITH AN AVERAGE STARTING WAGE OVER \$12.81 PER HOUR.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

FUND A LARGE PORTION OF HGI'S MISSION RELATED JOB TRAINING AND EMPLOYMENT SERVICES AND ITS GENERAL AND ADMINISTRATIVE EXPENSES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

CONTRIBUTED GOODS PRODUCTION - DONATED GOODS ARE COLLECTED AND PROCESSED GIVING CLIENTS, WITH DISABILITIES AND DISADVANTAGING CONDITIONS, AN OPPORTUNITY TO LEARN JOB SKILLS, DISCIPLINE AND DEVELOP SELF-CONFIDENCE. THE GOODS ARE SOLD IN THE ORGANIZATIONS RETAIL STORES.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

MIKE ZAMPELLI

WILLIAM SWARTZ

DIRECTOR

DIRECTOR

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ONCE THE ORGANIZATION RECEIVES THE COMPLETED 990, THE DIRECTOR OF ACCOUNTING AND FINANCE REVIEWS THE FINANCIAL PORTION OF THE 990. SHE THEN FORWARDS THE 990 TO THE FINANCE COMMITTEE WHO REVIEWS ALL ASPECTS AND APPROVES. THE ENTIRE GOVERNING BOARD RECEIVES A COPY BEFORE MAILING, AND REVIEWS THE DOCUMENT AT ITS NEXT MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization

HAGERSTOWN GOODWILL INDUSTRIES, INC

Employer identification number

\*\*-\*\*\*0403

EACH BOARD MEMBER COMPLETES THE STATEMENT ANNUALLY AND THEY ARE READ BY THE ASSISTANT TO THE EXECUTIVE DIRECTOR AND THE EXECUTIVE DIRECTOR. ANY STATEMENT MADE REGARDING A CONFLICT IS THEN REVIEWED AND CONSIDERED INDIVIDUALLY, AND ALL ATTEMPTS ARE MADE TO AVOID ANY POSSIBLE CONFLICTS OF INTEREST IN THE MEETINGS AND CONDUCTING OF BUSINESS RELATIONSHIPS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE REVIEW COMMITTEE SOLICITS INFORMATION REGARDING COMPARABLE SALARIES AMONG GOODWILL EXECUTIVES, AND ALSO COMPARES EXECUTIVE SALARIES OF COMMUNITY AGENCIES OF COMPARABLE SIZE, IN THE PROCESS OF SETTING ANNUAL SALARY FOR THE EXECUTIVE DIRECTOR. THE COMMITTEE WORKS TO REWARD THE DIRECTOR ON MERIT BASIS; NO COLA IS CONSIDERED.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS DIVISION DIRECTORS ARE SUPERVISED BY THE EXECUTIVE DIRECTOR/CEO AND ARE GIVEN MERIT INCREASES WHEN WARRANTED. THE EXECUTIVE DIRECTOR CONSIDERS COMPARABLE GOODWILL SALARIES BASED ON SIZE OF THE AGENCY AND LEVEL OF RESPONSIBILITY OF EACH STAFF MEMBER IN THOSE DIRECTOR LEVEL POSITIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION WILL PROVIDE COPIES OF ITS GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY TO INDIVIDUALS WHO REQUEST THEM. THE ORGANIZATION PLANS TO POST AUDITED FINANCIALS ON THE WEBSITE, BUT HAS NOT YET DONE SO.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
 RENTAL EXPENSES NOT TREATED AS REDUCTION OF REVENUE \$ 9,276

Name of the organization

HAGERSTOWN GOODWILL INDUSTRIES, INC

Employer identification number

\*\*-\*\*\*0403

FUNDRAISING DIRECT EXPENSES \$ 9,228

RENTAL EXPENSES NOT TREATED AS REDUCTION OF REVENUE \$ -9,276

FUNDRAISING DIRECT EXPENSES \$ -9,228

**Filing Instructions****HAGERSTOWN GOODWILL INDUSTRIES, INC****Exempt Organization Business Tax Return****Taxable Year Ended December 31, 2016****Date Due:** May 15, 2017**Remittance:** None is required. Your Form 990-T for the tax year ended 12/31/16 shows a total overpayment of \$2,231, which is to be refunded in its entirety.**Mail To:** Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027If a private delivery service is used, mail to:  
OSPC  
1973 Rulon White Blvd.  
Ogden, UT 84201-1000**Signature:** The return should be signed and dated on Page 2 by an officer representing the organization.

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2016

For calendar year 2016 or other tax year beginning , and ending

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed
B Exempt under section: 501(C)(3), 408(e), 408A, 529(a), 220(e), 530(a)

Name of organization: HAGERSTOWN GOODWILL INDUSTRIES, INC
Number, street, and room or suite no.: 14515 PENNSYLVANIA AVENUE
City or town, state or province, country, and ZIP or foreign postal code: HAGERSTOWN MD 21742

D Employer identification number: \*\*-\*\*\*0403
E Unrelated business activity codes: 531120

C Book value of all assets at end of year: 11,713,724

F Group exemption number
G Check organization type: 501(c) corporation

H Describe the organization's primary unrelated business activity: RENTAL OF DEBT-FINANCED NON-RESIDENTIAL PROPERTY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of: SHARON AHRENS Telephone number: 301-733-7330

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Unrelated debt-financed income, etc.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Charitable contributions, Depreciation, etc.

**Part III Tax Computation**

<b>35</b>	<b>Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ <b>c</b> Income tax on the amount on line 34 ..... <b>35c</b>	
<b>36</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... <b>36</b>	
<b>37</b>	<b>Proxy tax.</b> See instructions ..... <b>37</b>	
<b>38</b>	<b>Alternative minimum tax</b> ..... <b>38</b>	
<b>39</b>	<b>Tax on Non-Compliant Facility Income.</b> See instructions ..... <b>39</b>	
<b>40</b>	<b>Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies ..... <b>40</b>	

**Part IV Tax and Payments**

<b>41a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... <b>41a</b>	
<b>41b</b>	Other credits (see instructions) ..... <b>41b</b>	
<b>41c</b>	General business credit. Attach Form 3800 (see instructions) ..... <b>41c</b>	
<b>41d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827) ..... <b>41d</b>	
<b>41e</b>	<b>Total credits.</b> Add lines 41a through 41d ..... <b>41e</b>	
<b>42</b>	Subtract line 41e from line 40 ..... <b>42</b>	
<b>43</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.) ..... <b>43</b>	
<b>44</b>	<b>Total tax.</b> Add lines 42 and 43 ..... <b>44</b>	0
<b>45a</b>	Payments: A 2015 overpayment credited to 2016 ..... <b>45a</b>	2,231
<b>45b</b>	2016 estimated tax payments ..... <b>45b</b>	
<b>45c</b>	Tax deposited with Form 8868 ..... <b>45c</b>	
<b>45d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) ..... <b>45d</b>	
<b>45e</b>	Backup withholding (see instructions) ..... <b>45e</b>	
<b>45f</b>	Credit for small employer health insurance premiums (Attach Form 8941) ..... <b>45f</b>	
<b>45g</b>	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other ..... Total <b>45g</b>	
<b>46</b>	<b>Total payments.</b> Add lines 45a through 45g ..... <b>46</b>	2,231
<b>47</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached ..... <input type="checkbox"/> <b>47</b>	
<b>48</b>	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed ..... <b>48</b>	
<b>49</b>	<b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ..... <b>49</b>	2,231
<b>50</b>	Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> <b>50</b>	2,231

**Part V Statements Regarding Certain Activities and Other Information (see instructions)**

<b>51</b>	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/> ..... <b>51</b>	Yes	No
<b>52</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. <input type="checkbox"/> ..... <b>52</b>		X
<b>53</b>	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$ ..... <b>53</b>		

**Sign Here**  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 taxpayer) is based on all information of which preparer has any knowledge.

**Signature of officer** \_\_\_\_\_ **Date** \_\_\_\_\_ **Title** **EXECUTIVE DIR / CEO**

**Paid Preparer Use Only**

Print/Type preparer's name <b>MICHAEL P. MANSPEAKER, CPA</b>	Preparer's signature <b>MICHAEL P. MANSPEAKER, CPA</b>	Date <b>05/10/17</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>*****</b>
Firm's name <b>SMITH ELLIOTT KEARNS &amp; COMPANY, LLC</b>			Firm's EIN <b>** - *** 3935</b>	
Firm's address <b>480 N POTOMAC ST HAGERSTOWN, MD 21740</b>			Phone no. <b>301-733-5020</b>	

May the IRS discuss this return with the preparer shown below (see instructions)?  
 Yes  No



**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>					
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>					
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<table border="1"> <tr> <th>Yes</th> <th>No</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Yes	No		
Yes	No								
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>								
<b>b</b> Other costs (attach schedule)	<b>4b</b>								
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>								

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) <b>N/A</b>
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		STMT 1 (a) Straight line depreciation (attach schedule)	STMT 2 (b) Other deductions (attach schedule)	
(1) <b>NONRESIDENTIAL RENTAL</b>	<b>7,440</b>	<b>1,563</b>	<b>7,713</b>	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) <b>119,670</b>	<b>257,053</b>	<b>46.55 %</b>	<b>3,463</b>	<b>4,318</b>
(2)		%		
(3)		%		
(4)		%		
<b>SEE STATEMENT 3</b>		<b>SEE STATEMENT 4</b>		
<b>Totals</b>		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		<b>3,463</b>		<b>4,318</b>
<b>Total dividends-received deductions included in column 8</b>				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** ▶

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

**Totals** ▶

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

**Totals** ▶

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

**Totals** (carry to Part II, line (5)) ▶

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....						
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> .....			

Form **4562**

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

OMB No. 1545-0172

**2016**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment Sequence No. **179**

Name(s) shown on return

**HAGERSTOWN GOODWILL INDUSTRIES, INC**

Identifying number

**\*\*-\*\*\*0403**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	37,814

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	17,238
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	55,052
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2016)

**Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation**

<u>Description</u>	<u>Deduction</u>
NONRESIDENTIAL RENTAL DEPRECIATION	1,563
TOTAL	<u>1,563</u>

**Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions**

<u>Description</u>	<u>Deduction</u>
NONRESIDENTIAL RENTAL ADMINISTRATIVE OVERHEAD	135
BUILDING MAINTENANCE	832
MORTGAGE INTEREST	367
PROPERTY MAINTENANCE	3,383
UTILITIES	2,960
GENERAL LIABILITY INSURANCE	36
TOTAL	<u>7,713</u>

**Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt**

<u>Description</u>	<u>Deduction</u>
NONRESIDENTIAL RENTAL SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	119,670 <u>1</u>
AVERAGE ACQUISITION DEBT	<u>119,670</u>

**Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis**

<u>Description</u>	<u>Deduction</u>
NONRESIDENTIAL RENTAL ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	257,053
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	257,053
	<u>514,106</u>
DIVIDED BY 2	<u>2</u>
AVERAGE ADJUSTED BASIS	<u>257,053</u>

Code of Virginia  
Title 58.1. Taxation  
Chapter 36. Tax Exempt Property

This section has more than one version with varying effective dates. Scroll down to see all versions.

## § 58.1-3651. (Effective until January 15, 2018) Property exempt from taxation by classification or designation by ordinance adopted by local governing body on or after January 1, 2003.

A. Pursuant to subsection 6 (a) (6) of Article X of the Constitution of Virginia, on and after January 1, 2003, any county, city, or town may by designation or classification exempt from real or personal property taxes, or both, by ordinance adopted by the local governing body, the real or personal property, or both, owned by a nonprofit organization that uses such property for religious, charitable, patriotic, historical, benevolent, cultural, or public park and playground purposes. The ordinance shall state the specific use on which the exemption is based, and continuance of the exemption shall be contingent on the continued use of the property in accordance with the purpose for which the organization is classified or designated. No exemption shall be provided to any organization that has any rule, regulation, policy, or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex, or national origin.

B. Any ordinance exempting property by designation pursuant to subsection A shall be adopted only after holding a public hearing with respect thereto, at which citizens shall have an opportunity to be heard. The local governing body shall publish notice of the hearing once in a newspaper of general circulation in the county, city, or town where the real property is located. The notice shall include the assessed value of the real and tangible personal property for which an exemption is requested as well as the property taxes assessed against such property. The public hearing shall not be held until at least five days after the notice is published in the newspaper. The local governing body shall collect the cost of publication from the organization requesting the property tax exemption. Before adopting any such ordinance the governing body shall consider the following questions:

1. Whether the organization is exempt from taxation pursuant to § 501(c) of the Internal Revenue Code of 1954;
2. Whether a current annual alcoholic beverage license for serving alcoholic beverages has been issued by the Virginia Alcoholic Beverage Control Board to such organization, for use on such property;
3. Whether any director, officer, or employee of the organization is paid compensation in excess of a reasonable allowance for salaries or other compensation for personal services which such director, officer, or employee actually renders;
4. Whether any part of the net earnings of such organization inures to the benefit of any individual, and whether any significant portion of the service provided by such organization is generated by funds received from donations, contributions, or local, state or federal grants. As used in this subsection, donations shall include the providing of personal services or the contribution of in-kind or other material services;
5. Whether the organization provides services for the common good of the public;
6. Whether a substantial part of the activities of the organization involves carrying on propaganda, or otherwise attempting to influence legislation and whether the organization participates in, or intervenes in, any political campaign on behalf of any candidate for public office;
7. The revenue impact to the locality and its taxpayers of exempting the property; and
8. Any other criteria, facts and circumstances that the governing body deems pertinent to the adoption of such ordinance.

C. Any ordinance exempting property by classification pursuant to subsection A shall be adopted only after holding a public hearing with respect thereto, at which citizens shall have an opportunity to be heard. The local governing body shall publish notice of the hearing once in a newspaper of general circulation in the county, city, or town. The public hearing shall not be held until at least five days after the notice is published in the newspaper.

D. Exemptions of property from taxation under this article shall be strictly construed in accordance with Article X, Section 6 (f) of the Constitution of Virginia.

E. Nothing in this section or in any ordinance adopted pursuant to this section shall affect the validity of either a classification exemption or a designation exemption granted by the General Assembly prior to January 1, 2003, pursuant to Article 2 (§ 58.1-3606 et seq.), 3 (§ 58.1-3609 et seq.) or 4 (§ 58.1-3650 et seq.) of this chapter. An exemption granted pursuant to Article 4 (§ 58.1-3650 et seq.) of this chapter may be revoked in accordance with the provisions of § 58.1-3605.

2003, c. 1032; 2004, c. 557.

## § 58.1-3651. (Effective January 15, 2018) Property exempt from taxation by classification or designation by ordinance adopted by local governing body on or after January 1, 2003.

A. Pursuant to subsection 6 (a)(6) of Article X of the Constitution of Virginia, on and after January 1, 2003, any county, city, or town may by designation or classification exempt from real or personal property taxes, or both, by ordinance adopted by the local governing body, the real or personal property, or both, owned by a nonprofit organization that uses such property for religious, charitable, patriotic, historical, benevolent, cultural, or public park and playground purposes. The ordinance shall state the specific use on which the exemption is based, and continuance of the exemption shall be contingent on the continued use of the property in accordance with the purpose for which the organization is classified or designated. No exemption shall be provided to any organization that has any rule, regulation, policy, or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex, or national origin.

B. Any ordinance exempting property by designation pursuant to subsection A shall be adopted only after holding a public hearing with respect thereto, at which citizens shall have an opportunity to be heard. The local governing body shall publish notice of the hearing once in a newspaper of general circulation in the county, city, or town where the real property is located. The notice shall include the assessed value of the real and tangible personal property for which an exemption is requested as well as the property taxes assessed against such property. The public hearing shall not be held until at least five days after the notice is published in the newspaper. The local governing body shall collect the cost of publication from the organization requesting the property tax exemption. Before adopting any such ordinance the governing body shall consider the following questions:

1. Whether the organization is exempt from taxation pursuant to § 501(c) of the Internal Revenue Code of 1954;
2. Whether a current annual alcoholic beverage license for serving alcoholic beverages has been issued by the Board of Directors of the Virginia Alcoholic Beverage Control Authority to such organization, for use on such property;
3. Whether any director, officer, or employee of the organization is paid compensation in excess of a reasonable allowance for salaries or other compensation for personal services which such director, officer, or employee actually renders;
4. Whether any part of the net earnings of such organization inures to the benefit of any individual, and whether any significant portion of the service provided by such organization is generated by funds received from donations, contributions, or local, state or federal grants. As used in this subsection, donations shall include the providing of personal services or the contribution of in-kind or other material services;
5. Whether the organization provides services for the common good of the public;
6. Whether a substantial part of the activities of the organization involves carrying on propaganda, or otherwise attempting to influence legislation and whether the organization participates in, or intervenes in, any political campaign on behalf of any candidate for public office;
7. The revenue impact to the locality and its taxpayers of exempting the property; and
8. Any other criteria, facts and circumstances that the governing body deems pertinent to the adoption of such ordinance.

C. Any ordinance exempting property by classification pursuant to subsection A shall be adopted only after holding a public hearing with respect thereto, at which citizens shall have an opportunity to be heard. The local governing body shall publish notice of the hearing once in a newspaper of general circulation in the county, city, or town. The public hearing shall not be held until at least five days after the notice is published in the newspaper.

D. Exemptions of property from taxation under this article shall be strictly construed in accordance with Article X, Section 6 (f) of the Constitution of Virginia.



E. Nothing in this section or in any ordinance adopted pursuant to this section shall affect the validity of either a classification exemption or a designation exemption granted by the General Assembly prior to January 1, 2003, pursuant to Article 2 (§ 58.1-3606

et seq.), 3 (§ 58.1-3609 et seq.) or 4 (§ 58.1-3650 et seq.) of this chapter. An exemption granted pursuant to Article 4 (§ 58.1-3650 et seq.) of this chapter may be revoked in accordance with the provisions of § 58.1-3605.



2003, c. 1032; 2004, c. 557; 2015, cc. 38, 730.

The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

7/26/2017

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The Code of Virginia, Constitution of Virginia, Charters, Authorities, Compacts and Uncodified Acts are now available in both EPub and MOBI eBook formats. 

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# Winchester Regional Airport Authority

City & County Revenue Shares Adjusted Based On Weldon Cooper Center population estimate for 2015 published 1/27/2016

## FY 2018 - Budget

### CAPITAL IMPROVEMENT FUND 85

	Submitted:	
County of Frederick	December 9, 2016	
City of Winchester	December 9, 2016	
Counties of Clarke, Shenandoah & Warren	December 9, 2016	

# FY 2018 CAPITAL IMPROVEMENTS FISCAL YEAR BUDGET REQUEST

## AIRPORT AUTHORITY CAPITAL OUTLAY

**ACQUIRE LAND**

Land Acquisition of numerous parcels along Bufflick Road identified on the current Airport Property Map are included in the Airport Twenty-Year Master Plan and is to be acquired fee simple to meet Federal Aviation Administration design standards for Runway 14 Safety Area and for Noise Abatement. Under the Federal Aviation Administration's Part 77 Surface Requirements, the Airport is required to own fee simple property within the Primary Surfaces. This requirement is also included in the Code of Virginia 15.2.

**NEW GENERAL AVIATION TERMINAL BUILDING & SITE - DESIGN PHASE**

The Winchester Regional Airport proposes construction of a new general aviation terminal building. The new facility will be constructed in a new location slightly south of the existing terminal building.

Since its opening in the early 1990s, the general aviation terminal building for the Winchester Regional Airport has had only limited interior work completed. Interior repairs are necessary due to extensive usage and some damage from water leaking from the roof prior to its replacement in the Spring of 2006 by necessity. The heating and cooling systems are approaching 25 years in age and are nearing the end of their useful life. The exterior of the terminal building is made from drivet that has failed in many areas and is generally in fair to poor condition. In addition, the windows are not energy efficient and several of the window seals have failed.

**FUEL STORAGE FACILITY - DESIGN/BUILD**

When the taxiway "A" midfield section is relocated to meet current FAA safety design standards it will cause an encroachment into the current fuel farm site. The current site does not allow for future expansion or upgrades to meet DEQ and/or EPA regulations.

**MAINTENANCE ITEMS:** This item will provide for the general maintenance of eligible Airport facilities including vegetation, lighting and navigation equipment, pavement upkeep and airfield maintenance. Most maintenance items are funded on a State/Local level on a 80/20 basis.

**GOALS:**

Provide a safe, efficient all weather facility to meet current and future demands for air transportation as the community continues with economic development and growth. Continue development in accordance with the Twenty-Year Master Plan adopted October 2005.

	FY 2016 BUDGET	FY 2017 BUDGET	FY 2018 BUDGET
<b>COSTS:</b>			
Personnel	0	0	0
Operating	0	0	0
Capital	3,588,459	4,206,400	2,165,000
<b>TOTAL</b>	<b>3,588,459</b>	<b>4,206,400</b>	<b>2,165,000</b>

	FY 2016 BUDGET	FY 2017 BUDGET	FY 2018 BUDGET
<b>REVENUES:</b>			
Other Jurisdictions	28,652	59,180	79,826
State/Federal	3,495,989	3,992,027	1,875,500
County Funding	63,818	155,193	<b>209,674</b>
<b>TOTAL</b>	<b>3,588,459</b>	<b>4,206,400</b>	<b>2,165,000</b>

## FY 2018 - CAPITAL IMPROVEMENT EXPENDITURES

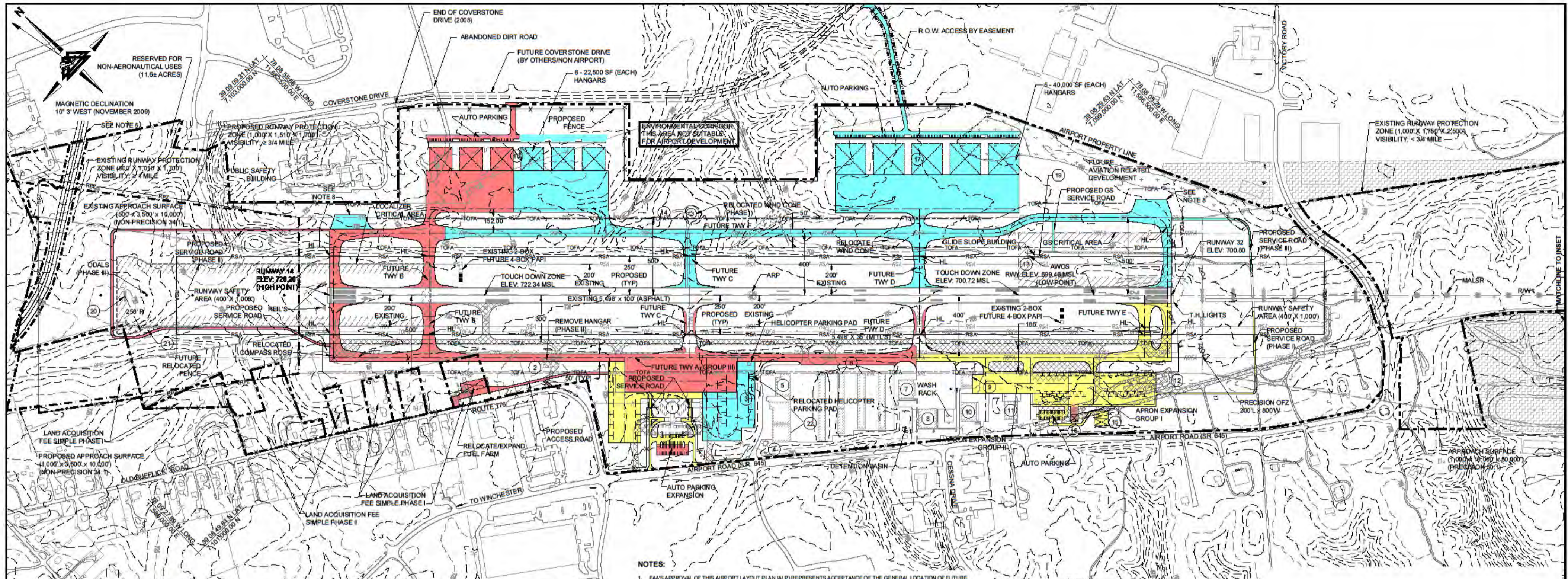
December 9, 2016

### Winchester Regional Airport

Description		DETAIL AMOUNT	TOTAL AMOUNT
	Acquire Land - Parcel 64 A 64: Hott	Land Acquisition - Runway 14 Obstruction Removal	<b>\$275,000</b>
	Acquire Land - Parcel 64B A 60: Cooper	Land Acquisition - Runway 14 Obstruction Removal	<b>\$275,000</b>
	Fuel Storage Facility - Design/Build	Construct new fuel storage facility to meet current DEQ & EPA regulations	<b>\$1,000,000</b>
	New GA Terminal Bldg - Design	Design for construction of new terminal building	<b>\$300,000</b>
	New GA Terminal Bldg - Site Design	Design for construction of site for new terminal building	<b>\$80,000</b>
	Remark Runway 14/32	Remarking of runway 14/32	<b>\$100,000</b>
	Professional Services - Capital Projects	Various legal services, independent fee estimates on Federal projects, etc.	<b>\$100,000</b>
	State Eligible Annual Maintenance Repairs	General Repairs	<b>\$20,000</b>
	State Eligible Annual Maintenance Repairs	F & E repairs, lighting supplies, etc	<b>\$15,000</b>
<b>TOTAL</b>			<b>\$2,165,000</b>

<b>FY 2018 - CAPITAL IMPROVEMENT REVENUES</b>					
Winchester Regional Airport					
<b>December 9, 2016</b>		REVENUE SOURCE			
Description		FEDERAL	STATE	LOCAL	TOTAL
Acquire Land - Parcel 64 A 64: Hott	90/8/2 FAA/State/Local	247,500	22,000	5,500	275,000
Acquire Land - Parcel 64B A 60: Cooper	90/8/2 FAA/State/Local	247,500	22,000	5,500	275,000
Fuel Storage Facility - Design/Build	90/8/2 FAA/State/Local - assumes relocation is driven by other AIP project	900,000	80,000	20,000	1,000,000
New GA Terminal Bldg - Design	65/35 State/Local public/private space limitations	0	195,000	105,000	300,000
New GA Terminal Bldg - Site Design	65/35 State/Local public/private space limitations	0	52,000	28,000	80,000
Remark Runway 14/32	80/20 State/Local	0	80,000	20,000	100,000
Professional Services - Capital Projects	LOCAL ONLY	0	0	100,000	100,000
State Eligible Annual Maintenance Repairs	80/20 State/Local	0	16,000	4,000	20,000
State Eligible Annual Maintenance Repairs	90/10 State/Local	0	13,500	1,500	15,000
<b>Total Revenue Breakdown</b>		<b>1,395,000</b>	<b>480,500</b>	<b>289,500</b>	<b>2,165,000</b>
<b>Local Revenue Breakdown</b>					
Contribution Clarke County		2,500			
Contribution Warren County		2,500			
Contribution Shenandoah County		5,000			
<b>Frederick Co/City of Winchester</b>		<b>279,500</b>			
Local Revenue		<b>289,500</b>			
		<b>County</b>	<b>City</b>		
		<b>75.0%</b>	<b>25.0%</b>		
		<b>209,674</b>	<b>69,826</b>		
		<b>County</b>	<b>City</b>	<b>Total Population</b>	
		<b>82,623</b>	<b>27,515</b>	<b>110,138</b>	
		<b>75.0%</b>	<b>25.0%</b>		
<b>**Population figures based on Weldon Cooper estimates for 2015 published 1/27/2016</b>					
<b>FY 2017 Percentages for funding</b>					





DEVELOPMENT PROGRAM	
PHASE I DEVELOPMENT (0-5 YEARS)	
PHASE II DEVELOPMENT (6-10 YEARS)	
PHASE III DEVELOPMENT (11-20 YEARS)	

DESCRIPTION	RUNWAY 14		RUNWAY 32	
	EXISTING	PROPOSED	EXISTING	PROPOSED
RUNWAY END COORDINATES (NAD 83)				
LATITUDE	39° 08' 55.47" N	SAME	39° 08' 17.00" N	SAME
LONGITUDE	78° 09' 03.27" W	SAME	78° 09' 14.87" W	SAME
RUNWAY BEARING (TRUE)	N42° 27' 03.27" E	SAME	S42° 27' 03.27" E	SAME
APPROACH MINIMUMS	1 MILE	3/4 MILE	1/2 MILE	SAME
PAR PART 77 CATEGORY	NON-PRECISION	NON-PRECISION	PRECISION	PRECISION
APPROACH SURFACE SLOPE	3.41	SAME	5.01	SAME
RUNWAY LENGTH	5,499	5,507	5,499	5,507
RUNWAY WIDTH	100	SAME	100	SAME
USABLE RUNWAY LENGTH	5,498	5,507	5,498	5,507
SURFACE TYPE	ASPHALT	SAME	ASPHALT	SAME
PAVEMENT STRENGTH				
SINGLE WHEEL	75,000 LBS	SAME	75,000 LBS	SAME
DUAL WHEEL	150,000 LBS	SAME	150,000 LBS	SAME
RUNWAY LIGHTING	MRL	HRL	MRL	HRL
RUNWAY MARKING	NON-PRECISION	SAME	PRECISION	SAME
EFFECTIVE GRADIENT (%)	0.44	SAME	0.44	SAME
MAX. GRADE WITHIN RWY LENGTH	0.71	SAME	0.71	SAME
LINE OF SIGHT VIOLATIONS	NONE	SAME	NONE	NONE
WIND COVERAGE (%)	86.09	SAME	86.13	SAME
VISUAL APPROACH AIDS	REL. 20 PAPI	REL. COALS, 40 PAPI	MALS, 20 PAPI	SAME, 40 PAPI
INSTRUMENT APPROACH AIDS	GPS	GPS, COALS	ILS, GPS	DLS
APPROACH REFERENCE CODE (ARC)	C-4	< 150,000 LBS	C-3	< 150,000 LBS
CRITICAL AIRPORT (SEE NOTE 9)	WAWR 630	DULFSTREAM 500/860	WAWR 630	DULFSTREAM 500/860
RUNWAY SAFETY AREA (RSA)				
LENGTH BEYOND RUNWAY	1,507	SAME	1,507	SAME
WIDTH	407	507	407	507
RUNWAY OBJECT FREE AREA (ROFA)				
LENGTH BEYOND RUNWAY	1,507	SAME	967 TO 1,007 (MOO)	SAME
WIDTH	807	SAME	687 TO 807 (MOO)	SAME
OBSTACLE FREE ZONE (OFZ)	400 X 5,507	407 X 5,507	400 X 5,507	407 X 5,507
RUNWAY END ELEVATIONS (MSL)	728.20	SAME	700.80	SAME

AIRPORT DATA TABLE		
AIRPORT DATA	EXISTING	PROPOSED
AIRPORT ELEVATION (MSL)	728.2	SAME
AIRPORT REFERENCE POINT (NAD 83)		
LATITUDE	39° 08' 30.69" N	SAME
LONGITUDE	78° 09' 40.02" W	SAME
MEAN MAX. TEMPERATURE OF HOTTEST MONTH	89°	SAME
WIND VELOCITY (10-3 KNOTS)		
VFR	93.2%	SAME
IFR	94.81%	SAME
MAGNETIC VARIATION (NOVEMBER 2009)	10° 3' WEST	
AIRPORT REFERENCE CODE (SEE NOTE 9)	C-4	D-4
NPAIS SERVICE LEVEL STATE ROLE	GA/REGIONAL	SAME
TAXIWAY LIGHTING	MFL	SAME
AIRPORT NAVAIDS	WIL BEACON, HELI, 30 PAPI, 30 MALS, 20 PAPI, 20 DLS	SAME + HRL, 40 PAPI, 100 MALS, 20 PAPI

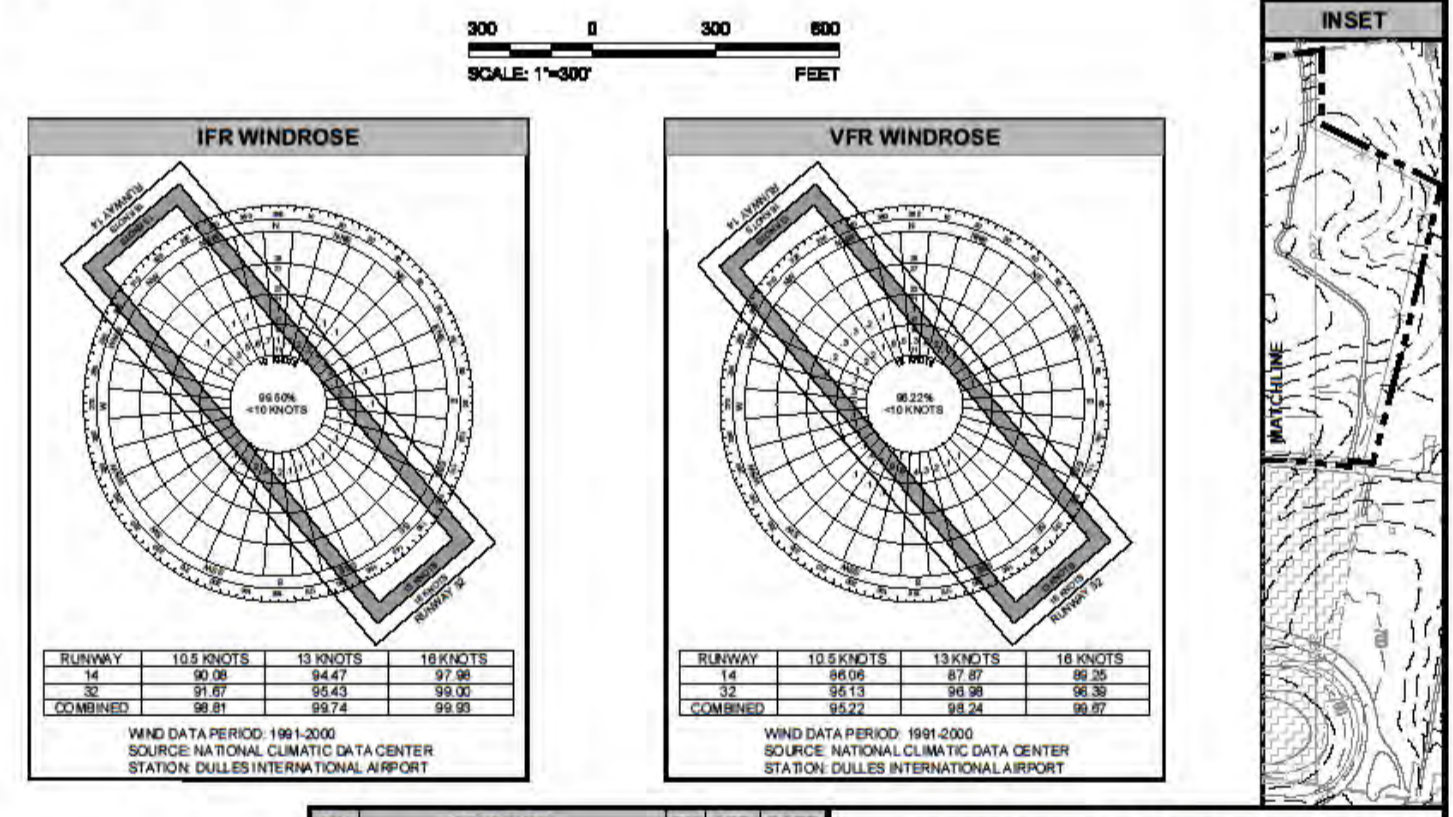
LEGEND		
EXISTING	DESCRIPTION	PROPOSED
---	RUNWAY SAFETY AREA (RSA)	---
---	RUNWAY OBJECT FREE AREA (ROFA)	---
---	RUNWAY PROTECTION ZONE (RPZ)	---
---	TAXIWAY OBJECT FREE AREA (TOFA)	---
---	BUILDING RESTRICTION LINE (BRL)	---
---	PRECISION OBSTACLE FREE ZONE	---
---	PAVEMENT	---
---	AIRPORT PROPERTY LINE	---
---	AVIATION EASEMENT	---
---	R.O.W. ACCESS BY EASEMENT	---
---	APPROACH SURFACE	---
---	GLIDE SLOPE CRITICAL AREA	---
---	LOCALIZER CRITICAL AREA	---
---	AIRPORT REFERENCE POINT	---
---	BUILDINGS	---
---	FENCE	---
---	DEMOLITION	---
---	WIND CONGREMENTED CIRCLE	---
---	COMPASS ROSE	---
---	HOLD LINE	---
---	ROTATING BEACON	---
---	PAVEMENT	---
---	WETLANDS (APPX. LOCATION, 40' BUFFER)	---
---	WETLANDS (OFF-ROAD, 100' BUFFER)	---

- NOTES:**
- FAA'S APPROVAL OF THIS AIRPORT LAYOUT PLAN (ALP) REPRESENTS ACCEPTANCE OF THE GENERAL LOCATION OF FUTURE FACILITIES DEPICTED DURING THE PRELIMINARY DESIGN PHASE. THE AIRPORT OWNER IS REQUIRED TO RE-submit FOR APPROVAL THE FINAL LOCATIONS, HEIGHTS AND EXTERIOR FINISH OF STRUCTURES. PARTS CONCERNING OBSTRUCTIONS IMPACT ON ELECTRONIC AIDS OR ADVERSE EFFECTS ON CONTROLLER VIEW OF AIRCRAFT APPROACH AND GROUND MOVEMENT AREAS WHICH COULD ADVERSELY AFFECT THE SAFETY, EFFICIENCY OR UTILITY OF THE AIRPORT.
  - CONTOURS ARE SHOWN IN 5' INTERVALS.
  - ALL COORDINATES ARE BASED IN NAD 83.
  - ALL ELEVATIONS ARE IN FEET MEAN ABOVE SEA LEVEL (NAVD 83).
  - THERE ARE NO KNOWN EXISTING OFZ PENETRATIONS.
  - THE VIRGINIA DEPARTMENT OF TRANSPORTATION IS PROPOSING TO CONSTRUCT A NEW 4 LANE ROADWAY APPROXIMATELY 1800 FEET TO 2,000 FEET OF THE END OF RUNWAY 14. THE PROPOSAL WILL REQUIRE THE RELEASE OF APPROXIMATELY 4.13 ACRES OF EXISTING AIRPORT PROPERTY. THE LAND RELEASE IS IDENTIFIED AS PHASE III ON THE AIRPORT PROPERTY MAP.
  - A GROUP OF TREES AND THE AIRPORT PERIMETER FENCE (ALONG THE PROPERTY LINE) ARE BOTH PENETRATIONS TO THE THRESHOLD SURFACE TO RUNWAY 14 WITH THE TREES CURRENTLY THE MOST CRITICAL. THE AIRPORT HAS PROGRAMMED ACQUISITION OF THE ADJACENT PARCELS ONCE ACQUIRED, THE FENCE AND TREES CAN BE MOVED TO CLEAR THE SURFACE. OBSTRUCTION LIGHTING WILL BE INSTALLED AS AN INTERIM STEP PRIOR TO REMOVAL OF THE OBSTRUCTIONS.
  - NORTH SIDE HOLD APRONS ARE GENERALLY SIZED TO ACCOMMODATE 2 G/A AIRCRAFT. HOWEVER, ACTUAL NEED FOR AND SIZE OF HOLD APRONS SHALL BE EVALUATED ONCE NORTH-EAST SIDE DEVELOPMENT HAS OCCURRED AND ACTUAL AIRCRAFT OPERATIONAL LEVELS AND FLEET MIX ARE BETTER DEFINED.
  - AT THE TIME OF COMPLETION OF THE ALP DATA SUPPORTED BUT DID NOT FULLY JUSTIFY CHANGING THE ARC FROM C-4 TO D-4. HOWEVER, TO ENSURE THAT FUTURE DEVELOPMENT DOES NOT PRECLUDE THE CHANGE, THE ALP REFLECTS DESIGN CHARACTERISTICS FOR AN ARC OF D-4. EACH PROJECT SHOULD BE EVALUATED AT THE BEGINNING OF DESIGN TO DETERMINE WHAT DESIGN ARC SHOULD BE INCORPORATED.

FACILITIES TABLE				
#	FACILITY NAME	TOP ELEV.	FACILITY NAME	TOP ELEV.
1	TERMINAL BUILDING	747 MSL	ARRIVAL MAINTENANCE BUILDING (PROPOSED)	BELOW PART 77
2	OPEN SPAN HANGAR	748 MSL	RELOCATED CAR HANGAR	BELOW PART 77
3	FUEL TANKS (ABOVE GROUND)	729 MSL	CORPORATE HANGARS (PROPOSED)	BELOW PART 77
4	AIRPORT BEACON	742 MSL	CORPORATE HANGARS (PROPOSED)	BELOW PART 77
5	OPEN SPAN HANGAR	744 MSL	GLIDE SLOPE ANTENNA	38° 08' 28" W LONG, 78° 09' 03" W LAT
6	T-HANGARS (4 UNITS)	728 MSL	LOCALIZER	38° 08' 28" W LONG, 78° 09' 03" W LAT
7	OPEN SPAN HANGARS	729 MSL	LOCALIZER SHELTER	
8	OPEN SPAN HANGAR	734 MSL	CORPORATE HANGARS (2)	747 MSL
9	OPEN SPAN HANGARS	739 MSL		
10	OPEN SPAN HANGARS	737 MSL		
11	OPEN SPAN HANGARS	742 MSL		
12	T-HANGARS (3 UNITS) (REMOVE PHASE I)	718 MSL		
13	AIRVOS	732 MSL		
14	ELECTRICAL VAULT	739 MSL		

MODIFICATIONS OF DESIGN STANDARDS					
NO.	STANDARD MODIFIED	FAA STANDARDS	EXISTING CONDITIONS	PROPOSED ACTION	DATE APPROVED
1	WINDY SEPARATION	402	302	RELOCATE TAXIWAY A TO 402	04/27/09
2	VICTORY LANE LOCATED IN ROFA	NO ROADS IN ROFA	ROAD IN ROFA	MODIFICATION OF STANDARD	05/23/05

<b>FEDERAL AVIATION ADMINISTRATION</b> SIGNED: <i>CHAD CAMPER</i> APPROVED: _____ DATE: FEB 11, 2013	<b>VIRGINIA DEPARTMENT OF AVIATION</b> SIGNED: <i>S. SCOTT DENNY</i> APPROVED: _____ DATE: FEB 14, 2013	<b>WINCHESTER REGIONAL AIRPORT AUTHORITY</b> SIGNED: <i>RENNY MANUEL</i> APPROVED: _____ DATE: FEB 14, 2013
---	--	--



NO.	REVISIONS	BY	APP.	DATE
1	REVISED AIRPORT PROPERTY LINE ADDED	MMH	JCL	01/08/10
2	ADDED OBSTACLE DATA AND FACILITY COORDINATES	ADP	ADP	11/09/09
3	REVISED OBSTACLE DATA TO REFLECT RUNWAY ELEVATION & LOCATION PER PER SURVEY, 01/20/10	ADP	ADP	02/02/10
4	REVISED LOCATION OF MAINTENANCE FACILITY, ADDED CAR HANGAR, RELOCATION, REMOVAL OF OBSTRUCTIONS, DEMOLISHED STRUCTURES ON OLD PAVEMENT, REMOVED T.O.	MMH	ADP	02/02/10
5	UPDATED PAVEMENT STRENGTH	MMH	TRE	10/01/13

**AIRPORT LAYOUT PLAN**  
**WINCHESTER REGIONAL AIRPORT**  
**WINCHESTER, VIRGINIA**

**DELTA AIRPORT CONSULTANTS, INC.**  
 www.deltairport.com

DRAWN BY: MMH SCALE: 1"=300'  
 CHECKED BY: JCL DATE: JULY 2005

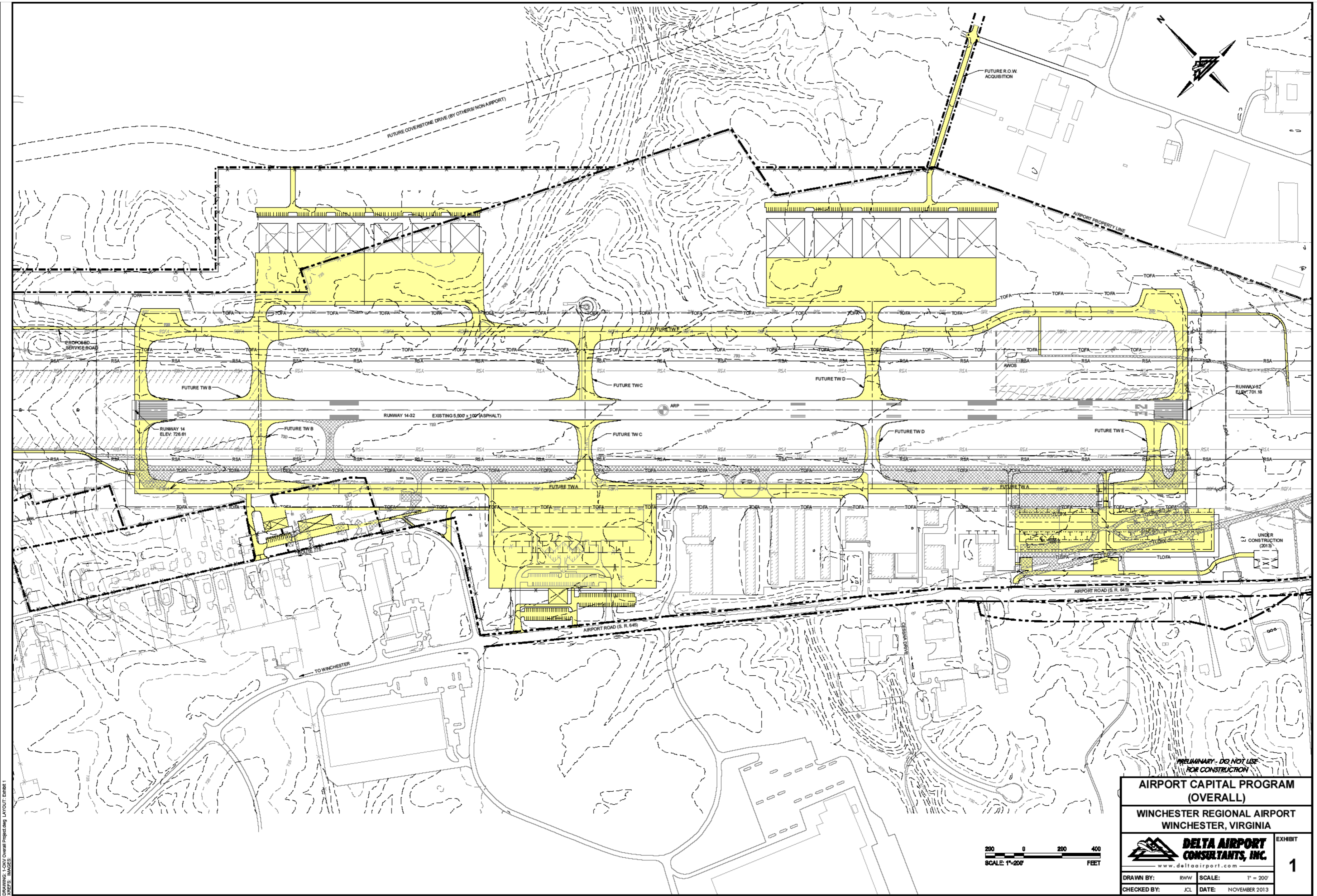
SHEET 1 OF 1

DRAWING: C:\P\ALP\ALP.dwg, LAYOUT: 2400X3600  
 DATE: 02/14/2013 10:52:51 AM  
 USER: JCL









DRAWING: I:\04\Overall Project\04\Layout\04\01.dwg  
DATE: 11/13/13

**PRELIMINARY - DO NOT USE FOR CONSTRUCTION**

<b>AIRPORT CAPITAL PROGRAM (OVERALL)</b>	
<b>WINCHESTER REGIONAL AIRPORT WINCHESTER, VIRGINIA</b>	
 <b>DELTA AIRPORT CONSULTANTS, INC.</b> <small>www.deltaairport.com</small>	<b>EXHIBIT 1</b>
<small>DRAWN BY:</small> RWW	<small>SCALE:</small> 1" = 200'
<small>CHECKED BY:</small> JCL	<small>DATE:</small> NOVEMBER 2013

# CIP

## 2017 - 2018 Capital Improvements Plan

### Department Project Summary Sheet

Department: Winchester Regional Airport

New and Carry Over (Modified and Unmodified) Project Requests: **Only projects that exceed \$100,000 & useful life over 5 years**

Dept Priority	Project Title	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Beyond FY 2022	Long Range Comprehensive Plan Projects	TOTAL CIP COST
1	New GA Terminal	380,000	3,330,000						3,710,000
2	Fuel Storage Facility Design/Build	1,000,000							1,000,000
3	North Side Svc Road		400,000						400,000
4	Taxiway A Relocation - Design/Construction		200,000	4,650,000	1,250,000	1,250,000	2,300,000		9,650,000
5	Land Parcel 64 A 64 - Hott	275,000							275,000
6	Land Parcel 64 A 60 - Cooper	275,000							275,000
7	Land Parcel 64 A 59 - Kyle						300,000		300,000
8	Land Parcel 64B A 52 - Lee						300,000		300,000
9									
10									
<b>TOTALS</b>		<b>1,930,000</b>	<b>3,930,000</b>	<b>4,650,000</b>	<b>1,250,000</b>	<b>1,250,000</b>	<b>2,900,000</b>		<b>15,910,000</b>





# 2017 - 2018 Capital Improvements Plan

## Individual Project Description and Justification Form

Project Name: New GA Terminal Building, Site Work and Parking Lot - Design/Build  
 Department: Winchester Regional Airport  
 Department Contact Person: Serena (Renny) Manuel  
 Phone Number: (540) 662-5786 Email: [okvmanuel@comcast.net](mailto:okvmanuel@comcast.net)  
 Location of Project: Winchester Regional Airport Magisterial District: Shawnee  
 Department Project #:

**Project Description:** Give a brief (1-2) paragraph description of what the project includes. Provide basic information, such as the location, size, acreage, floor area, capacity, etc.

The Winchester Regional Airport proposes construction of a new general aviation terminal building. The new facility will be constructed in a new location slightly south of the existing terminal building.

**Project Justification:**

Please describe the need for this project and justify the proposed location of the project.

Since its opening in the early 1990s, the general aviation terminal building for the Winchester Regional Airport has had only limited interior work completed. Interior repairs are necessary due to extensive usage and some damage from water leaking from the roof prior to its replacement in the Spring of 2006 by necessity. The heating and cooling systems are approaching 25 years in age and are nearing the end of their useful life. The exterior of the terminal building is made from drivet that has failed in many areas and is generally in fair to poor condition. In addition, the windows are not energy efficient and several of

In 2008, a preliminary study was completed to examine needs and costs to renovate the existing terminal building. After review of the study, the WRAA determined it would be more economical to build a new energy efficient building slightly east of The proposed location of the project will allow enough room to build out a new transient apron during the taxiway relocation

---

**Legal Requirement:**

Is the project required in order to meet a State or Federal mandate or some other legal requirement?

NO

---

**Conformance to the Comprehensive Plan:**

Does the project conform to, or contribute to the attainment of the goals and objectives of the Comprehensive Plan? Is the project consistent with established policies?

The relocation of Taxiway "A" necessitates the need to demolish the existing terminal building at it's current location. This project conforms to the latest Airport Layout Plan Update (adopted by Frederick County BOS October 2005) and is consistent with established local, FAA and State policies.

---

**Public Health, Safety or Welfare:**

Does the project improve conditions affecting health, safety or welfare? Does it eliminate a clear health or safety risk?

NO

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**Construction Schedule:** If the project will take several years to complete, outline the schedule here. Be sure to include any work that might have been done in previous years, including studies or other planning.

The relocation of Taxiway "A" necessitates the need to demolish the existing terminal building at it's current location. This project conforms to the latest Airport Layout Plan Update (Master Plan adopted by Frederick County BOS - October 2005) and is consistent with established local, FAA and State policies. The project will be scheduled depending on availability of State funding program.

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**Estimate Cost** (in 2016 dollars):

Element	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Beyond FY 2022	Long Range Comprehensive Plan Projects	Total
Planning, Surveying & Design	380,000							380,000
Land Acquisition								
Site Preparation & Improvements		1,250,000						1,250,000
Construction		2,000,000						2,000,000
Furniture and Equipment		80,000						80,000
Other								
<b>TOTAL</b>	380,000	3,330,000						3,710,000

**Basis of Cost Estimates:** Check one of the following. *If you want to provide more detailed information on the estimate, please do so in the space provided.*

- \_\_\_\_\_ Cost of comparable facility or equipment
- X \_\_\_\_\_ From cost estimate provided by an engineer, architect, or vendor
- \_\_\_\_\_ From bids received
- \_\_\_\_\_ "Preliminary" estimate, (e.g. no other basis for estimate, guesstimate)
- \_\_\_\_\_ Other (please explain)

**Source of Funding:** Indicate the projected amount for each funding source.

Element	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Beyond FY 2022	Long Range Comprehensive Plan Projects	Total
General Fund	99,750	874,125						973,875
Other Fund	33,250	291,375						324,625
State Grants	247,000	2,164,500						2,411,500
Federal Grants	0	0						
Bonds and Debts								
Other Fund Raising								
<b>TOTAL</b>	<b>380,000</b>	<b>3,330,000</b>						<b>3,710,000</b>

Please describe the source of funding (i.e. type of grant):

- 0% Federal Aviation Administration
- 65% Virginia Department of Aviation
- 35% Local funds

% based on Weldon Cooper data published Jan

Frederick County	75.0%
City of Winchester	25.0%



## 2017 - 2018 Capital Improvements Plan

### Individual Project Description and Justification Form

Project Name: Fuel Storage Facility  
Department: Winchester Regional Airport  
Department Contact Person: Serena (Renny) Manuel  
Phone Number: (540) 662-5786 Email: [okvmanuel@comcast.net](mailto:okvmanuel@comcast.net)  
Location of Project: Winchester Regional Airport Magisterial District: Shawnee  
Department Project #:

**Project Description:** Give a brief (1-2) paragraph description of what the project includes. Provide basic information, such as the location, size, acreage, floor area, capacity, etc.

Construct new fuel storage facility for expansion and to meet current DEQ and EPA regulations

**Project Justification:**

Please describe the need for this project and justify the proposed location of the project.

When the taxiway "A" midfield section is relocated to meet current FAA safety design standards it will cause an encroachment into the current fuel farm site. The current site does not allow for future expansion or upgrades to meet DEQ and/or EPA regulations.

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**Legal Requirement:**

Is the project required in order to meet a State or Federal mandate or some other legal requirement?

Yes, once Taxiway "A" is relocated the existing fuel farm will be within close proximity to the taxi object free area and will not meet FAA airport design standards. A new fuel storage facility will meet all current DEQ and EPA requirements.

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**Conformance to the Comprehensive Plan:**

Does the project conform to, or contribute to the attainment of the goals and objectives of the Comprehensive Plan? Is the project consistent with established policies?

A new fuel storage facility conforms to the latest Airport Layout Plan Update (Master Plan adopted by Frederick County BOS October 2005) and is consistent with established local, FAA and State policies.

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**Public Health, Safety or Welfare:**

Does the project improve conditions affecting health, safety or welfare? Does it eliminate a clear health or safety risk?

NO

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**Construction Schedule:** If the project will take several years to complete, outline the schedule here. Be sure to include any work that might have been done in previous years, including studies or other planning.

The design/construction phases will be done within the same year. Start of project is dependent upon FAA and/or Virginia Department of Aviation funding program

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**Estimate Cost** (in 2016 dollars):

Element	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Beyond FY 2022	Long Range Comprehensive Plan Projects	Total
Planning, Surveying & Design	100,000							100,000
Land Acquisition								
Site Preparation & Improvements								
Construction	900,000							900,000
Furniture and Equipment								
Other								
<b>TOTAL</b>	<b>1,000,000</b>							<b>1,000,000</b>

**Basis of Cost Estimates:** Check one of the following. *If you want to provide more detailed information on the estimate, please do so in the space provided.*

- Cost of comparable facility or equipment
- From cost estimate provided by an engineer, architect, or vendor
- From bids received
- "Preliminary" estimate, (e.g. no other basis for estimate, guesstimate)
- Other (please explain)

**Source of Funding:** Indicate the projected amount for each funding source.

Element	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Beyond FY 2022	Long Range Comprehensive Plan Projects	Total
General Fund	15,000							15,000
Other Fund	5,000							5,000
State Grants	80,000							80,000
Federal Grants	900,000							900,000
Bonds and Debts								
Other Fund Raising								
<b>TOTAL</b>	<b>1,000,000</b>							<b>1,000,000</b>

Please describe the source of funding (i.e. type of grant):

- 90% Federal Aviation Administration
  - 8% Virginia Department of Aviation
  - 2% Local funds
    - Frederick County 75.0%
    - City of Winchester 25.0%
- % based on Weldon Cooper data published Jan





# 2017 - 2018 Capital Improvements Plan

## Individual Project Description and Justification Form

Project Name: Acquire Land - Bufflick Road, Parcel 64 A 60 (Cooper, D)  
Department: Winchester Regional Airport  
Department Contact Person: Serena (Renny) Manuel  
Phone Number: (540) 662-5786 Email: [okvmanuel@comcast.net](mailto:okvmanuel@comcast.net)  
Location of Project: Winchester Regional Airport Magisterial District: Shawnee  
Department Project #:

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**Project Description:** Give a brief (1-2) paragraph description of what the project includes. Provide basic information, such as the location, size, acreage, floor area, capacity, etc.

The Winchester Regional Airport Authority proposes to acquire Parcels 64 A 60 (Cooper, David) on Bufflick Road to meet FAA design standards for Runway 14 Safety Area. These parcels are critical to airport development because of the close proximity within or near the airport primary surfaces.

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**Project Justification:**

Please describe the need for this project and justify the proposed location of the project.

Under the FAA Part 77 Surface Requirements and the Code of Virginia 15.2e, the airport is required to own fee simple property located within the Primary Surfaces. There are currently more than 120 aircraft based at the Winchester Regional Airport. The owners and passengers of these aircraft will have the benefit of increased safety on the airport once the parcels are acquired and vertical obstructions are minimized.

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**Legal Requirement:**

Is the project required in order to meet a State or Federal mandate or some other legal requirement?

The project involves land acquisition to improve the primary surfaces within the Runway Protection Zone and bring the airport up to meet the Federal Aviation Administration safety design standards.

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**Conformance to the Comprehensive Plan:**

Does the project conform to, or contribute to the attainment of the goals and objectives of the Comprehensive Plan? Is the project consistent with established policies?

The relocation of Taxiway "A" conforms to the latest Airport Layout Plan Update (adopted by Frederick County BOS October 2005) and is consistent with established local, FAA and State policies.

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**Public Health, Safety or Welfare:**

Does the project improve conditions affecting health, safety or welfare? Does it eliminate a clear health or safety risk?

The project aims to reduce safety risks at the airport by acquiring land within the primary surface. The airport will then work to bring this portion of the primary surface up to FAA standards for increased safety.

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**Construction Schedule:** If the project will take several years to complete, outline the schedule here. Be sure to include any work that might have been done in previous years, including studies or other planning.

N/A

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**Estimate Cost** (in 2016 dollars):

Element	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Beyond FY 2022	Long Range Comprehensive Plan Projects	Total
Planning, Surveying & Design	20,000							20,000
Land Acquisition	255,000							255,000
Site Preparation & Improvements								
Construction								
Furniture and Equipment								
Other								
<b>TOTAL</b>	275,000							275,000

**Basis of Cost Estimates:** Check one of the following. *If you want to provide more detailed information on the estimate, please do so in the space provided.*

- Cost of comparable facility or equipment
- From cost estimate provided by an engineer, architect, or vendor
- From bids received
- "Preliminary" estimate, (e.g. no other basis for estimate, guesstimate)
- Other (please explain)

**Source of Funding:** Indicate the projected amount for each funding source.

Element	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Beyond FY 2022	Long Range Comprehensive Plan Projects	Total
General Fund	4,103							4,103
Other Fund	1,397							1,397
State Grants	22,000							22,000
Federal Grants	247,500							247,500
Bonds and Debts								
Other Fund Raising								
<b>TOTAL</b>	<b>275,000</b>							<b>275,000</b>

Please describe the source of funding (i.e. type of grant):

- 90% Federal Aviation Administration
- 8% Virginia Department of Aviation
- 2% Local funds

% based on Weldon Cooper data published Jan

Frederick County	74.6%
City of Winchester	25.4%



# 2017 - 2018 Capital Improvements Plan

## Individual Project Description and Justification Form

**Project Name:** Acquire Land - Bufflick Road, Parcel 64 A 64 (Hott)  
**Department:** Winchester Regional Airport  
**Department Contact Person:** Serena (Renny) Manuel  
**Phone Number:** (540) 662-5786 **Email:** [okvmanuel@comcast.net](mailto:okvmanuel@comcast.net)  
**Location of Project:** Winchester Regional Airport **Magisterial District:** Shawnee  
**Department Project #:**

**Project Description:** Give a brief (1-2) paragraph description of what the project includes. Provide basic information, such as the location, size, acreage, floor area, capacity, etc.

The Winchester Regional Airport Authority proposes to acquire Parcels 64 A 64 (Hott) on Bufflick Road to meet FAA design standards for Runway 14 Safety Area. These parcels are critical to airport development because of the close proximity within or near the airport primary surfaces.

**Project Justification:**

Please describe the need for this project and justify the proposed location of the project.

Under the FAA Part 77 Surface Requirements and the Code of Virginia 15.2e, the airport is required to own fee simple property located within the Primary Surfaces. There are currently more than 120 aircraft based at the Winchester Regional Airport. The owners and passengers of these aircraft will have the benefit of increased safety on the airport once the parcels are acquired and vertical obstructions are minimized.

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**Legal Requirement:**

Is the project required in order to meet a State or Federal mandate or some other legal requirement?

The project involves land acquisition to improve the primary surfaces with the Runway Protection Zone and bring the airport up to meet the Federal Aviation Administration safety design standards.

---

**Conformance to the Comprehensive Plan:**

Does the project conform to, or contribute to the attainment of the goals and objectives of the Comprehensive Plan? Is the project consistent with established policies?

The relocation of Taxiway "A" conforms to the latest Airport Layout Plan Update (adopted by Frederick County BOS October 2005) and is consistent with established local, FAA and State policies.

---

**Public Health, Safety or Welfare:**

Does the project improve conditions affecting health, safety or welfare? Does it eliminate a clear health or safety risk?

The project aims to reduce safety risks at the airport by acquiring land within the primary surface. The airport will then work to bring this portion of the primary surface up to FAA standards for increased safety.

---

**Construction Schedule:** If the project will take several years to complete, outline the schedule here. Be sure to include any work that might have been done in previous years, including studies or other planning.

N/A

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**Estimate Cost** (in 2016 dollars):

Element	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Beyond FY 2022	Long Range Comprehensive Plan Projects	Total
Planning, Surveying & Design		20,000						20,000
Land Acquisition		255,000						255,000
Site Preparation & Improvements								
Construction								
Furniture and Equipment								
Other								
<b>TOTAL</b>		275,000						275,000

**Basis of Cost Estimates:** Check one of the following. *If you want to provide more detailed information on the estimate, please do so in the space provided.*

- Cost of comparable facility or equipment
- From cost estimate provided by an engineer, architect, or vendor
- From bids received
- "Preliminary" estimate, (e.g. no other basis for estimate, guesstimate)
- Other (please explain)

**Source of Funding:** Indicate the projected amount for each funding source.

Element	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22	Beyond FY 2022	Long Range Comprehensive Plan Projects	Total
General Fund	4,125							4,125
Other Fund	1,375							1,375
State Grants	22,000							22,000
Federal Grants	247,500							247,500
Bonds and Debts								
Other Fund Raising								
<b>TOTAL</b>	<b>275,000</b>							<b>275,000</b>

Please describe the source of funding (i.e. type of grant):

- 90% Federal Aviation Administration
- 8% Virginia Department of Aviation
- 2% Local funds

% based on Weldon Cooper data published Jan

Frederick County	75.0%
City of Winchester	25.0%





## ORDINANCE

\_\_\_\_\_, 2017

The Board of Supervisors of Frederick County, Virginia hereby ordains that Sections 155-16 (Definitions and word usage), 155-17 (Purpose), 155-18 (Qualifications for exemption), 155-19 (Application for exemption; investigation of affidavit), 155-20 (Calculation of amount of exemption), 155-20.1 (Deferral), 155-21 (Changes in status), and 155-22 (Filing false claims) of Article III (Senior Citizens and Disabled Persons Exemption and Deferral) of Chapter 155 (Taxation) of the Code of Frederick County, Virginia, be and the same hereby is, amended by enacting amended Sections 155-16 (Definitions and word usage), 155-17 (Purpose), 155-18 (Qualifications for exemption), 155-19 (Application for exemption; investigation of affidavit), 155-20 (Calculation of amount of exemption), 155-20.1 (Deferral), 155-21 (Changes in status), and 155-22 (Filing false claims) of Article III (Senior Citizens and Disabled Persons Exemption and Deferral) of Chapter 155 (Taxation) of the Code of Frederick County, Virginia, as follows and to take effect on January 1, 2018 (deletions are shown in ~~bold strikethrough~~ and additions are shown in **bold underline**):

### CHAPTER 155, Taxation

#### ARTICLE III, Senior Citizens and Disabled Persons Exemption and Deferral

§ 155-16. Definitions and word usage. [Amended xx-xx-2017]

For the purposes of this article, the following words and phrases shall have the meanings respectively ascribed to them by this section, unless another meaning shall clearly appear from the context:

#### AFFIDAVIT **OR WRITTEN STATEMENT**

The real estate tax exemption affidavit **or written statement**.

#### DWELLING

The sole residence of the person claiming exemption; provided, however, that the fact that a person who is otherwise qualified for tax exemption by the provisions of this article is residing in a hospital, nursing home, convalescent home or other facility for physical or mental care for an extended period of time shall not be construed to mean that the real estate for which exemption is claimed ceases to be the sole dwelling of such person during such period of other residence, so long as the real estate in question is not used by or leased to others for consideration.

## EXEMPTION

The percentage exemption, allowable under the provisions of this article, from the property tax imposed by the County ~~allowable under the provisions of this article~~.

## PERMANENTLY AND TOTALLY DISABLED

As applied to a person claiming an exemption under this article, a person furnishing the certification or medical affidavits required by § 155-19 of this article and who is found by the Commissioner of the Revenue to be unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of the person's life.

## TAXABLE YEAR

The calendar year, from January 1 through December 31, for which such property tax exemption is claimed.

## § 155-17. Purpose.

It is hereby declared to be the purpose of this article to provide real estate tax exemptions or deferrals for qualified property owners who are not less than 65 years of age or permanently and totally disabled and who are otherwise eligible according to the terms of this article. Pursuant to the authority of § 58.1-3210 et seq. of the Code of Virginia, the County finds and declares that persons qualifying for exemption hereunder are bearing an extraordinary real estate tax burden in relation to their income and financial worth.

## § 155-18. Qualifications for exemption.

Exemptions pursuant to this article shall be granted to persons and for property complying with the following provisions:

A. The title to the property for which exemption is claimed is held or partially held ~~by the person or persons claiming such exemption, as of January 1 of the taxable year for which such exemption is claimed.~~ (i) by the eligible person alone or in conjunction with his spouse as tenant or tenants for life or joint lives, (ii) in a revocable inter vivos trust over which the eligible person or the eligible person and his spouse hold the power of revocation, or (iii) in an irrevocable trust under which an eligible person alone or in conjunction with his spouse possesses a life estate or an estate for joint lives or enjoys a continuing right of use or support. An interest held under a leasehold or term of years does not qualify for relief under the provisions of this article.

B. The dwelling for which the exemption is claimed is occupied as the sole dwelling of such claimant or claimants.

- C. If the dwelling for which the exemption is claimed is a mobile home, the dwelling must be a structure subject to federal regulation, which is transportable in one or more sections; is eight body feet or more in width and 40 body feet or more in length in the traveling mode, or is 320 or more square feet when erected on site; is built on a permanent chassis; is designed to be used as a single-family dwelling, with or without a permanent foundation, when connected to the required utilities; and includes the plumbing, heating, air-conditioning, and electrical systems contained in the structure.
- D. The person claiming such exemption is 65 years of age or older or permanently and totally disabled as of December 31 of the year immediately preceding the taxable year for which the exemption is claimed.
- E. Gross combined income.
- (1) The gross combined income from all sources of such claimant owner or owners of such dwelling living therein, of their relatives living in such dwelling, and of each nonrelative who is not the bona fide tenant or bona fide paid caregiver of an owner living in the dwelling, for the immediately preceding calendar year does not exceed the sum of \$50,000 regardless of whether an income tax return was filed or was required to be filed, provided that the first \$7,500 of any income received by any claimant owner as permanent disability compensation shall not be included in such total, and provided that the first \$8,500 of income of each relative, other than the spouse of such claimant owner or owners, who is living in such dwelling, and of each nonrelative, who is living in such dwelling and who is not the bona fide tenant or bona fide paid caregiver of an owner living in the dwelling, shall not be included in such total.
- (2) Such gross combined income of the claimant owner or owners shall not include life insurance proceeds, nor shall it include proceeds from borrowing or other debt.
- F. The net combined financial worth of such claimant owner or owners, of their relatives living in such dwelling, and of each nonrelative who is not the bona fide tenant or bona fide paid caregiver of an owner living in the dwelling, as of December 31 of the year immediately preceding the taxable year for which the exemption is claimed, does not exceed \$150,000. "Net combined financial worth" shall include the value of all assets, including equitable interests, exclusive of the fair market value of the dwelling for which exemption is claimed and of the land not exceeding one acre upon which it is situated. Furniture, fixtures and appliances in such exempt residence shall also be excluded from the net worth calculation, provided that they are normal and reasonable to the use and maintenance of the property as the residence of the **qualifying claimant** owner or owners. Net worth is computed by subtracting liabilities from assets.
- G. If an owner qualifies for an exemption, and if the owner can prove by clear and convincing evidence that his physical or mental health has deteriorated to the point that the only alternative to permanently residing in a hospital, nursing home, convalescent home or other facility for physical or mental care is to have a person move in and

provide care for the owner, and if a person does then move in for that purpose, then none of the income of that person or of that person's spouse shall be counted towards the income limit, provided the owner of the residence has not transferred assets in excess of \$10,000 without adequate consideration within a three-year period prior to or after that person moves into such residence.

§ 155-19. Application for exemption; investigation of affidavit **or written statement**.

- A. Annually and not later than April 1 of each taxable year, every person claiming an exemption under this article shall file a real estate tax exemption affidavit **or written statement** with the Commissioner of the Revenue of the County. The date for filing such an affidavit **or written statement** by an applicant may be extended by the Commissioner of the Revenue to July 1 of a taxable year in a hardship case in which the Commissioner of the Revenue determines that the applicant was unable to file by April 1 of the particular taxable year because of illness of the applicant or confinement of the applicant in a nursing home, hospital or other medical facility or institution, provided that such real estate tax exemption affidavit **or written statement** is accompanied by a sworn affidavit of one medical doctor licensed to practice medicine in the commonwealth.
- B. The affidavit **or written statement** shall set forth the names of the **related persons occupying the real estate claimant owner or owners, of their relatives living in such dwelling, and of each nonrelative who is not the bona fide tenant or bona fide paid caregiver of an owner** living in the dwelling for which exemption is claimed and the total combined net worth and combined income of such persons as defined in this article. The form of such affidavit **or written statement** shall be determined by the Commissioner of the Revenue and shall contain such other information as may be required adequately to determine compliance with the provisions of § 155-18 of this article. The affidavit **or written statement** of any person less than 65 years of age who is claiming an exemption under this article shall be accompanied by a certification from the Social Security Administration, the Department of Veterans Affairs, or the Railroad Retirement Board, or, if such person is not eligible for certification by any of these agencies, a sworn affidavit from two medical doctors licensed to practice medicine in the commonwealth or are military officers on active duty who practice medicine with the United States Armed Forces, to the effect that the applicant is permanently and totally disabled as defined in § 155-16 of this article. The affidavit of at least one of the doctors shall be based upon a physical examination of the person by such doctor. The affidavit of one of the doctors may be based upon medical information contained in the records of the Civil Service Commission which is relevant to the standards for determining permanent and total disability. In addition, the Commissioner of the Revenue may make such further inquiry of persons seeking to claim exemption requiring answers under oath and the production of certified tax returns, as may be deemed reasonably necessary, to determine eligibility for an exemption.

C. The Commissioner of the Revenue, after audit and investigation of such affidavits **or written statements**, shall certify a list of the persons and property qualifying for exemption and the amount thereof to the County Treasurer, who shall forthwith deduct the amounts of such exemption from the real estate tax chargeable for the taxable year to such persons and property.

§ 155-20. Calculation of amount of exemption.

The amount of the exemption granted pursuant to this article shall be a percentage of the real estate tax assessed for the applicable taxable year in accordance with the following scale:

<i>Total Combined Income</i>	<i>Percentage of Exemption</i>
\$0 to \$20,000	100%
\$20,001 to \$25,000	60%
\$25,001 to \$30,000	35%
\$30,001 to \$50,000	10%

§ 155-20.1. Deferral.

Any person who would otherwise be eligible for an exemption under this article but who, on account of his or her total combined income being in excess of \$20,000 but not greater than \$50,000, is only eligible for a partial exemption may request deferral of the remainder of the real estate tax due. In the event of a deferral of real estate taxes hereunder, the accumulated amount of taxes deferred shall be paid to the County by the vendor of the dwelling upon the sale of the dwelling, or from the estate of the decedent within one year after the death of the last owner thereof who qualifies for tax deferral by the provisions of this section. Such deferred real estate taxes shall be paid without penalty but shall accrue interest at the rate of 8% per annum on any amount so deferred, and such taxes and interest shall constitute a lien upon the said real estate as if it had been assessed without regard to the deferral permitted by this article. Any such lien shall, to the extent that it exceeds in the aggregate 10% of the price for which such real estate may be sold, be inferior to all other liens of record.

§ 155-21. Changes in status.

Changes in respect to income, financial worth, ownership of property or other factors occurring during the taxable year for which the affidavit **or written statement** is filed and having the effect of violating or exceeding the limitations and conditions of § 155-18 of this article shall nullify any exemption or deferral for the then current taxable year and for the taxable year immediately following, provided that a change in income shall only operate to decrease the percentage of exemption or deferral previously determined by the Commissioner of the Revenue pursuant to § 155-20 of this article to the extent that the

income amount exceeds the relevant range for a percentage of exemption or deferral set out in §§ 155-20 and 155-20.1 of this article.

§ 155-22. Filing false claims.

It shall be unlawful for any person to falsely claim an exemption or deferral under this article.



# Frederick County, Virginia

OFFICE OF

COMMISSIONER OF THE REVENUE

107 North Kent Street  
Winchester VA 22601

P.O. Box 552  
Winchester VA 22604-0552

[emurphy@fcva.us](mailto:emurphy@fcva.us)  
[www.fcva.us/cor](http://www.fcva.us/cor)



ELLEN E. MURPHY  
COMMISSIONER

Phone: 540-665-5681  
Fax: 540-667-6487

## MEMORANDUM

TO: Finance Committee

FROM: Ellen Murphy, Commissioner of the Revenue

DATE: July 19, 2017

RE: Frederick County Code – Article III: Senior Citizens and Disabled Persons Exemption and Deferral

The following charts show the current and proposed changes and resulting financial impact estimate of the County's Senior Citizens and Disabled Persons tax relief program.

<i>CURRENT</i>		
<i>Total Combined Income</i>	<i>Percentage of Exemption</i>	<i>Current Financial Impact</i>
\$0 to \$20,000	100%	\$218,863.80
\$20,001 to \$25,000	60%	\$57,015.20
\$25,001 to \$30,000	35%	\$29,552.70
\$30,001 to \$50,000	10%	\$14,840.70
<b>TOTAL</b>		<b>\$320,272.40</b>

<i>PROPOSED</i>		
<i>Total Combined Income</i>	<i>Percentage of Exemption</i>	<i>Estimated Financial Impact</i>
\$0 to \$30,000	100%	\$398,324.44
\$30,001 to \$40,000	35%	\$65,000.00
\$40,001 to \$50,000	10%	\$8,000.00
<b>ESTIMATED TOTAL</b>		<b>\$471,324.44</b>
<i>(Increase of over \$150,000.00 per year)</i>		

Calculation of the impact of this relief is very labor intensive. Tax relief currently only applies to principal residences plus a garage or other necessary building and one acre. Therefore, properties over one acre are both taxed and given relief. Also factored into the tax amount is if the property is owned by anyone other than the spouse(s) thus creating a calculation that has to be a percentage of spouse(s) versus all other who are taxed as owners at 100% of the tax due. Because of this complicated calculation method, each property must be hand entered into the system to generate the tax bill. This does not allow us the option to recalculate the various percentages without staff looking at every single account.

Currently, the deferral program allowed by our Code is not being used. This deferral program allows qualifying persons getting less than 100% relief to postpone or defer payment of the tax amount as a debt against their property to be paid when the property is sold. Taxpayers qualifying for this relief have concerns that their home is their major asset so therefore they are hesitant to entail it. While the deferral program is unused, it remains an alternative for those not qualifying for 100% relief. If the Finance Committee should decide to go that route, I would still recommend that our initial bracket of relief at 100% be increased to \$30,000 total combined income.

Consideration was given to using more brackets or changing the higher income brackets, but with the use of a deferral, such relief should not be required. Also many of the homes in the higher brackets have larger assessed values and offer the homeowner other options.

Mr. Orndoff and I have discussed this proposal and he is agreeable to handling the deferral program if it becomes active. The Treasurer would have to be the one to facilitate and record such deferral so that proper collection could be made once the identified property is sold.

This proposal is being brought forward because taxpayers in financial distress are increasing, particularly in the lower income and asset brackets with costs rising on medicines, utilities, nursing care and general living expenses.

Your discussion and consideration are greatly appreciated.





# Frederick County, Virginia

## OFFICE OF

### COMMISSIONER OF THE REVENUE

107 North Kent Street  
Winchester VA 22601

P.O. Box 552  
Winchester VA 22604-0552

[emurphy@fcva.us](mailto:emurphy@fcva.us)  
[www.fcva.us/cor](http://www.fcva.us/cor)



ELLEN E. MURPHY  
COMMISSIONER

Phone: 540-665-5681  
Fax: 540-667-6487

Finance Committee  
C William Orndoff

<i>PROPOSED</i>		
<i>Total Combined Income</i>	<i>Percentage of Exemption</i>	<i>Estimated Financial Impact</i>
\$0 to \$25,000	100%	\$303,889.10
\$25,001 to \$40,000	35%	\$94,025.30
\$40,001 to \$50,000	10%	\$8,000.00
<b>ESTIMATED TOTAL</b>		<b>\$406,441.80</b>
<i>(Increase est \$86,000.00 per year)</i>		

Recalculation of Tax Relief as presented this morning, per Cheryl's request – makes 100% bracket to \$25,000 instead of \$30,000.

Ellen

# Line of Duty Act Update

## 2017 Changes to the Act



**VACORP**

February/March 2017

**Chris Carey, Administrator**

**Stephanie Heintzleman, Member Services Director**

Risk Management | Coverage | Claims Resolution

# Agenda

- Introduction
- Current Benefit Provisions
- Changes Effective 7/1/17
- What this means to localities
- Responsibilities
- Data
- Recommendations
- Questions

## LODA – Current Benefit Provisions

### Line of Duty Death

- One time death benefit
- Continued health insurance for family

### Line of Duty Injury (cannot return to covered position)

- Continued health insurance for claimant & family

# Changes Effective July 1, 2017

- Claims Reported by Locality/Jail
- Claims Administration by VRS
- Determinations by VRS
- Provision to Dispute Claims
- Recertify at 2 years, then 5 years
  - Able to return to covered position
  - Means Testing
  - Spouse

## LODA Health Insurance Plan – State’s Timeline

- January 2017
  - DHRM forwarded plan info and enrollment docs to current participants
- February 2017
  - Participants return enrollment docs to the DHRM
- July 1, 2017
  - **ALL eligible participants now covered under LODA health insurance plan**

# LODA Health Insurance Program

- **Beginning July 1, 2017, this is the coverage available to eligible LODA Beneficiaries**
- Two Plans:
  - Plan 1 - Formerly employed (Retirees, LTD Participants, Survivors)
    - ✦ Medicare is primary
  - Plan 2 - Currently employed with a LODA employer

Source: <http://www.dhrm.virginia.gov/docs/default-source/benefitsdocuments/ohb/loda-health-benefits-plans-01312017-update.pdf?sfvrsn=0>

# LODA Health Insurance continued

Same plan design as COVA Care with all optional benefits

- Medical
- Behavioral Health
- Prescription Drugs
- Diagnostic, preventive and expanded dental
- Routine vision and hearing
- Employee Assistance Program
- In-network preventive care covered at 100%
- Out-of-network coverage



# LODA Health Insurance continued

<b>Out-of-Pocket Costs</b> <b>July 1, 2016 to June 30, 2017</b>	
<b>Service or Provision</b>	<b>Out-of-Pocket Cost</b>
Deductible for Coinsurance - Individual/Family	\$300/\$600
Coinsurance (e.g., labs, x-rays)	20%
Out-of-Pocket Cost Limit	\$1,500/\$3,000
PCP Copay	\$25 per visit
Specialist Copay	\$40 per visit
In-Patient Facility Copay	\$300 per admission
Out-Patient Facility Copay	\$125 per visit
Emergency Room Copay	\$150 per visit
Urgent Care Copay	\$40 per visit
Outpatient Prescription Drugs	
> Generic Drug Copay - Retail	\$15
> Preferred Brand Copay - Retail	\$30
> Non-Preferred Brand Copay - Retail	\$45
> Special Drug Copay - Retail	\$55
> Mail Service Copay	2 x Retail

# Health Insurance Changes July 1, 2017

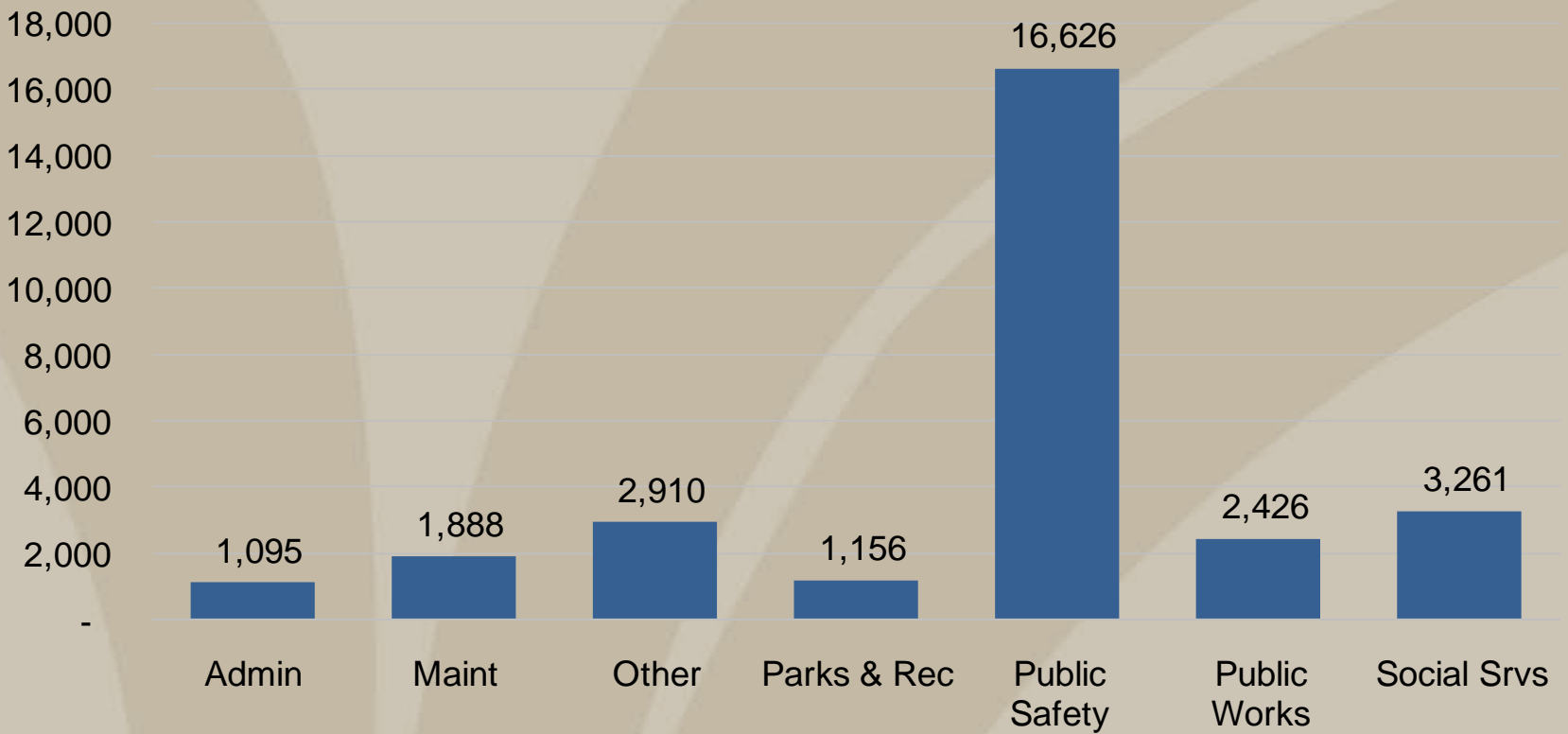
- All LODA claimants/families on same plan
- Loss of coverage when Medicare eligible  
Except:
  - Current participants not affected
  - Social Security or Railroad disability
- Suspend eligibility when income greater than pre-disability
  - Current participants not affected
- Loss of coverage for Spouse if remarried
  - Pending legislation may grandfather

**What does this mean for Virginia public entities?**

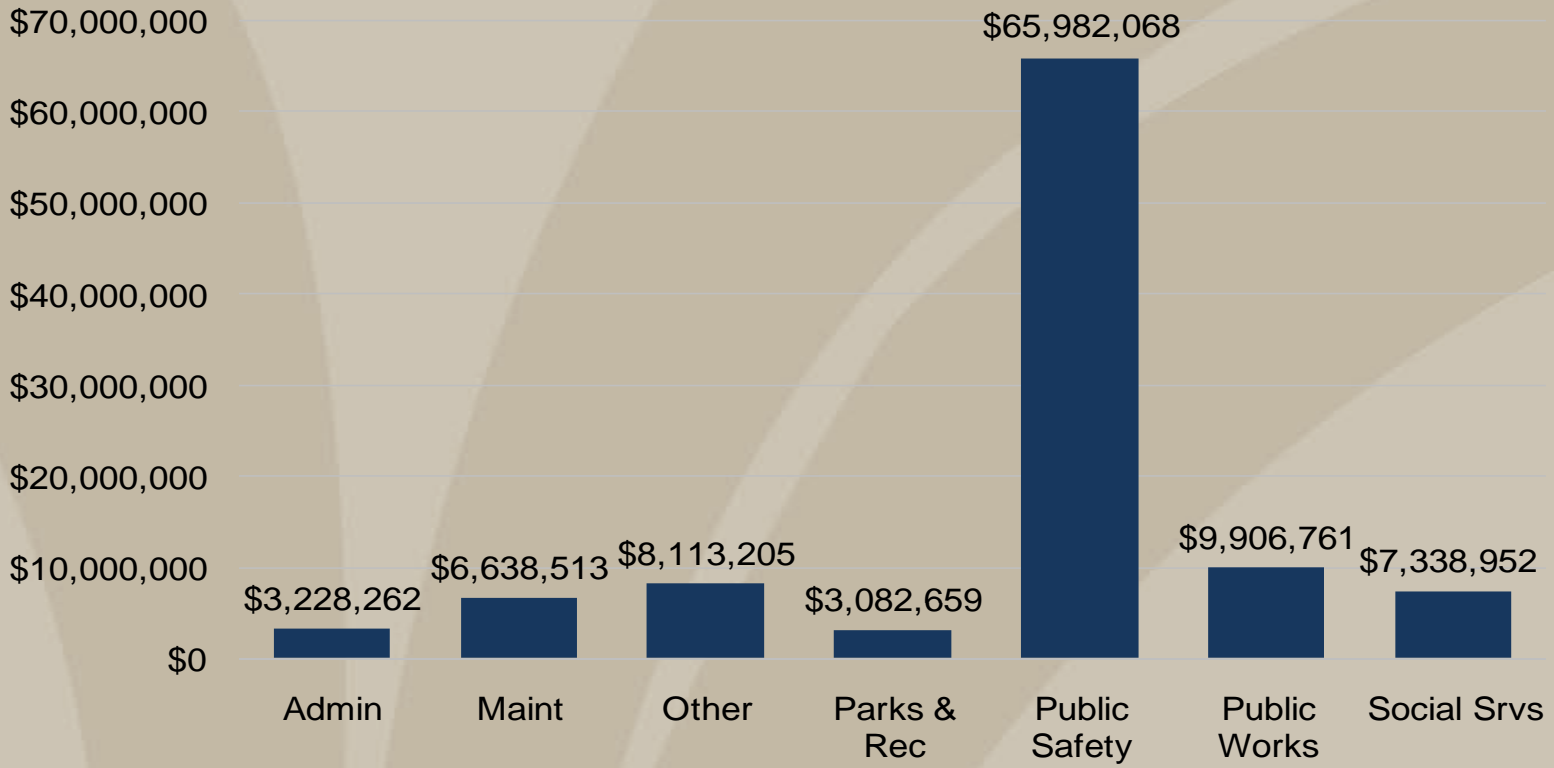
## Responsibilities

- Purchase LODA coverage for all paid and volunteer public safety/emergency responders (§9.1-400 et seq. and state budget language)
- Pay for expenses associated with line of duty death and injuries to vol. firefighters (§27-41 et seq.)
- Manage and record rosters of all volunteer firefighters with Circuit Court Clerk (§27-42)

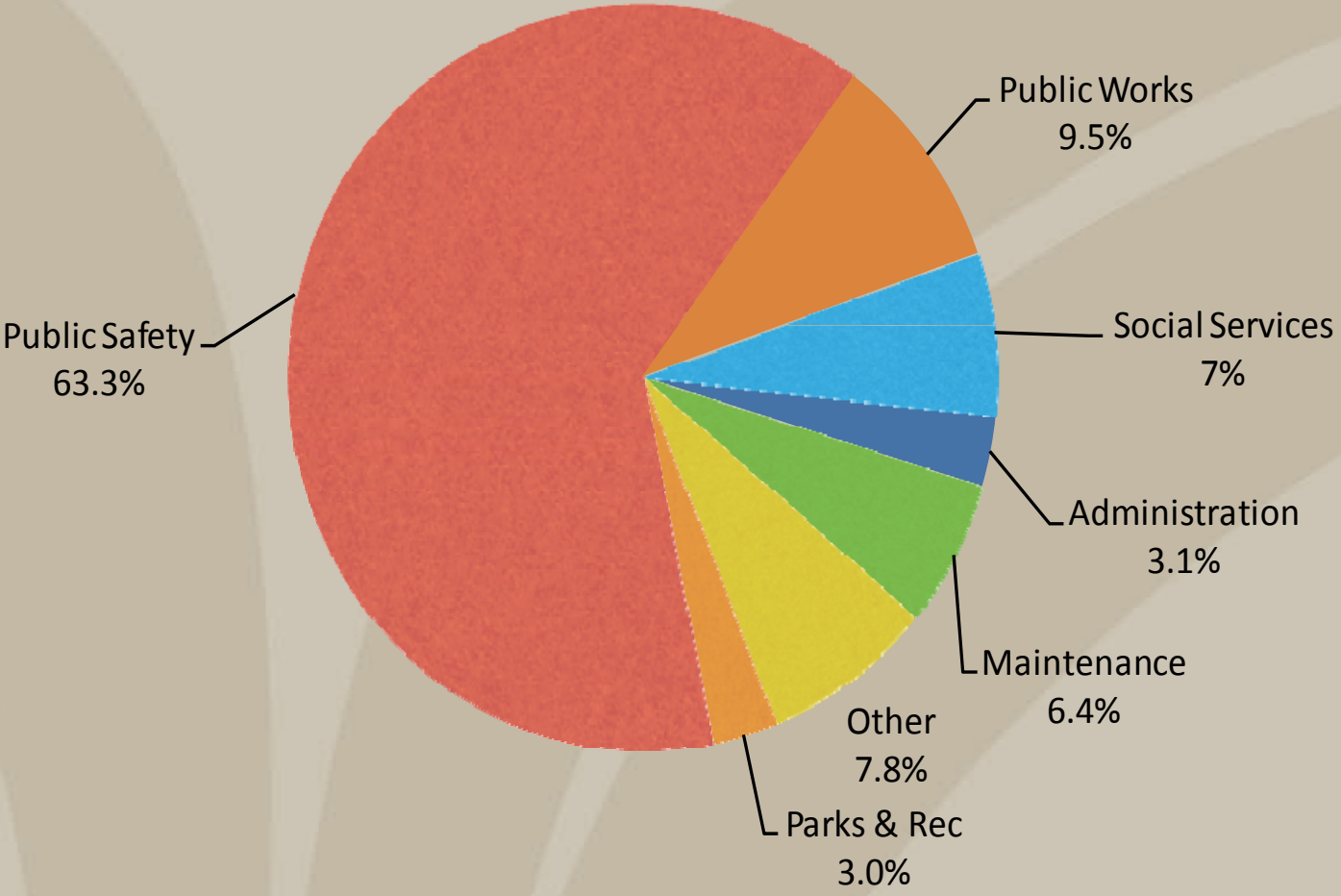
# WC Claims Frequency



# WC Claims Severity (cost of claims)



# Claims by Department



# Recommendations – Paid LODA Staff

- Reporting claims
  - Establish process for handling claims, similar to WC
  - Establish process for filing claims with VRS
- Communication
  - Most LODA claims have corresponding WC claim
  - Coordinate existing claim info with WC provider
  - Gather claim information prior to submission
  - Establish process for tracking LODA claimants/wages
  - Establish LODA training when hired and every 2 years



# Recommendations – LODA Vols

- Provide Insurance/Coverage for Volunteers
  - **Locality needs to be the buyer**
    - Required to pay medicals for injuries/death
    - Control claims and contain cost
    - Access to valuable claims data
  - Purchase workers' comp and excess accident and sickness coverage; or
  - Purchase accident and sickness coverage
  - VACORP/VFIS Partnership

## Recommendations - Vols (continued)

- Manage and Record Volunteer Rosters
  - Establish eligibility criteria for all vols
  - Consider fitness for duty
- Reporting claims
  - Establish point of contact and process for handling claims, similar to WC/A&S
  - Establish process for filing claims with VRS, ensuring related claims info is included

# Recommendations - Vols (continued)

- **Communication**
  - Claims may have corresponding WC/A&S claim
  - Prior to claims submission, work with provider to gather existing claim information
  - Provide information with original claim report
  - Establish process to assist with tracking LODA claimants
  - Provide LODA training when begin serving and every 2 years

## Conclusion

- Locality needs to be the **buyer** of workers' comp and/or accident and sickness coverage for volunteers
- Establish internal claims procedures
- Work with providers before reporting claim
- Establish process to keep in touch with LODA claimants
- Ongoing Training



# Questions

For additional information, please contact  
Stephanie Heintzleman or Chris Carey  
VACORP  
844-986-2705 or [info@riskprograms.com](mailto:info@riskprograms.com)



**AN ACCIDENT & SICKNESS INSURANCE PROPOSAL  
PREPARED FOR:**

FREDERICK COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION  
1080 COVERSTONE DRIVE  
WINCHESTER, VA 22602

**PRESENTED BY:** LD&B INSURANCE & FINANCIAL SERVICES  
PO BOX 716  
MOUNT JACKSON, VA 22842

**DATE PREPARED:** May 11, 2017

**This proposal is valid for 90 days.**

**Additional Entity Summary**

**Included:** CLEAR BROOK VOLUNTEER FIRE & RESCUE, INC  
GAINESBORO FIRE COMPANY  
GORE VOLUNTEER FIRE COMPANY  
GREENWOOD VOLUNTEER FIRE AND RESCUE, INC  
MIDDLETOWN VOLUNTEER FIRE AND RESCUE COMPANY, INC  
MILL WOOD STATION VOLUNTEER FIRE AND RESCUE COMPANY #21, INC  
NORTH MOUNTAIN VOLUNTEER FIRE COMPANY  
REYNOLDS STORE VOLUNTEER FIRE AND RESCUE COMPANY #20  
ROUND HILL VOLUNTEER FIRE DEPARTMENT, INC  
STAR TANNERY VOLUNTEER FIRE DEPARTMENT  
STEPHENS CITY FIRE AND RESCUE COMPANY, INC

**Prepared For: FREDERICK COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION**

<b>VOLUNTEER BASIC BENEFITS</b>	<b>Quote Number:</b>	<b>87420</b>
<b>Loss of Life Benefits</b>		
Accidental Death Benefit Amount .....		\$100,000
Seat Belt Benefit Amount.....		\$25,000
Safety Vest Benefit Amount.....		\$25,000
Military Death Benefit Amount .....		\$15,000
Illness Loss of Life Benefit Amount.....		\$100,000
Dependent Child & Education Benefit Amount .....	Per Dependent Child	\$30,000
Spousal Support & Education Benefit Amount .....		\$15,000
Memorial Benefit Amount .....		\$5,000
Dependent Elder Benefit Amount .....	Per Dependent Elder	\$5,000
Repatriation Benefit Amount.....		\$2,500
<b>Lump Sum Living Benefits</b>		
Accidental Dismemberment & Paralysis Benefit.....	Principal Sum	\$100,000
Vision Impairment Benefit.....	Principal Sum	\$100,000
Injury Permanent Impairment Benefit .....	Principal Sum	\$100,000
Heart Permanent Impairment Benefit .....	Principal Sum	\$100,000
Illness Permanent Impairment Benefit.....	Principal Sum	\$100,000
Cosmetic Disfigurement Resulting from Burns Benefit.....	Principal Sum	\$100,000
HIV Positive Lump Sum Living Benefit .....	Principal Sum	\$100,000
<b>Weekly Income Benefits</b>		
Total Disability Benefit Weekly Amount (first 28 days) .....		\$750
Total Disability Benefit Maximum Weekly Amount (after 28 days) .....		\$750
Total Disability Minimum Weekly Amount.....		\$188
Partial Disability is equal to 50% of Total Disability Benefit Limit		
<b>Occupational Retraining Benefit .....</b>	Maximum Amount	\$20,000
<b>Weekly Injury Permanent Impairment (Lifetime) Benefit .....</b>		Included
<b>Medical Expense Benefits</b>		
<b>Benefits Paid: Excess of Workers' Comp</b>		
Medical Expense Benefit .....	Maximum Amount	\$50,000
Cosmetic Plastic Surgery Benefit.....	Maximum Amount	\$25,000
Post-Traumatic Stress Disorder Benefit.....	Maximum Amount	\$25,000
Critical Incident Stress Management Benefit.....	Maximum Amount	\$25,000
Family Expense Benefit Amount.....	Per Day	\$100
Family Bereavement & Trauma Counseling Benefit.....	Per Person	\$1,000
<b>Transition Benefit.....</b>		Included
<b>Felonious Assault Benefit.....</b>	Amount	Included
<b>Home Alteration &amp; Vehicle Modification Benefit.....</b>	Maximum Amount	\$50,000
<b>Volunteer Basic Premium for 1 Year</b>		\$34,804



**Prepared For: FREDERICK COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION**

<b>VOLUNTEER OPTIONAL BENEFITS</b>	Quote Number:	87420	
(ANNUAL PREMIUM SHOWN)	Limit	Premium	
Weekly Hospital Benefit Amount .....	Not Incl.		
First Week Total Disability Benefit Amount .....	Not Incl.		
Coordinated 28 Day Total Disability Benefit Amount.....	Not Incl.		
Weekly Injury Permanent Impairment COLA.....	Not Incl.		
Extended Total Disability Benefit.....	Included		\$1,518
Long-Term Total Disability Benefit .....	Included		\$4,653
Long-Term Total Disability COLA.....	Included		\$2,794
<b>Extra Expense Benefit</b>			
Extra Expense Benefit Monthly Amount .....	Not Incl.		
Extra Expense Benefit Maximum Amount .....	Not Incl.		
24-Hour Accident Benefit – Injury Only .....	Not Incl.		
Off-Duty Accident Benefit – Injury Only .....	Not Incl.		
<b>Organized Team Sports Benefit Rider</b>			
Accidental Death & Dismemberment Benefit Amount* .....	Not Incl.		
Total Disability Benefit Maximum Weekly Amount* .....	Not Incl.		
Medical Expense Benefit Maximum Amount* .....	Not Incl.		
Policy Amendment Rider .....	Not Incl.		

\* Since these benefits are based on exposures (e.g. number of persons, type of activity, type of league) premium may vary annually based on differences in exposure.  
**Please Note: Coverage provided under the optional 24-Hour / Off-Duty AD&D benefit requires a Roster listing the covered members.**

<b>Total Volunteer Basic and Optional:</b>	
<b>Premium for 1 Year</b>	<b>\$43,769</b>

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038  
(212) 458-5000

(a capital stock company, herein referred to as the Company)

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## APPLICATION FOR BLANKET ACCIDENT AND SICKNESS INSURANCE

Application for a plan of accident and sickness is hereby made by: FREDERICK COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION

(Name of Participating Organization)

to National Union Fire Insurance Company of Pittsburgh, Pa. for coverage under Blanket Accident and Sickness Master Policy as described in Quote-Number \_\_\_\_\_ a copy of which is attached to and made a part of this application.

**Policy Effective Date:** \_\_\_\_\_ at 12:01 A.M. in your time zone

**Customer Number:** C10954

**Policy Termination Date:** \_\_\_\_\_ at 12:01 A.M. in your time zone

**Payment Plans:**  1 Year – Annual  
 1 Year – Semi-Annual (\$1,500 policy minimum)

The following changes in limits or coverage from the above mentioned Quote-Number are hereby requested:

\_\_\_\_\_  
\_\_\_\_\_

The above named entity hereby acknowledges that the changes shown above may result in a change of premium from that which was previously quoted.

The above named entity hereby understands that this application for accident and sickness coverage is subject to approval of the Company.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY HAVE VIOLATED STATE LAW.

\_\_\_\_\_  
(Signed by Authorized Representative)

\_\_\_\_\_  
(Title of Authorized Representative)

\_\_\_\_\_  
Signed by Licensed Resident Agent  
(Where Required by law)

\_\_\_\_\_  
(Date)

## Why Accident and Sickness Coverage?

The VFIS Accident and Sickness policies provide insurance protection to help with the expenses of an unexpected injury or illness a member may suffer as a result of participation in Covered Activities of emergency service work. These expenses can be from medical expenses, lost income due to disability, or other financial losses which affect a member or their family.

The National Fire Protection Association reported 68,085 emergency service personnel injuries in 2015<sup>1</sup>. Despite this statistic many emergency service members continue to believe that accidents only happen to others or that Workers' Compensation will meet all their financial needs in the event of injury, illness or even death. This is simply not always the case.

Even in states with generous Workers' Compensation benefits, there can be gaps in coverage. Common gaps are caused by waiting and retroactive periods, maximum disability income benefit limits, and pre-existing condition limitations such as heart or circulatory malfunction. In addition, benefits for fundraising events, junior members, auxiliary members, and trustees or directors may not be covered.

For over 45 years, VFIS has been offering insurance coverage which has helped to insure emergency service personnel fill the coverage gaps for the financial impact of unexpected illness or injury while performing duties on behalf of the Emergency Service Organization. As the hazards of emergency service work have changed and evolved, our program has also evolved to keep pace with them. That's why VFIS is America's leading provider of insurance products to Emergency Service Organizations and is widely considered the premier provider of accident and sickness insurance protection throughout the United States and Canada.

<sup>1</sup> *National Fire Protection Association Journal, Nov./Dec. 2016.*

## Preface

This proposal provides an abbreviated description of the benefits available under the VFIS Accident and Sickness policies underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. For a complete description of the coverages, please refer to the policy for your state. In all cases, the actual policy governs coverage.

We, us, or ours in this proposal refers to National Union Fire Insurance Company of Pittsburgh, Pa.

All benefits described in this proposal must arise out of and result from an Insured Person's participation in a Covered Activity. The term "member" used throughout this proposal refers to an Insured Person.

Throughout this proposal, key items such as policy definitions and benefit tables are included in text boxes for your ease of reference. Capitalized terms are defined in the policy. The actual policy providing benefits will be issued, and will contain reductions, limitations, exclusions, and termination provisions.

**Coverage may vary by state. Refer to policy for specific coverage language and benefit amounts.**

## Risk Management

Emergency Service Organizations are faced with many challenges. They are responsible for protecting lives and property in an ever changing environment. Much time is spent dealing with complex financial and legal aspects of your organization.

You have requested this Accident and Sickness insurance proposal from VFIS to help cover your members. Although well known for our specialized insurance products, VFIS is equally recognized as the national leader in providing risk management services to help our clients identify and reduce their exposure to loss.

Your most important responsibility extends to the health and safety of your personnel. As part of VFIS's commitment to help you with this responsibility, we have developed a comprehensive series of training and educational programs that are provided at little or no cost to clients who purchase our insurance products. While insurance coverage is designed to transfer financial responsibility of loss, it is just as important that we offer resources to help you potentially prevent a loss from occurring or if it does occur, limit its impact.

Following are a few of the education and training programs that VFIS provides, which may be useful to help protect your personnel. We would be happy to help you implement any of these programs. Please contact VFIS to get started.

**We are here to help.**

**VFIS Patient Handling** addresses proper EMS patient movement, partner pairing, maximum unassisted lifting weights and limitations of equipment. The program includes an instructor's guide, participant manual, a CD-ROM and video. This program will help your organization provide training to minimize strains and sprains while lifting.

The **VFIS Infectious Disease Program** is available to assist you in the development and implementation of your administrative and operational infection control program. The program includes an instructor's guide and participant manual.

The **VFIS Emergency Vehicle Driver Training Program** is available to provide the basis for your driver training program. The program includes an instructor's guide, participant manual, CD-ROM for PowerPoint, and competency course video. VFIS Risk Control Communiqués on Intersections, Response Speed, and Warning Devices are also available to help your organization develop standard operating guidelines.

As a VFIS client, you may request these training resources which are available at no charge.

**Visit [vfis.com](http://vfis.com) today.**

## Who is Covered Under the Accident and Sickness Program?

Coverage is provided for all membership classes including auxiliary members, junior members, members-in-training, officers, directors, trustees and administrative personnel.

Non-member volunteers asked by the organization to help in non-emergency events (e.g. fundraising) are also covered.

Deputized bystanders are covered at the time of the emergency while participating in the emergency.

Benefits do not change based on membership class. For example, junior members are entitled to the same benefits as fully trained emergency response volunteers.

Benefits are also available for career members for an additional premium.

**Insured Person(s)** – means any officially designated member of the **Policyholder** and/or **Participating Organization** while acting as:

- (1) a volunteer member for the **Policyholder** and/or **Participating Organization**;
- (2) any junior member or member in training;
- (3) any commissioner, director, trustee or other similar position associated with the **Policyholder** and/or **Participating Organization**;
- (4) any bystander deputized at the time of the emergency by an official of the **Policyholder** and/or **Participating Organization** to assist in an emergency, but only during the actual emergency;
- (5) any auxiliary member;
- (6) any non-member who is requested to participate by the auxiliary or **Policyholder** and/or **Participating Organization**;
- (7) any member who receives remuneration for on-call duty or out of pocket expenses and
- (8) **Administrative Personnel**;

Subject to the following:

An **Insured Person** will not include a **Paid Employee** while acting within the scope of his or her employment unless the policy is specifically endorsed to provide coverage for career members, except for **Administrative Personnel**.

**Paid Employee(s)** – means a person who receives compensation and works an average of 25 hours or more per week for the **Policyholder** and/or **Participating Organization**. The time frame used to determine the average hours or the salaried schedule will be the same time frame used to calculate the **Average Weekly Wage**. **Paid Employee** does not include **Administrative Personnel**.

## When Does Coverage Apply?

Coverage is provided when a member performs any normal duty of the emergency service organization when under the direction of an officer, whether it is an emergency or non-emergency duty.

Travel to and from these duties is covered.

Good Samaritan Acts are also covered.

Most non-league sport activities held on behalf of and for the benefit of the department are covered. We do not provide benefits for football, hockey, lacrosse, soccer, boxing events, rugby or martial arts.

League Sports can be covered but will require a separate rider purchased in addition to the base policy.

**Covered Activity** – means any activity, including travel directly to and from such activity, which is a normal duty of an **Insured Person**, including any:

- (1) emergency response for fire suppression and rescue or emergency medical activity;
- (2) training exercise which simulates an emergency and where active physical participation is required;
- (3) **Firematic Events or Contests**;
- (4) class room training;
- (5) fund-raising activities including athletic activities solely for the purpose of raising funds for the **Policyholder** and/or **Participating Organization** or other non-profit organization when such fund-raising is performed as an activity of the **Policyholder** and/or **Participating Organization**, except any form of football, hockey, lacrosse, soccer, boxing, rugby or martial arts;
- (6) official functions attended primarily by members of the **Policyholder** and/or **Participating Organization** for which the purpose is to further the business of the **Policyholder** and/or **Participating Organization** (i.e. installation dinners, banquets, etc.);
- (7) official conventions, conferences or meetings of emergency fire, rescue or medical personnel attended by the **Insured Person** on behalf of the **Policyholder** and/or **Participating Organization** including personal travel and activities related to attending such convention, conference or meeting;
- (8) participation in pre-approved covered athletic events or programs conducted on the premises of the **Policyholder** and/or **Participating Organization**;
- (9) authorized public safety education events; and
- (10) administrative or maintenance duties.

Under no circumstances is there coverage for participation in the athletic events listed in Exclusion number 9.

The **Covered Activity** must be performed at the direction, or with the knowledge, of an officer of the **Policyholder** and/or **Participating Organization**, unless immediate action is required of the **Insured Person** at the scene of an emergency not on behalf of the **Policyholder** and/or **Participating Organization** or any other organization.

## DEATH BENEFITS

### Accidental Death or Illness Loss of Life

We will pay a Death Benefit when a member dies as a result of an Injury or Illness that occurs:

- a. during a specific Covered Activity; or
- b. due to a covered Injury or Illness; or
- c. due to a heart attack or stroke within 48 hours of an emergency response or training exercise requiring active physical participation.

**Injury(ies)** – means accidental bodily injury sustained by the **Insured Person**:

- (1) during and resulting from an **Insured Person's** participation in a specific **Covered Activity** while coverage under this policy is in force as to the **Insured Person**;
- (2) which directly (independent of sickness, disease, mental incapacity or any other cause) causes a loss to the **Insured Person**; and
- (3) which is not otherwise defined as an **Illness**.

The term **Injury**, for the purposes of this policy, will not include human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC), or any heart or circulatory malfunction.

**Illness(es)** – means any disease, sickness, or infection of an **Insured Person** while coverage under this policy is in force as to the **Insured Person**. The **Illness** must:

- (1) manifest itself during a specific **Covered Activity** with the result that the **Insured Person** interrupts his or her participation in such **Covered Activity** in order to receive immediate **Medical Treatment**; or
- (2) directly result from participation in a **Covered Activity** and also result in the **Insured Person** receiving **Medical Treatment** within 48 hours of participation in such **Covered Activity**. The requirement that **Medical Treatment** be received within 48 hours is waived for **Infectious Diseases**; or
- (3) **Illness** also includes the **Mandatory Quarantine** of an **Insured Person**.

No Illness Loss of Life Benefit will be payable if an Accidental Death Benefit is payable under the policy, or if, as a direct result of participation in the same Covered Activity, an HIV Positive Benefit was paid to the member under the policy.

### Seat Belt Benefit

We will pay an additional amount if a member was wearing a properly fastened seat belt at the time of a motor vehicle accident which caused death.

### Safety Vest Benefit

We will pay an additional amount if a member was wearing an approved safety vest and death occurs when struck as a pedestrian at a motor vehicle accident or while directing traffic.

### Military Death Benefit

We will pay a Death Benefit if a Covered Person's death occurs due to bodily injury while serving in the United States Military or their respective Guard or Reserve units. Death must occur within 12 months.

**Covered Person** - means all members who are listed on the **Policyholder** and/or **Participating Organization's** roster. The roster will be maintained and periodically updated by the **Policyholder** and/or **Participating Organization**. The roster will be kept on file by the **Policyholder** and/or **Participating Organization**.

### Dependent Child And Education Benefit

If a Death Benefit is payable, We will pay an additional benefit for each surviving Dependent Child which can be used for anything at the payee's discretion, including costs for education, living expenses, grief counseling, etc.

**Dependent Child** - means any unmarried child of the **Insured Person** who was dependent upon the **Insured Person** and either claimed on the **Insured Person's** most recent or final federal tax return, or was dependent as a result of a legally enforceable agreement filed with a court or other administrative body.

### Spousal Support And Education Benefit

If a Death Benefit is payable, We will pay an additional benefit to the surviving spouse of a married member. This benefit can be used for anything at the spouse's discretion including education, final expenses, grief counseling, etc.

### Memorial Benefit

If a Death Benefit is payable, then the deceased member's department will receive an additional lump sum benefit. This benefit can be used for anything at the department's discretion, such as final expenses incurred by the department, establishing a memorial or trust fund or financial assistance to beneficiaries. This benefit is payable for each such death.

### Dependent Elder Benefit

If a Death Benefit is payable, We will pay a benefit for each surviving Dependent Elder.

**Dependent Elder** - means any parent, parent-in-law, grandparent, grandparent-in-law, great grandparent or great grandparent-in-law of the **Insured Person** who was dependent upon the **Insured Person** and claimed on the **Insured Person's** final federal tax return.

### Repatriation Benefit

If a Death Benefit is payable, We will pay the expense to transport the deceased member when their body is beyond a 30 mile radius from their current primary residence at the time of death resulting from a Covered Activity.

## LUMP SUM LIVING BENEFITS

### Accidental Dismemberment And Paralysis Benefit

If a member sustains a covered Injury and suffers dismemberment or paralysis, a lump sum benefit will be payable based on the extent of the Injury.

#### Accidental Dismemberment and Paralysis Chart

<u>For Loss of:</u>	<u>% of Principal Sum Payable</u>
Quadriplegia .....	200%
Paraplegia .....	200%
Hemiplegia .....	200%
Uniplegia .....	100%
Both Hands or Both Feet .....	100%
One Hand and One Foot .....	100%
Entire Sight of Both Eyes .....	100%
One Hand and Entire Sight of One Eye .....	100%
One Foot and Entire Sight of One Eye .....	100%
Speech and/or Hearing .....	100%
One Arm or One Leg .....	100%
One Hand or One Foot.....	50%
Entire Sight of One Eye .....	50%
Both Thumbs .....	50%
One Thumb.....	25%
Each Joint of a Finger or Toe.....	10%

**Vision Impairment Benefit**

If a member sustains a covered Injury which causes permanent vision impairment, a lump sum will be payable to the member based on the extent of the Injury. This chart shall apply separately to each eye.

**Vision Impairment Chart**

<b><u>Vision Impairment</u></b>	<b><u>% of Vision Impairment Benefit Payable Per Each Eye</u></b>
20/20.....	0.00%
20/30.....	2.75%
20/40.....	5.50%
20/50.....	8.25%
20/60.....	11.00%
20/80.....	16.50%
20/100.....	22.00%
20/120.....	28.00%
20/150.....	36.00%
20/180.....	44.50%
20/200 or poorer.....	50.00%

In no event will benefits be paid for both Vision Impairment Benefit and Accidental Dismemberment and Paralysis Benefit for an Injury to the same eye sustained while participating in the same Covered Activity.

**Permanent Damage** - means with reference to the eyes, irreparable **Injury** which results in permanently impaired vision, but not in total and irrecoverable loss of sight.

**Injury Permanent Impairment Benefit**

A lump sum benefit will be paid to any member who suffers a Permanent Impairment as a result of an Injury. An impairment value is assigned after the member has reached maximum medical rehabilitation, and the member’s medical condition is considered stable or non-progressive.

To calculate the benefit paid, the Physician uses the “Guides to the Evaluation of Permanent Impairment” published by the American Medical Association to determine the impairment rating.

If a member has an Injury resulting in Quadriplegia, Paraplegia or Hemiplegia, 200% of the Principal Sum is payable. Uniplegia will be paid at 100% of the Principal Sum.

Benefits for an Injury due to a Permanent Impairment paid under this provision will be in addition to any Accidental Dismemberment Benefit or Vision Impairment Benefit paid or payable under the policy. However, in no event will the total amount of benefits payable as a result of any one accident exceed 100% of the largest Principal Sum shown in the Schedule for these benefits, unless:

- (1) the Permanent Impairment rating for an Injury is 90% or higher in which case 125% of the Principal Sum is payable, or
- (2) an Injury resulting in Quadriplegia, Paraplegia or Hemiplegia, in which case 200% of the Principal Sum is payable.

**Permanent Impairment** - means a medical condition which is a physical or functional abnormality or loss, which remains after the maximum medical rehabilitation has been achieved, and which is considered stable or non-progressive by the **Physician** at the time an evaluation is made.

**Physician(s)** - means any duly licensed medical practitioner:  
 (1) who is acting within the scope of his or her license; and  
 (2) who is not the **Insured Person** or an **Immediate Family Member**.





## Heart Permanent Impairment Benefit

This lump sum benefit is payable if a member suffers a Heart Permanent Impairment which results in at least 26 weeks of Total Disability.

**Heart Permanent Impairment Benefit Chart**

Left Ventricular Ejection Fraction	New York Heart Association Functional Classification	Heart Permanent Impairment Benefit Due
26 to 30% function	Class II	25%
26 to 30% function	Class III or IV	50%
21 to 25% function	Class II or III	50%
21 to 25% function	Class IV	75%
Less than 21% function	Class II or III	75%
Less than 21% function	Class IV	100%

The benefit due is calculated by multiplying the benefit percentage due and the Principal Sum. The benefit is further modified by the member's age on the date of the heart impairment, according to the following table:

- Age 40 or less – 125% of the amount payable
- Age 41 to 65 – 75% of the amount payable
- Age 66 or over – 50% of the amount payable

No benefit is payable if a member had a pre-existing Left Ventricular Ejection Fraction of 35% or lower prior to the Covered Activity causing the Heart Permanent Impairment.

**Heart Permanent Impairment** - means a medical condition which is a physical and functional abnormality or loss as a consequence of an **Insured Person** sustaining a heart impairment as a result of a **Covered Activity**, resulting in:

- (1) a "Left Ventricular Ejection Fraction" of 30% or less; and
- (2) a "New York Heart Association Functional Classification" of II, III, or IV; and
- (3) at least 26 weeks of **Total Disability**.

**Left Ventricular Ejection Fraction** - means a clinically used measure of the percentage of blood the heart is able to eject from the left ventricle.

**New York Heart Association Functional Classification** is a standard measurement of how heart function affects activities of daily living. Below is a summary of the New York Heart Association Classification:

- I. No symptoms and no limitation in ordinary physical activity.
- II. Mild symptoms and slight limitation during ordinary activity. Comfortable at rest.
- III. Marked limitation in activity due to symptoms, even during less-than-ordinary activity. Comfortable only at rest.
- IV. Severe limitations. Experiences symptoms even while at rest.

## Illness Permanent Impairment Benefit

If an Illness to a member results in 260 weeks of Total Disability Benefits, the following percentage of the Illness Permanent Impairment Benefit shown in the schedule will be payable:

- 50% If the member is unable to return to their occupation.
- 75% If the member is unable to return to any Gainful Occupation.
- 125% If the member has been approved or, if not eligible, otherwise meets the eligibility criteria for Social Security disability benefits.

If a member has received a Heart Permanent Impairment Benefit and later becomes eligible for payment under this benefit for the same condition, the amount payable under this benefit is reduced by the amount previously paid under the Heart Permanent Impairment Benefit. The percentages shown above will also apply to the total amount payable.

### Cosmetic Disfigurement Resulting from Burns Benefit

If a member suffers a cosmetic disfigurement due to a burn classified as a full thickness or third degree burn, as a result of an Injury, We will provide a lump sum benefit to the member.

The payment amount is based on the amount of surface area and body part burned. Burns to body parts that are more visible will result in a higher benefit than burns occurring to less visible body parts.

#### Cosmetic Burn Chart

Body Part	Area Classification	Maximum Allowable % for Area Surface Burned	Maximum % of Cosmetic Disfigurement from Burns Principal Sum
Face, Neck, Head	11	9.0%	100%
Hand and Forearm (Right or Left)	5	4.5%	22.5%
Upper Arm (Right or Left)	3	4.5%	13.5%
Torso (Front or back)	2	18.0%	36.0%
Thigh (Right or Left)	1	9.0%	9.0%
Lower Leg (Below Knee) (Right or Left)	3	9.0%	27.0%

#### Example using the Cosmetic Burn Chart

- (a) if 100% of the surface of the right hand and forearm were burned the benefit would be  $5 \times 4.5\% = 22.5\%$  of the Cosmetic Disfigurement Resulting from Burns Principal Sum payable; or
- (b) if 50% of surface of the right hand and forearm were burned the benefit would be  $5 \times 2.25\%$  (which is 50% of 4.5) = 11.25% of the Cosmetic Disfigurement Resulting from Burns Principal Sum payable.

If the **Insured Person** suffers burns in more than one area as a result of any one accident, benefits will not exceed more than 100% of the Cosmetic Disfigurement Resulting from Burns Principal Sum.

Any Cosmetic Disfigurement Resulting from Burns Benefit paid or payable under this policy will be in addition to any Accidental Dismemberment Benefit, Injury Permanent Impairment, Heart Permanent Impairment, or Illness Permanent Impairment Benefit paid or payable under this policy. However, in no event will the total amount of benefits payable as a result of any one accident exceed 100% of the largest Principal Sum shown in the **Schedule** for these benefits.

### HIV Positive Lump Sum Living Benefit

If a member contracts Human Immunodeficiency Virus (HIV) as a direct result of participation in a specific Covered Activity a lump sum benefit is payable to the member.

If either the Illness Loss of Life Benefit or the Illness Permanent Impairment Benefit is payable and the HIV Positive Lump Sum Living Benefit is also payable, only the largest lump sum amount will be paid.

**HIV Positive** - means the presence of **HIV** antibodies in the blood of an **Insured Person** as substantiated through both a positive screening test (enzyme-linked immunosorbent assay, ELISA) and a positive supplemental test such as Western Blot. All such tests must be approved by the Food and Drug Administration (FDA) with the interpretation of positivity as specified by the manufacturer(s).

### WEEKLY INCOME BENEFITS

#### Total Disability Benefit/Weekly Income Benefit

If a member is unable to perform all of the material and substantial duties of their own occupation because of an Injury or Illness, We will pay the Total Disability Weekly Income Benefit.

#### Total Disability, Totally Disabled - means,

- (1) For an **Insured Person** with an occupation producing wages as described in the definition of **Average Weekly Wage**, the inability to perform all of the material and substantial duties of his or her own occupation.
- (2) If the **Insured Person** does not have an occupation producing wages as described in the definition of **Average Weekly Wage, Total Disability, Totally Disabled** means:
  - (a) the inability to perform all of the material and substantial duties of an occupation for which the **Insured Person** is qualified by reason of education, training, or experience; or
  - (b) the inability to perform all of the regular activities of the **Insured Person** prior to the covered **Injury** or **Illness**.

The **Insured Person** must be under the regular care of a **Physician** during **Total Disability**.



- **First 28 Days of Total Disability**

For the first 28 days of Total Disability, the Total Disability Benefit Amount selected will be paid regardless of the amount of lost income and is not coordinated with income from other sources (e.g. Workers' Compensation).

- **After 28 Days of Total Disability**

We will pay up to 100% of the member's pre-disability average income not to exceed the weekly benefit amount shown in the Schedule. The amount payable will be offset by Other Valid and Collectible Insurance or payable Workers' Compensation.

**Other Valid and Collectible Insurance** – means any:

- (1) group plan, program, or insurance policy;
- (2) other group hospital, surgical or medical benefit plan;
- (3) union welfare plans or group employer or employee benefit programs;
- (4) no-fault automobile insurance plan or similar law; or
- (5) regular or disability benefits paid under a Retirement Program after the commencement of Partial Disability or Total Disability benefits under this policy.

**Other Valid and Collectible Insurance** will not include benefits provided by the United States Social Security Act or any individual disability insurance plans.

**Retirement Program** - means any normal, early, or disability retirement benefit, provided by the **Policyholder** and/or **Participating Organization**, state, union or other entity where eligibility and/or benefits are based on employment with the **Policyholder** and/or **Participating Organization**.

After 52 weeks of Total Disability, on July 1<sup>st</sup> disability benefits will increase a minimum of 5% up to 10% maximum based on the Consumer Price Index.

**Payment Example for the Fifth Week of Disability:**

Amount on Schedule after 28 days	\$400
Member's Average Weekly Wage:	\$1,000
Workers' Compensation Payment:	\$400
We will pay:	\$400

Based on your benefit selection, Total Disability is payable

- (1) up to two hundred sixty (260) weeks, or
- (2) up to 520 weeks under Extended Total Disability, or
- (3) up to age 70 under Long-Term Total Disability.

### Partial Disability Benefit/Weekly Income Benefit

If a member is unable to perform one or more, but not all, of the duties of their own occupation because of an Injury or Illness, We will pay the Partial Disability Weekly Income Benefit shown in the Schedule for the first 28 days of Partial Disability. The calculation will be similar to the Total Disability Benefit after 28 days.

The benefit for Partial Disability is payable for up to 52 weeks.

**Partial Disability, Partially Disabled** - means

- (1) For an **Insured Person** with an occupation producing wages as described in the definition of **Average Weekly Wage**, the inability to perform one or more, but not all, of the material and substantial duties of his or her own occupation.
- (2) If the **Insured Person** does not have an occupation producing wages as described in the definition of **Average Weekly Wage, Partial Disability, Partially Disabled** means:
  - (a) the inability to perform one or more, but not all, of the material and substantial duties of an occupation for which the **Insured Person** is qualified by reason of education, training, or experience; or
  - (b) the inability to perform one or more, but not all, of the regular activities of the **Insured Person**.

The **Insured Person** must be under the regular care of a **Physician** during **Partial Disability**.

If 52 weeks of Total Disability has been paid and the Consumer Price Index applied to the benefit, should the member become Partial/Partially Disabled, the Consumer Price Index will be applied on July 1<sup>st</sup> to the Partial Disability Benefit at a minimum of 5% up to 10% maximum.

The definition of Illness is expanded to include Mandatory Quarantine, which allows Us to reimburse wages lost due to a government mandated quarantine intended to contain an Infectious Disease.

**Mandatory Quarantine** - means period of isolation intended to limit the spread of an **Infectious Disease**. The **Mandatory Quarantine** of an **Insured Person** must be ordered by appropriate medical officials while acting under the authority of the local, state or federal government.



## OCCUPATIONAL RETRAINING BENEFIT

If an Injury or an Illness prevents a member from holding a Gainful Occupation, We will pay Covered Retraining Expenses. This benefit is paid if the member enrolls in an institution of higher learning or a professional or trade training program. The objective of any professional or trade training program must be to return the member to a job for which he or she is suited. The professional or trade training program must be agreed upon by Us and the member.

**Gainful Occupation** - means a job for which an **Insured Person** is qualified by reason of education, training or experience, which has a reasonable expectation to provide more than 85% of pre-disability earnings.

**Covered Retraining Expenses** includes, but is not limited to, expenses for tuition, books, and any other training materials required by the institution of higher learning or professional or trade training program.

## WEEKLY INJURY PERMANENT IMPAIRMENT (LIFETIME) BENEFIT

We will pay a weekly benefit if a member suffers a Permanent Impairment of 50% or greater due to a covered Injury. The benefit is payable:

- weekly for life
- even if the member returns to work in any job
- in addition to any benefit paid or payable under the policy.

Payments begin on the 261st week of disability or 521st week if the Extended Total Disability is selected. The weekly payment is calculated by applying the impairment rating percentage to the Weekly Income Benefit received by the member on the 29th day of Total Disability.

Subsequent changes in the Permanent Impairment rating due to an Injury will not affect the Weekly Injury Permanent Impairment Benefits paid or payable.

**Permanent Impairment** - means a medical condition which is a physical or functional abnormality or loss, which remains after the maximum medical rehabilitation has been achieved, and which is considered stable or non-progressive by the **Physician** at the time an evaluation is made.

### Example:

If the Total Disability Weekly Income Benefit payable on the 29th day of Total Disability is \$600.00 and the member's Permanent Impairment rating is 70%, the lifetime Weekly Injury Permanent Impairment Benefit would be \$420 per week ( $\$600 \times 70\% = \$420$ ).

## **MEDICAL EXPENSE BENEFITS**

**Reasonable and Customary Expense** – means an expense which:

- (1) is charged for treatment, supplies or medical services medically necessary to treat the **Insured Person's** condition;
- (2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and
- (3) does not include charges that would not have been made if no insurance existed.

### **Medical Expense Benefits**

If Injury or Illness causes a member to incur expenses for medical care, We will pay the cost of any Reasonable and Customary Expenses.

Medical expenses include items such as:

- medical, Hospital, or surgical treatment
- Home Health Care
- nursing services prescribed and monitored by a Physician
- Post-exposure Prophylaxis Protocol (PEP) treatment, when such treatment is advised by the attending Physician
- Infectious Disease screening tests
- Post-exposure preventive inoculations as a result of participation in a Covered Activity

### **Cosmetic Plastic Surgery Benefit**

If a member needs skin grafting or plastic surgery because of an Injury for which Medical Expense Benefits are paid or payable, We will pay for the Reasonable and Customary Expenses of the surgery, up to the policy limit

### **Post-Traumatic Stress Disorder Benefit**

We will pay Reasonable and Customary Expenses when a member suffers from Post-Traumatic Stress Disorder as a result of participation in a specific Covered Activity in which a Traumatic Incident occurred.

**Post-Traumatic Stress Disorder** - means emotional stress resulting from a **Traumatic Incident** experienced by an **Insured Person** which adversely affects the psychological and physical well-being of the **Insured Person**.

### **Critical Incident Stress Management Benefit**

When the department requires the services of a Critical Incident Stress Management Team, We will pay the expenses incurred by the team. These expenses include meals, lodging and necessary travel.

The team must be requested and authorized by the Policyholder and needed due to a specific Covered Activity where a Traumatic Incident occurred.

**Critical Incident Stress Management Team (CISMT)** - means a formally organized group of mental health professionals and peer support individuals trained to provide support services to emergency service personnel. Such support services include stress debriefing, defusing, demobilization, stress education, spousal support, one-on-one interviews or on the scene support.

**Traumatic Incident** – means an abnormal experience, outside the range of usual human experiences and includes, but is not limited to:

- (1) line-of-duty death or serious injury to other **Insured Persons**;
- (2) a single incident having multiple casualties;
- (3) death or serious injury of a child; and
- (4) dealing with victims known to the **Insured Person**.

### **Family Expense Benefit**

When a member is admitted as an inpatient to a Hospital for a covered Injury or Illness, We will pay a daily benefit to the member.

After such Hospital confinement, We will provide 50% of the scheduled daily benefit for each day the member participates in Out-Patient Physical Therapy. This benefit is payable for a combined maximum of 26 weeks for any one accidental Injury or Illness regardless of whether it is paid at 100% or 50%.

### **Family Bereavement and Trauma Counseling Benefit**

We will pay this benefit if an Accidental Death or Illness Loss of Life Benefit is payable, or if a member's participation in a Covered Activity in which a Traumatic Incident occurred, requires a member's spouse, Dependent Child, or resident Immediate Family Member to require counseling.

### TRANSITION BENEFIT

We will pay a weekly Transition Benefit equivalent to the last Total Weekly Disability Benefit if, while a member is receiving Total Disability benefits, they are involuntarily terminated from their regular employment and remain unemployed after Total Disability ends under this plan. This benefit is payable as long as the member remains unemployed up to a maximum of 26 weeks.

### FELONIOUS ASSAULT BENEFIT

This benefit is payable if a member suffers an Injury or Illness as the result of a Felonious Assault that is directed at the member while participating in a Covered Activity.

Only one benefit is payable for all losses as a result of the same Felonious Assault.

**Felonious Assault** - means any willful or unlawful use of force upon the **Insured Person**:

- (1) with the intent to cause bodily injury to the **Insured Person**; and
- (2) that results in bodily harm to the **Insured Person**; and
- (3) that is a felony or a misdemeanor in the jurisdiction in which it occurs.

### HOME ALTERATION AND VEHICLE MODIFICATION BENEFIT

We will pay for home alteration and vehicle modification expenses incurred within three years of the date of Injury or Illness, if a member requires alterations to their home and/or modifications to their vehicle as a direct result of a covered permanent and irrevocable loss. This benefit is payable in excess of benefits paid or payable under any Workers' Compensation act, no fault automobile insurance plan, and any Other Valid and Collectible Insurance.

**Home Alteration and Vehicle Modification Expenses** - means one-time expenses that:

- (1) are charged for:
  - (a) alterations to the **Insured Person's** residence that are necessary to make the residence accessible and habitable for an impaired individual; and
  - (b) modifications to a motor vehicle owned or leased by the **Insured Person** or modifications to a motor vehicle newly purchased for the **Insured Person** that are necessary to make the vehicle accessible to and/or drivable by the **Insured Person**; and
- (2) do not include charges that would not have been made if no insurance existed; and
- (3) do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred;

but only if the alterations to the **Insured Person's** residence and the modifications to his or her motor vehicle are:

- (1) made on behalf of the **Insured Person**;
- (2) in compliance with any applicable laws or requirements for approval by the appropriate government authorities; and
- (3) agreed to and approved by **Us**.

## OPTIONAL BENEFITS

### **Weekly Hospital Benefit**

When a member requires inpatient hospitalization or outpatient physical therapy for either an Injury or Illness, We will pay this benefit in addition to the Weekly Income Benefit.

This benefit is payable for a maximum period of 104 weeks.

If the member is in an intensive, cardiac or critical care unit, the Weekly Hospital Benefit Amount shown in the Schedule is doubled.

### **First Week Total Disability Benefit**

A member will receive an additional payment for the first week of Total Disability as a result of an Injury or Illness. If the member is Totally Disabled for less than one full week, We will pay a daily benefit for each day of disability. This daily benefit will be 1/7 of the scheduled weekly benefit.

This benefit is paid in addition to other weekly income benefits.

### **Coordinated 28 Day Total Disability Benefit**

A member will receive 100% of the difference between their Average Weekly Wage, and the Total Disability Weekly Amount (first 28 days) payable under the policy plus any disability income benefits received from Workers' Compensation or similar law during the first 28 Days of Total Disability. If the member is Totally Disabled for less than one full week, We will pay a daily benefit for each day of disability. This daily benefit will be 1/7 of the scheduled weekly benefit.

### **Extended Total Disability Benefit**

If the Extended Total Disability is shown on the Schedule the maximum Total Disability Benefit period is increased from five years (260 weeks) to 10 years (520 weeks). This benefit is payable if the member is Totally Disabled due to an Injury or Illness. Total Disability Definition continues to apply to your own occupation.

### **Long-Term Total Disability Benefit**

If the Long-Term Total Disability Benefit is shown on the Schedule the Total Disability Benefit is payable to age 70. This benefit is payable if a member is Totally Disabled due to an Injury or Illness.

#### **Long-Term Total Disability** – means

- (1) For an **Insured Person** with an occupation producing wages as described in the definition of **Average Weekly Wage** at the time **Total Disability** benefits become payable, **Long-Term Total Disability** means the inability to perform all of the material and substantial duties of any **Gainful Occupation**.
- (2) For an **Insured Person** who did not have an occupation producing wages as described in the definition of **Average Weekly Wage** at the time **Total Disability** benefits become payable, **Long-Term Total Disability** means:
  - (a) the inability to perform all of the material and substantial duties of an occupation for which the **Insured Person** is qualified by reason of education, training, or experience; or
  - (b) the inability to perform any two of six activities of daily living of the **Insured Person**. Activities of daily living include mobility, eating, elimination, cognition, personal hygiene and dressing.

After 10 years of Total Disability the definition of disability will be based on any Gainful Occupation when the Long-Term Total Disability Benefit is provided.

**Gainful Occupation** - means a job for which an **Insured Person** is qualified by reason of education, training or experience, which has a reasonable expectation to provide more than 85% of pre-disability earnings.

### **Cost of Living Adjustment (COLA) Benefits**

If Weekly Injury Permanent Impairment COLA or Long-Term Total Disability COLA is shown on the Schedule, the amount payable will be increased after benefits have been paid for at least 52 consecutive weeks. The percentage of increase, a minimum of 5% up to 10% maximum, is based on the increase in the Consumer Price Index.

**Consumer Price Index** - means the consumer price index published by the U.S. Department of Labor's Bureau of Labor Statistics for All Urban Consumers, All Items (CPI-U).



## EXCLUSIONS

### **Extra Expense Benefit**

After 26 weeks of a member's Total Disability due to a covered Injury or Illness, the member will receive the Extra Expense Benefit Monthly Amount. This benefit will cease when the member is no longer Totally Disabled, or the maximum amount shown in the schedule is paid.

### **Organized Team Sports Rider**

This benefit provides accidental death, accidental dismemberment, total disability, or medical expense benefits if death or Injury to a member results from participation in (including travel directly to and from) a specific organized team league event, including a game or practice.

#### **OPTIONAL 24-HOUR or OFF-DUTY ACCIDENT BENEFITS**

For 24-Hour and Off-Duty Accident Benefits, Covered Person means:

**Covered Person** - means all members who are listed on the **Policyholder** and/or **Participating Organization's** roster. The roster will be maintained and periodically updated by the **Policyholder** and/or **Participating Organization**. The roster will be kept on file by the **Policyholder** and/or **Participating Organization**.

### **24-Hour Accident Benefit – Injury Only**

This benefit provides a lump sum amount if a Covered Person dies or suffers dismemberment, vision loss or paralysis due to bodily injury. This benefit is paid if death, dismemberment, vision loss or paralysis occurs during a Covered Activity or an off-duty activity.

### **Off-Duty Accident Benefit – Injury Only**

This benefit provides a lump sum amount if a Covered Person dies or suffers dismemberment, vision loss or paralysis due to bodily injury. This benefit is paid only if death, dismemberment, vision loss or paralysis does not occur during a Covered Activity.

**Please note: Coverage provided under the optional 24-Hour or Off-Duty Benefits cannot be issued until a roster listing the covered members is submitted.**

We will not cover any loss caused by or resulting from:

- (1) suicide or any attempt at it; or intentionally self-inflicted injuries;
- (2) injuries that happen while flying except:
  - (a) as a passenger on a commercial aircraft;
  - (b) as a passenger on any aircraft while taking part in a Covered Activity;
- (3) injuries that happen while flying as a crew member or during parachute jumps from the aircraft;
- (4) war or any act of war, whether declared or undeclared;
- (5) mental or emotional disorders, except as specifically provided for covered Post-Traumatic Stress Disorder;
- (6) treatment of alcoholism or drug addiction and any complications arising from it, except loss caused by Injury sustained during and resulting from a Covered Activity;
- (7) illness, except as provided by the policy;
- (8) military service of any state or country;
- (9) any form of football, hockey, lacrosse, soccer, boxing, rugby and martial arts;
- (10) any league sports event, except as covered under the Organized Team Sports Rider; or
- (11) Cancer.

This is only a brief description of the coverage(s) available under policy series V50000. The policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the policy. If there are any conflicts between this document and the policy, the policy shall govern. Insurance underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 15th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.





**VACORP**

**2017-2018**

**Workers' Compensation Coverage Proposal  
for**

**Frederick County Volunteer Fire and EMS**



For additional information, contact:  
Stephanie Heintzleman  
1315 Franklin Road SW  
Roanoke, VA 24016  
Phone: (844) 986-2705

**Presented: April 5, 2017**

Package coverages, terms, conditions and exclusions are only briefly outlined. For complete provisions please refer to the coverage contract.



**VACORP**

**We provide the most extensive coverage and service  
at stable and extremely competitive pricing.**

## **Why VACORP?**

### **Member-Owned, Member Governed**

VACORP provides coverage and risk management expertise to local government entities throughout Virginia. By pooling risks, members enjoy the benefits of comprehensive coverage, cost savings, and price stability. Unlike a commercial carrier, VACORP is governed by a Supervisory Board that is comprised of pool members that have a common interest. As a member governed organization, VACORP knows and understands its members' needs and has a proven record of quickly responding to the changes in state laws and mandates.



### **Services and Resources**

VACORP uses its expertise to custom design services to meet the specific needs of each member, including risk management consultations and on-site trainings.

- Customized risk management programs designed specifically for each member based on claims/risks
- Hot topic workshops presented in various regions across Virginia
- Case Management services provided by nursing professionals
- Medical Bill Review to ensure cost effective treatment for injured employees
- Nurse triage services available by trained professionals
- Live and recorded training webinars
- Online Training Courses



VACORP is pleased to provide this information. Coverage details are provided in the proposal documents. Please let us know if you need additional information.



### Workers' Compensation

- VACORP provides the most affordable and responsive Workers' Compensation coverage available.
- VACORP provides leading medical bill review and case management services to ensure cost effective treatment and return to work for injured employees.

### Coverages

Workers' compensation coverage is provided in accordance with and limited to the Virginia Workers' Compensation Act and Employers Liability.

### Employers' Liability

Bodily Injury by Accident	\$1,000,000
Bodily Injury by Disease (Per Person)	\$1,000,000
Bodily Injury by Disease (Per Accident)	\$1,000,000

Classification	Code	Payroll	Rate (Per \$100 Payroll)	Contribution
Firefighters-Volunteer	7711	\$1,022,400	\$7.28	\$74,431
<b>Total Payroll:</b>		<b>\$1,022,400</b>		
			Manual Contribution	\$74,431
			Experience Modification	1.00
			Modified Contribution	\$74,431
			Premium Discount	(\$7,852)
			Scheduled Debit/Credit	\$0
			<b>Total Estimated Annual Contribution</b>	<b>\$66,579</b>

This proposal is based on 284 volunteers performing duties on behalf of Frederick County.

The classifications and codes shown are established by the National Council on Compensation Insurance (NCCI) and are the same as those used by insurance companies in Virginia.

Rates have been filed with the State Corporation Commission and are subject to approval.

Subject to Audit and Annual Adjustment



## COUNTY of FREDERICK, VIRGINIA

DEPARTMENT OF PUBLIC SAFETY COMMUNICATIONS

1080 Coverstone Drive, Winchester, VA 22602

### MEMORANDUM

LeeAnna Pyles  
Director,  
Public Safety  
Communications

**TO:** Board of Supervisors

**FROM:** LeeAnna Pyles,  
Director Public Safety Communications

**SUBJECT:** Public Safety Committee Meeting.  
Report for June 15, 2017

**DATE:** July 5, 2017

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A meeting of the Public Safety Committee was held on Thursday June 15, 2017 at 8:30 a.m. at the Frederick County Public Safety Building, 1080 Coverstone Drive, Winchester, VA.

Committee members present were: Committee Chairman Gene Fisher, Gary Lofton, Walter Cunningham, Helen Lake and Blaine Dunn. Member Chuck Torpy was not present. Also in attendance were Fire & Rescue Chief Denny Linaburg, County Attorney Rod Williams, Deputy Fire Chief Larry Oliver, Assistant County Attorney Erin Swisshelm, Communications Director LeeAnna Pyles, Deputy County Administrator for Human Services Jay Tibbs, Sheriff Lenny Millholland, Fire Marshal Jay Bauserman and Deputy Director of Emergency Management Chester Lauck. The following items were discussed:

**\*\*\*Item Not Requiring Action\*\*\***

**1. Presentation from VaCorp and VFIS (see attached):**

The Committee heard a presentation from VACoRP and VFIS in regards to workman's compensation and accident/injury coverage for Volunteer Fire & Rescue personnel. VACoRP representative Stephanie Heintzelman outlined the VACoRP program. She then introduced Scott King with VFIS who discussed the accident/injury portion of claims filed that are not deemed workman's compensation. This program could be beneficial to the Volunteer work force. Missi Neal, Administrative Assistant in the Fire & Rescue department stated that the total cost for the department could go up approximately \$43,769 for FY18.

*The Public Safety Committee referred this matter go to the Finance Committee for their consideration with the Fire & Rescue staff providing more details, and that the County consider the workman's compensation coverage and the VFIS \$34,804 basic premium.*



## **Frederick County Board of Supervisor's**

### **Finance/Audit Committee Charter**

#### **I. Organization**

There shall be a committee of the Board of Supervisors ("Board") of Frederick County, Virginia ("County") known as the Finance Committee ("Committee"). The Committee shall be comprised of three (3) members of the Board of Supervisors who will be appointed by the Chairman of the Board, with one appointed as Chair, three (3) citizen members as appointed by the Chairman of the Board, and two (2) non-voting liaisons: the County Treasurer and the County Commissioner of the Revenue. The Finance Director will serve as secretary of the Committee with the duties including preparing agendas and reports to the Board. This Charter shall govern the Committee with regard to its duties and responsibilities. The goal of the Committee shall be to provide oversight for all financial policies, procurement policy, financial planning, risk management, debt issuance, budget development and other fiscal related issues.

#### **II. Purpose**

The primary function of the Committee is to review matters of a financial nature including proposed changes to fiscal/procurement policies and the review and recommendation for matters of a financial nature coming forward to the Board including, but not limited to, supplemental appropriations, transfers and contracts. The Committee's primary duties and responsibilities are as follows:

- To provide to the Board means for determining the manner in which policies, programs, and resources authorized by the Board are being deployed by management consistent with the intent of the Board and in compliance with all appropriate statutes, ordinances, and directives.
- Develop and submit reports, draft policies and/or recommendations regarding audits and the finances of the County to the full Board for its consideration.
- To serve as the Audit Committee to assist the Board in carrying out its oversight responsibilities by reviewing financial information provided in the County's annual financial report.

The Committee will primarily fulfill these responsibilities by carrying out the activities enumerated in Section IV of this Charter.

#### **III. Meetings and Quorum**

The Committee shall meet monthly or more or less frequently as circumstances dictate. The Chairman of the Board, the Chair of the Committee, or a majority of the Committee members may call or cancel meetings of the Committee. The Chair of the Committee shall prepare or approve an agenda in advance of each meeting. The County Administrator and the Director(s) with the responsibilities for finance shall be invited to all meetings. Other management officials and counsel to the Board may be invited as necessary. With the exception of Directors, the Chair may excuse any non-Committee members from attendance at any meeting or portion of any meeting. A majority of the total Committee composition shall constitute a quorum for the purposes of conducting the business of the Committee.

#### **IV. Responsibilities**

The Committee shall have the following duties and responsibilities:

##### **A. Finance**

1. Review and advise the Board and senior management of the County with respect to finance initiatives, policies and procedures, including activities relating to procurement.
2. Provide direction during the preparation of the annual budget. Review the County Administrator's final budget proposal and provide recommendations to the Board with respect to those proposals including tax rates and fees.
3. Review and advise the Board on supplemental appropriation requests, transfers and change orders as dictated by policy.
4. Review the budgetary and financial implications of management's tactical and strategic plans.
5. Review periodic or interim budget and/or financial statements to ensure the County is operating within approved financial and budgetary allocations and that the County is appropriately safeguarding its financial resources.

##### **B. Audit**

1. Perform independent review and execute oversight of the financial reporting process, internal controls and independent auditors.
2. Provide a forum separate from management in which auditors and other interested parties can discuss the annual audit.
3. Meet with the external auditors during the entrance and exit conferences and at other times as needed or upon request of the external auditors. Review and approve the annual external audit engagement letter.
4. Manage the County's internal audit function including review and approval of the internal annual audit work plan, reports and recommendations. The internal auditor shall report functionally to the Chair of the committee or designee. The Committee chair, along with the County Administrator and Finance Director, shall conduct annual evaluations of the auditor's performance. The Committee Chairman shall participate in decisions regarding the appointment of the internal auditor and the acceptance of the internal audit plan.

##### **C. Other Duties Related to Review, Reports and Improvement Procedures**

1. Review and reassess annually the adequacy of this Charter, and conduct an annual self-assessment of this Committee's performance.
2. Report all meetings of the Committee to the Board on the matters discussed at each Committee meeting, as appropriate.

3. Perform any other activities consistent with this Charter, the County's goals, objectives and governing law, as the Committee or the Board deems necessary or appropriate.

Original: Adopted by Board of Supervisors 1/25/2012

Revisions:

9/9/2013: reduced Board of Supervisor representatives from four (4) to three (3)

9/29/2014: no changes

10/21/2015: no changes

DATE	DEPARTMENT/GENERAL FUND	REASON FOR TRANSFER	FROM	TO	ACCT	CODE	AMOUNT
7/1/2017	COMMISSIONER OF THE REVENUE	COR PROMOTIONS	1209	1001	000	002	3,711.00
	COMMISSIONER OF THE REVENUE		1209	1001	000	003	2,643.00
	COMMISSIONER OF THE REVENUE		1209	1001	000	058	2,312.00
	COMMISSIONER OF THE REVENUE		1209	1001	000	064	3,375.00
	COMMISSIONER OF THE REVENUE		1209	1001	000	069	3,965.00
	COMMISSIONER OF THE REVENUE		1209	2001	000	000	1,224.00
	COMMISSIONER OF THE REVENUE		1209	2002	000	000	1,472.00
	REASSESSMENT/BOARD OF ASSESSORS		1210	1003	000	000	(10,702.00)
	REASSESSMENT/BOARD OF ASSESSORS		1210	1006	000	000	(8,000.00)
7/1/2017	REGISTRAR	SALARY INCREASES	1302	1001	000	001	12,004.00
	REGISTRAR		1302	2001	000	000	918.30
	REGISTRAR		1302	2002	000	000	1,104.36
	REGISTRAR		1302	2006	000	000	157.25
	REGISTRAR		1302	2011	000	000	10.80
	TRANSFERS/CONTINGENCY		9301	5890	000	000	(14,194.71)
7/1/2017	CLERK OF THE CIRCUIT COURT	CLERK'S STORAGE UNIT	9301	5890	000	000	(1,601.00)
	CLERK OF THE CIRCUIT COURT		2106	9002	000	000	1,601.00
7/14/2017	PUBLIC SAFETY COMMUNICATION	AMHERST PRE-EMPLOYMENT TESTS	3506	3002	000	000	70.00
	PUBLIC SAFETY COMMUNICATION		3506	5413	000	000	(70.00)
7/14/2017	PUBLIC SAFETY COMMUNICATION	BUY WATER INVOICE	3506	3010	000	000	35.80
	PUBLIC SAFETY COMMUNICATON		3506	5413	000	000	(35.80)
7/17/2017	SHERIFF	FORFEITED ASSET FUNDS TXF for VEHICLES	3102	5413	000	008	(124,280.05)
	SHERIFF		3102	8005	000	000	124,280.05
7/20/2017	SHERIFF	RETURN UNUSED FUNDS FOR VEHICLE PURCHASE	3102	5413	000	008	9,874.86
	SHERIFF		3102	8005	000	000	(9,874.86)



## **Budget Calendar**

### **FY 2018-19**

July 12, 2017	Board of Supervisors Budget Worksession
July 13, 2017	CA meets with Department Heads to discuss BOS Budget Worksession
July 19, 2017	Finance Committee discusses Property Tax Relief
August 16, 2017	Finance Committee discusses Personal Property Tax on Airplanes and continues discussion on Property Tax Relief.
September 20, 2017	Year End Financials presented to Finance Committee.
October 5, 2017	County Administrator discusses upcoming Budget requests and changes at staff meeting
October 18, 2017	Finance Committee Chairman presents Budget Directive to Finance Committee
October 26, 2017	Budget requests and directive sent to Departments
November 27, 2017	Budget requests from departments and outside agencies due back to the Finance Department
December 20, 2017	Budget Worksession following Finance Committee meeting. Preliminary discussion on notebooks, scenarios and department presentations.
January 17, 2018	Budget Worksession following Finance Committee meeting. Possible department presentations
January 31, 2018	Budget Worksession – Time to be determined
February 14, 2018	Budget Worksession prior to BOS meeting
February 21, 2018	Budget Worksession following Finance Committee meeting. Possible department presentations.
February 28, 2018	Budget Worksession prior to BOS meeting
March 7, 2018	Final Worksession before budget advertisement
March 12, 2018	Budget Advertisement in newspaper
March 21, 2018	Public Hearing on Budget
April 11, 2018	Budget Adoption



**COUNTY OF FREDERICK  
OUTSIDE AGENCY FUNDING REQUEST  
FISCAL YEAR 2018-2019**

The County of Frederick, Virginia provides funding allocations based on available resources to regional agencies that deliver services to residents of Frederick County. Allocations are subject to an annual review and decision process as part of the yearly budget process, and allocations may be subject to reduction or discontinuation. An allocation one year does not guarantee future allocations.

**HOW TO APPLY**

To be considered for funding, applicant agencies must complete the application using the instructions provided. Applications may be submitted electronically, by mail, or delivered in person. It is preferred that agencies submit the application, including required attachments, as a single electronic file. Electronic submissions must be in the same format as hard copy submissions.

**All applications must be complete and received by 5:00 p.m. on Monday, November 27, 2017 at the following location:**

Attn: Jennifer L. Place, Risk Manager/Budget Analyst  
County of Frederick, Virginia  
Finance Department  
107 North Kent Street  
Winchester, VA 22601

Questions about this application may be directed to Jennifer Place at 540.665.5610 or via e-mail at [jplace@fcva.us](mailto:jplace@fcva.us).

**BACKGROUND**

Funding is distributed to agencies that provide direct services contributing to the economic development, education, health, and/or well being of Frederick County citizens. Funds have previously been allocated based on available resources. The following factors have been considered in evaluating applications:

- The agency's mission is consistent with the County's overall service mission;
- There is documented need for the agency's program or service;
- There are demonstrated positive results for the program or service;
- The program or service provides a direct benefit to Frederick County residents;
- The program or service enhances County functions;
- There are documented efforts by the agency to secure funding from other sources;
- The agency has the administrative resources to administer funds and to implement/oversee the program or service.

**PROPOSAL PREPARATION**

**A. Agency Information**

<b>Agency Name:</b>	
<b>Agency Address:</b>	
<b>Agency Phone:</b>	<b>Agency Fax:</b>
<b>Website:</b>	<b>Federal Tax ID #:</b>
<b>Contact Person(name, job title and email address):</b>	
<b>Agency's E-mail Address :</b>	<b>Contact Phone Number:</b>
<b>Funding Request Amount:</b>	
<b>Signature of Authorized Individual*:</b>	

\*By signing this document you agree that you are in compliance with all local, state, and federal laws.

**B. General Information. Responses may not exceed a total of two pages for all questions in this section.**

1. Mission
2. Unduplicated clients/individuals served between July 1, 2016 and June 30, 2017
3. Number of households served between July 1, 2016 and June 30, 2017
4. Number of Frederick County households served between July 1, 2016 and June 30, 2017

**C. Agency Services. Respond to each of the following items. Responses may not exceed a total of 5 pages for all questions in this section.**

1. Please provide a brief description of the services provided in Frederick County, including:
  - a) Program activity and description;
  - b) How many years you have provided the service and client service numbers for the last three (3) years;
2. Please explain your collaborations with other agencies within Frederick County (including County departments) who may be providing similar or related programs.
3. Please explain the positive impacts your services will have on Frederick County.
4. Please describe specifically how you will use Frederick County funds.
5. Please describe how the amount of funds requested from Frederick County was determined.
6. Please provide copy of latest audit.

7. For currently funded agencies; what would the impact be if Frederick County does not contribute to your agency? For new requests, how would your agency utilize County funds? Explain how your organization uses Frederick County funding as leverage to obtain funding from other sources and what other efforts are made to obtain funding.

**Financial Information**

	<b>FY 18</b>	<b>FY 19 Requested/Planned</b>
<b>FUNDING SOURCES</b>		
County of Frederick Budget Appropriation		
Other Local Governments (Please list):		
▪		
▪		
▪		
State Government		
Federal Government		
Fundraising		
Other Funding		
<b>TOTAL</b>		
<b>Frederick County funds as % of Total funding sources</b>	%	%
<b>BUDGET</b>		
<b>TOTAL PERSONNEL</b>		
<b>TOTAL OPERATIONS</b>		
<b>CAPITAL PROJECTS</b>		
<b>TOTAL BUDGET</b>		

**Attachments**

Please provide copies of the following documents related to your agency:

- Most recent audit report (state reason if no audit has been conducted)
- Verification of Internal Revenue Service (IRS) status (501(c)3 or other), such as valid correspondence from the IRS stating the agency’s tax status
- If applicable, the agency’s most recent completed IRS form 990

PO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	PO Description
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21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	8/07/2014	6,199,898.00		00	CONSTRUCTION OF NEW ROUND HILL
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	10/07/2014	369,930.23-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	11/07/2014	385,912.79-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	11/17/2014	4,683.71		00	RELOCATION OF EXISTING SVBC
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	11/17/2014	53,329.23		00	INSTALL MULTIPLE UTILITY
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	12/10/2014	357,379.82-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	1/27/2015	519,121.62-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	1/28/2015	2,364.74		00	ADD'L WORK REQUIRED
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	2/20/2015	492,502.50-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	3/20/2015	180,871.07-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	4/22/2015	296,802.59-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	5/18/2015	3,539.00		00	REMOVAL OF EXIST PHONE LINE
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	5/22/2015	263,958.95-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	5/26/2015	9,547.14		00	UPGRADE SPINNING WHEEL LN
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	5/27/2015	14,560.81		00	CHG DR HWRE, ADD'L WIRING
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	5/27/2015	.00		00	EXTEND CONTRACT DATE
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	6/16/2015	28,689.47		00	ELEC SERV ENTRANCE CHG
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	6/16/2015	5,077.49		00	AID ELEC HOIST & TROLLEY BEAM
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	6/16/2015	346.40		00	REL DOUBLE DRS & NEW FRAME
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	6/24/2015	685,140.52-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	7/24/2015	213,229.07-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	8/17/2015	4,901.50		00	RADIO MAST AND WEATHERHEAD
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	8/17/2015	.00		00	GAS APPLIANCE & ANSUL VALVE
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	8/17/2015	4,709.68		00	HOSE RACK AT HOSE TOWER
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	8/17/2015	470.92-		00	HOSE TOWER LADDER AT CATWALK
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	8/17/2015	.00		00	CONCRETE DECK SUPPORT
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	8/25/2015	427,725.82-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	9/11/2015	.00		00	EXTEND SUBSTANTIAL COMPL. DATE
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	10/08/2015	572,506.67-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	10/21/2015	10,586.54		00	REV CONDUIT RUN-TOWER
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	10/21/2015	7,533.56		00	IT MEETING REV
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	10/21/2015	14,654.83		00	MECH/PLMB PERMIT MCD
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	10/21/2015	2,189.30		00	KITCHEN EQUIP REV
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	10/22/2015	324,114.59-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	12/23/2015	400,025.57-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	1/27/2016	127,558.30-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	2/08/2016	254,012.14-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	12/22/2016	35,000.00-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	12/26/2016	86,348.25-		00	PURCHASE ORDER REDUCTION
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	4/06/2017	312,081.59-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	4/12/2017	518.41-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	6/13/2017	2,400.00-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	7/13/2017	50,000.00-		00	
21688	009711	CALDWELL & SANIMYER INC	4026-012260-8800-000-003-	7/13/2017	8,999.98-	.00	00	
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21882	003868	FERRY ENGINEERING CO INC	4027-012270-5413-000-009-	2/05/2016	7,099,000.00		00	IFB #2015-06C
21882	003868	FERRY ENGINEERING CO INC	4027-012270-5413-000-009-	4/20/2016	817,339.28-		00	
21882	003868	FERRY ENGINEERING CO INC	4027-012270-5413-000-009-	5/20/2016	559,303.87-		00	
21882	003868	FERRY ENGINEERING CO INC	4027-012270-5413-000-009-	6/27/2016	694,991.07-		00	
21882	003868	FERRY ENGINEERING CO INC	4027-012270-5413-000-009-	7/26/2016	857,203.04-		00	
21882	003868	FERRY ENGINEERING CO INC	4027-012270-5413-000-009-	8/15/2016	23,456.95		00	SNOWDEN BRIDGE BOULEVARD
21882	003868	FERRY ENGINEERING CO INC	4027-012270-5413-000-009-	8/24/2016	1,300,544.16-		00	
21882	003868	FERRY ENGINEERING CO INC	4027-012270-5413-000-009-	9/23/2016	700,289.32-		00	
21882	003868	FERRY ENGINEERING CO INC	4027-012270-5413-000-009-	10/25/2016	614,182.16-		00	

PO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	PO Description
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21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	11/28/2016	577,204.74-		00	
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	12/27/2016	558,503.30-		00	
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	1/05/2017	7,764.45		00	SNOWDEN BRIDGE BOULEVARD
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	1/25/2017	94,149.30-		00	
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	2/13/2017	326,511.16-		00	
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	3/15/2017	85,390.65		00	SNOWDEN BRIDGE BOULEVARD
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	5/23/2017	76,565.65-		00	
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	5/23/2017	8,825.00-		00	
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	5/24/2017	13,122.00		00	SNOWDEN BRIDGE BOULEVARD
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	6/08/2017	13,122.00-		00	
21882	003868	PERRY ENGINEERING CO INC	4027-012270-5413-000-009-	6/08/2017	30,000.00-		00	
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21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	5/06/2016	2,125,770.00		00	COO LANDFILL
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	6/27/2016	263,768.82-		00	
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	7/26/2016	232,761.78-		00	
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	8/24/2016	444,755.60-		00	
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	9/06/2016	17,046.50		00	CHANGE ORDER #1
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	9/23/2016	539,571.96-		00	
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	10/25/2016	288,973.37-		00	
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	11/28/2016	254,934.78-		00	
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	2/14/2017	4,489.65		00	CHANGE ORDER #2
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	5/10/2017	83,566.69-		00	
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	5/10/2017	15,174.53-		00	
21926	005267	HETZER INC C WILLIAM	4012-042040-8900-000-001-	6/23/2017	23,798.62-		00	
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						.00 *		
21963	006224	BOLAND	4010-043040-8001-000-000-	6/21/2016	33,768.00		00	TRACER SYSTEM HVAC CONTROLS CH
21963	006224	BOLAND	4010-043040-8001-000-000-	1/20/2017	11,818.80-		00	
21963	006224	BOLAND	4010-043040-8001-000-000-	3/22/2017	19,754.28-		00	
21963	006224	BOLAND	4010-043040-8001-000-000-	6/21/2017	2,194.92-		00	
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						.00 *		
21964	005472	WILSONS ASPHALT	4010-043040-8900-000-000-	6/21/2016	12,260.00		00	PARKING LOT REPAIRS AT CAB
21964	005472	WILSONS ASPHALT	4010-043040-8900-000-000-	12/08/2016	7,312.50-		00	
21964	005472	WILSONS ASPHALT	4010-043040-8900-000-000-	6/23/2017	4,947.50-	.00	00	
21964	005472	WILSONS ASPHALT	4010-043040-8900-000-006-	6/21/2016	28,820.00		00	PARKING LOT REPAIRS AT BOWMAN
21964	005472	WILSONS ASPHALT	4010-043040-8900-000-006-	9/23/2016	16,050.00-		00	
21964	005472	WILSONS ASPHALT	4010-043040-8900-000-006-	11/28/2016	12,770.00-		00	
						.00		
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						.00 *		
22016	005006	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	10/05/2016	341,000.00			DELTA AMEND 14
22016	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	10/25/2016	13,042.00-			
22016	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	12/22/2016	6,272.82-			
22016	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	1/25/2017	5,072.50-			
22016	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	2/22/2017	12,617.68-			
22016	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	3/23/2017	8,173.91-			
22016	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	4/24/2017	5,363.12-			
22016	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	5/23/2017	5,866.90-			

PO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	PO Description
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22016	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	7/13/2017	4,368.94-			
22016	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	7/21/2017	27,139.37-	253,082.76		
						-----		
						253,082.76 *		
22022	005205	GALLS LLC	4010-031020-5410-000-000-	10/13/2016	8,475.00			HI LITE XP111A W/ 2 CARRIERS
22022	005205	GALLS LLC	4010-031020-5410-000-000-	2/22/2017	4,079.74-	4,395.26		
						-----		
						4,395.26 *		
22029	010113	QUALITY PIPE CLEANING CO	4026-012260-8800-000-003-	10/20/2016	3,540.00	3,540.00		INSPECTION OF STORM SEWER
						-----		
						3,540.00 *		
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	11/03/2016	4,290.00		00	YOUTH BASKETBALL GILDAN 8000
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	11/03/2016	6,570.00		00	THANKSGIVING 5K GILDAN 8400
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	11/03/2016	1,497.50		00	HS VOLLEYBALL ALL SPORT M1009
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	11/03/2016	599.00		00	RUNNING CLUB ALL SPORT M1009
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	11/03/2016	1,198.00		00	YOUTH TRIATHLON AL SPORT M1009
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	11/03/2016	712.80		00	SWIM TEAM GILDAN 8000
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	11/03/2016	438.00		00	AQUATIC STAFF GILDAN 8400
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	11/03/2016	243.00		00	AQUATIC STAFF GILDAN 8000
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	11/03/2016	351.75		00	AQUATIC STAFF NEXT LEVEL 6233
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	12/08/2016	6,156.00-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	12/22/2016	188.76-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	12/22/2016	1,042.47-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	1/24/2017	1,295.58		00	YOUTH BASKETBALL GILDAN 8000
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	1/25/2017	362.36-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	1/25/2017	463.32-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	1/25/2017	926.64-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	1/25/2017	694.98-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	1/25/2017	310.88-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	1/25/2017	628.05-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	1/25/2017	875.16-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	1/25/2017	90.09-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	3/23/2017	544.80-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	5/10/2017	786.69-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	6/23/2017	1,104.30-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	6/23/2017	409.00-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	6/23/2017	227.70-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	6/23/2017	746.35-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	6/23/2017	324.50-		00	
22034	010071	EXPRESS PRESS	4010-071040-5410-000-000-	6/23/2017	793.50-	520.08	00	
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						520.08 *		
22035	005114	GENERAL EXCAVATION INC	4085-081030-8801-000-336-	11/08/2016	1,830,505.00			NORTHSIDE CONNECTOR CONSTR
22035	005114	GENERAL EXCAVATION INC	4085-081030-8801-000-336-	7/21/2017	195,842.50-	1,634,662.50		
						-----		
						1,634,662.50 *		
22066	005006	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	2/23/2017	7,000.00		00	DEE PROGRAM UPDATE

PO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	PO Description
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22066	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	4/06/2017	5,600.00-		00	
22066	003802	DELTA AIRPORT CONSULTANTS	4085-081030-8801-000-336-	7/13/2017	1,400.00-	.00	00	
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						.00 *		
22071	000625	CONSOLIDATED ELECTRIC	4010-071100-3004-000-003-	3/01/2017	6,862.00	6,862.00		REPLACE 60' POLE ON BALLFIELD
						-----		
						6,862.00 *		
22073	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	3/07/2017	22,545.20		00	GLOBE #D1253-G JACKET
22073	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	3/07/2017	19,591.80		00	GLOBE #E1253-G TROUSERS
22073	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	3/07/2017	213.07		00	GLOBE #D1253-G LETTERING
22073	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	3/07/2017	.00		00	SHIPPING INCLUDED PER
22073	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	3/07/2017	.00		00	REQUEST TO HAVE GEAR IMPORTED
22073	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	6/21/2017	42,327.19-		00	
22073	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	6/21/2017	22.88-	.00	00	
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						.00 *		
22076	010261	RINKER DESIGN ASSOCIATES	4085-081030-8801-000-170-	3/09/2017	9,500.00			RELOCATION SERVICES OF TENANT
22076	010261	RINKER DESIGN ASSOCIATES	4085-081030-8801-000-170-	4/24/2017	1,674.97-			
22076	010261	RINKER DESIGN ASSOCIATES	4085-081030-8801-000-170-	5/23/2017	132.23-			
22076	010261	RINKER DESIGN ASSOCIATES	4085-081030-8801-000-170-	6/08/2017	142.10-	7,550.70		
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						7,550.70 *		
22079	005879	SODEXO WOOD CO	4031-081020-5413-000-000-	3/13/2017	4,426.00		00	BUSINESS & EDUCATION SUMMIT
22079	005879	SODEXO WOOD CO	4031-081020-5413-000-000-	7/21/2017	875.00-		00	
22079	005879	SODEXO WOOD CO	4031-081020-5413-000-000-	7/21/2017	2,624.00-		00	
22079	005879	SODEXO WOOD CO	4031-081020-5413-000-000-	7/21/2017	927.00-	.00	00	
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						.00 *		
22081	008568	ATLANTIC TACTICAL INC	4010-031020-5409-000-000-	3/15/2017	6,164.50			RA223M 69 GRAIN .223 ROUNDS
22081	008568	ATLANTIC TACTICAL INC	4010-031020-5409-000-000-	3/15/2017	2,442.40			RM40TA 165 GRAIN ROUND
22081	008568	ATLANTIC TACTICAL INC	4010-031020-5409-000-000-	3/15/2017	16,849.00			USA40SN 165 GRAIN ROUND
22081	008568	ATLANTIC TACTICAL INC	4010-031020-5409-000-000-	6/21/2017	19,291.40-	6,164.50		
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						6,164.50 *		
22084	005802	SHEEHY FORD OF RICHMOND	4010-031020-8005-000-000-	3/27/2017	89,256.00			2017 POLICE INTERCEPTOR SUV
22084	005802	SHEEHY FORD OF RICHMOND	4010-031020-8005-000-000-	3/27/2017	101,420.00	190,676.00		2016 POLICE INTERCEPTOR SEDAN
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						190,676.00 *		
22085	008568	ATLANTIC TACTICAL INC	4011-033010-5409-000-000-	4/04/2017	481.04			DUTY HOLSTER RT HAND
22085	008568	ATLANTIC TACTICAL INC	4011-033010-5409-000-000-	4/04/2017	206.16			DUTY HOLSTER LEFT HAND
22085	008568	ATLANTIC TACTICAL INC	4011-033010-5409-000-000-	4/04/2017	259.90			QUIC-KIT3
22085	008568	ATLANTIC TACTICAL INC	4011-033010-5409-000-000-	4/04/2017	1,732.50			RECEIVING PLATE
22085	008568	ATLANTIC TACTICAL INC	4011-033010-5409-000-000-	4/04/2017	1,732.50	4,412.10		UNIVERSAL BELT LOOP
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PO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	PO Description
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22086	000390	MOTOROLA SOLUTIONS INC	4010-031020-5409-000-000-	4/04/2017	6,548.84		00	APX6500 W/ ACCESSORIES
22086	000390	MOTOROLA SOLUTIONS INC	4010-031020-5409-000-000-	7/21/2017	6,190.76-		00	
22086	000390	MOTOROLA SOLUTIONS INC	4010-031020-5409-000-000-	7/21/2017	358.08-	.00	00	
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						.00 *		
22088	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5407-000-000-	4/11/2017	5,062.33		00	AV 3000 HI FACE PIECES & MISC.
22088	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5407-000-000-	6/21/2017	4,164.15-		00	
22088	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5407-000-000-	6/21/2017	898.18-	.00	00	
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						.00 *		
22089	006966	WITMER PUBLIC SAFETY	4010-035050-5410-000-000-	4/11/2017	1,897.96		00	BULLARD HELMET
22089	006966	WITMER PUBLIC SAFETY	4010-035050-5410-000-000-	4/11/2017	1,127.46		00	PGI NOMEX FACE/NECK SHROUD
22089	006966	WITMER PUBLIC SAFETY	4010-035050-5410-000-000-	4/11/2017	948.98		00	BULLARD HELMET
22089	006966	WITMER PUBLIC SAFETY	4010-035050-5410-000-000-	6/21/2017	1,127.46-		00	
22089	006966	WITMER PUBLIC SAFETY	4010-035050-5410-000-000-	6/21/2017	2,846.94-	.00	00	
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						.00 *		
22090	008310	INDIAN SPRINGS MFG CO INC	4010-035050-5605-000-002-	4/14/2017	4,140.00		00	VARIOUS UPGRADE KITS FOR
22090	008310	INDIAN SPRINGS MFG CO INC	4010-035050-5605-000-002-	4/14/2017	66.00		00	SHIPPING & HANDLING
22090	008310	INDIAN SPRINGS MFG CO INC	4010-035050-5605-000-002-	6/21/2017	4,206.00-	.00	00	
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						.00 *		
22092	009070	DISYS SOLUTIONS INC	4010-053160-5401-000-000-	4/27/2017	3,355.00		00	CISCO PHONES
22092	009070	DISYS SOLUTIONS INC	4010-053160-5401-000-000-	6/21/2017	3,355.00-	.00	00	
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						.00 *		
22093	008877	MS COMMUNICATIONS	4010-035060-8003-000-000-	4/27/2017	14,712.00		00	UPGRADE BROADBAND PATH TOWER
22093	008877	MS COMMUNICATIONS	4010-035060-8003-000-000-	7/13/2017	14,712.00-	.00	00	
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						.00 *		
22095	010306	STAR COMPUTER SUPPLY LLC	4010-031020-5409-000-005-	4/27/2017	25,827.50		00	SEIKO THERMAL PRINTER
22095	010306	STAR COMPUTER SUPPLY LLC	4010-031020-5409-000-005-	6/23/2017	25,827.50-	.00	00	
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						.00 *		
22096	005283	SUNGARD PUBLIC SECTOR INC	4010-031020-5409-000-005-	4/27/2017	28,075.00			ELECTRONIC SUMMONS SOFTWARE
22096	010405	SUPERIGN LLC	4010-031020-5409-000-005-	6/23/2017	21,835.00-	6,240.00		
						-----		
						6,240.00 *		
22098	010317	JUPITER ASSOCIATES LLC	4010-035050-5404-000-000-	4/28/2017	2,716.00		00	TRUEBLOT WOUND PACKING
22098	010317	JUPITER ASSOCIATES LLC	4010-035050-5404-000-000-	6/21/2017	2,716.00-	.00	00	
22098	010317	JUPITER ASSOCIATES LLC	4010-035050-5411-000-000-	4/28/2017	6,714.75		00	PREHOSPITAL TRAUMA LIFE

EO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	PO Description
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22098	010317	JUPITER ASSOCIATES LLC	4010-035050-5411-000-000-	5/04/2017	527.95		00	INSTRUCTOR'S TOOLKIT CD
22098	010317	JUPITER ASSOCIATES LLC	4010-035050-5411-000-000-	5/04/2017	172.95		00	INSTRUCTOR'S TEST BANKS CK
22098	010317	JUPITER ASSOCIATES LLC	4010-035050-5411-000-000-	6/21/2017	7,415.65-	.00	00	
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						.00 *		
22099	004748	CHANNING L BETE CO INC	4010-035050-5404-000-000-	4/28/2017	528.00		00	FAST 1 TRAINER W/FAST1
22099	004748	CHANNING L BETE CO INC	4010-035050-5404-000-000-	4/28/2017	2,600.00		00	LIFE/FORM CRICOTHYROTOMY
22099	004748	CHANNING L BETE CO INC	4010-035050-5404-000-000-	7/21/2017	3,128.00-	.00	00	
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						.00 *		
22100	005411	EMERGENCY MEDICAL	4010-035050-5404-000-000-	4/28/2017	3,950.00		00	LAERDAL AIRWAY MANAGEMENT
22100	005411	EMERGENCY MEDICAL	4010-035050-5404-000-000-	6/21/2017	3,950.00-	.00	00	
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						.00 *		
22101	007013	COMPROD COMMUNICATIONS	4010-035060-3004-000-001-	5/03/2017	4,999.92		00	MULTICOOPER AND INSTALLATION
22101	007013	COMPROD COMMUNICATIONS	4010-035060-3004-000-001-	6/21/2017	5,312.35-		00	
22101	007013	COMPROD COMMUNICATIONS	4010-035060-3004-000-001-	6/21/2017	312.43	.00	00	
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						.00 *		
22102	001867	BOB BARKER COMPANY INC	4011-033010-5410-000-001-	5/03/2017	245.76		00	JUMPSUIT NAVY MEDIUM
22102	001867	BOB BARKER COMPANY INC	4011-033010-5410-000-001-	5/03/2017	737.28		00	JUMPSUIT NAVY SIZE XL
22102	001867	BOB BARKER COMPANY INC	4011-033010-5410-000-001-	5/03/2017	737.28		00	NAVY JUMPSUIT SIZE 2XL
22102	001867	BOB BARKER COMPANY INC	4011-033010-5410-000-001-	5/03/2017	737.28		00	JUMPSUIT NAVY SIZE 3XL
22102	001867	BOB BARKER COMPANY INC	4011-033010-5410-000-001-	5/03/2017	420.00		00	JUMPSUIT NAVY SIZE 4XL
22102	001867	BOB BARKER COMPANY INC	4011-033010-5410-000-001-	5/03/2017	234.00		00	LETTERING CN JUMPSUITS
22102	001867	BOB BARKER COMPANY INC	4011-033010-5410-000-001-	7/21/2017	3,084.60-		00	
22102	001867	BOB BARKER COMPANY INC	4011-033010-5410-000-001-	7/21/2017	27.00-	.00	00	
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						.00 *		
22103	006771	GANDE ENTERPRISES INC	4010-035060-3004-000-001-	5/04/2017	4,672.00	4,672.00		TKR750 BASE STATIONS
						-----		
						4,672.00 *		
22104	004534	GOVCONNECTION INC	4026-012260-8800-000-003-	5/04/2017	7,991.87			MONDOPAD SYSTEM & ACCESSORIES
22104	004534	GOVCONNECTION INC	4026-012260-8800-000-003-	6/21/2017	6,751.87-			
22104	004534	GOVCONNECTION INC	4026-012260-8800-000-003-	6/21/2017	115.00-	1,125.00		
						-----		
						1,125.00 *		
22105	005899	DOCUMENT SOLUTIONS INC	4010-012100-8007-000-000-	5/11/2017	9,070.00	9,070.00		KONICA MINOLTA C458
						-----		
						9,070.00 *		
22106	005397	SOUTHERN COMPUTER	4010-042010-5401-000-000-	5/12/2017	3,973.38	3,973.38		PROJECTOR/TABLE BUNDLE
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3,973.38 \*

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PO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	PO Description
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22107	010324	HORIZON DISTRIBUTORS INC	4010-071100-5407-000-000-	5/12/2017	3,685.50	3,685.50		HR LELY SPREADER LEL-59-1000
						-----		
						3,685.50 *		
22108	001230	ALEAN TRACTOR CO INC	4010-043040-3004-000-005-	5/19/2017	8,346.52	8,346.52		WATER PUMP GENERATOR PSE
						-----		
						8,346.52 *		
22109	009949	BUCKS FABRICATING	4010-042030-8006-000-000-	5/19/2017	9,050.00			CUSTOM 30 YD RECYCLER
22109	009949	BUCKS FABRICATING	4010-042030-8006-000-000-	5/19/2017	7,810.00	16,860.00		CUSTOM 40 YD RECEIVER CAN
						-----		
						16,860.00 *		
22110	008548	INTERRA GLOBAL CORP	4012-042040-5413-000-001-	5/19/2017	28,512.00			GRANULAR SILICA GEL
22110	008548	INTERRA GLOBAL CORP	4012-042040-5413-000-001-	5/19/2017	2,100.00	30,612.00		FREIGHT SILICA MEDIA
						-----		
						30,612.00 *		
22111	010358	LINAFHN SERVICES LLC	4011-033010-3004-000-003-	5/23/2017	4,000.00		00	RECEPTACLES IN MEDICAL
22111	010358	LINAFHN SERVICES LLC	4011-033010-3004-000-003-	5/23/2017	2,750.00	6,750.00	00	RECEPTACLES IN PROPERTY
						-----		
						6,750.00 *		
22112	010366	PREMIER CONSTRUCTION	4010-035060-3004-000-001-	5/23/2017	5,150.00	5,150.00		INSTALL ANTENNAS
						-----		
						5,150.00 *		
22113	009230	SENSORCON INC	4010-035050-5605-000-002-	5/24/2017	3,864.00	3,864.00		CARBON MONOXIDE DETECTOR
						-----		
						3,864.00 *		
22114	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	5/24/2017	5,100.00		00	GLOBE MES CROSSFIRE KNIGHT 14"
22114	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	5/24/2017	2,589.28		00	PRO WARRINGTON 14" STRUCTURAL
22114	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	5/24/2017	150.00		00	SHIPPING & HANDLING
22114	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	7/21/2017	5,100.00		00	
22114	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	7/21/2017	2,589.28		00	
22114	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	7/21/2017	150.00	.00	00	
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						.00 *		
22115	001109	MIRACLE RECREATION	4010-071030-8900-000-000-	5/25/2017	92,722.00	92,722.00		NATURAL PLAY AREA PLAYGROUND
						-----		
						92,722.00 *		
22116	005205	CALLS LLC	4010-031020-5410-000-000-	6/06/2017	9,693.00	9,693.00		GUARDIAN GEN 1.5 CARRIER
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						9,693.00 *		

EO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	FO Description
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22117	010383	HALL AUTOMOTIVE	4010-071040-8005-000-000-	6/08/2017	22,712.47	22,712.47		2017 DODGE CARAVAN
						-----		
						22,712.47 *		
22118	010296	TACTICAL DISTRIBUTORS	4010-031020-5410-000-001-	6/08/2017	2,590.00			G3COMBAT PANTS
22118	010296	TACTICAL DISTRIBUTORS	4010-031020-5410-000-001-	6/08/2017	2,030.00			G3 COMBAT SHIRT MULTICAM
22118	010296	TACTICAL DISTRIBUTORS	4010-031020-5410-000-001-	6/08/2017	350.00			AIRFLEX COMBAT KNEE PAD
22118	010296	TACTICAL DISTRIBUTORS	4010-031020-5410-000-001-	6/08/2017	276.64			AIRFLEX ELBOW PAD
22118	010296	TACTICAL DISTRIBUTORS	4010-031020-5410-000-001-	6/08/2017	30.00	5,276.64		SHIPPING
						-----		
						5,276.64 *		
22119	004534	GOVCONNECTION INC	4011-033010-5401-000-000-	6/12/2017	3,937.70		00	DOCUMENT SCANNERS
22119	004534	GOVCONNECTION INC	4011-033010-5401-000-000-	7/21/2017	3,937.70-	.00	00	
						-----		
						.00 *		
22120	006224	BOLAND	4010-043040-8001-000-000-	6/12/2017	10,233.00	10,233.00		INSTALLATION OF NEW HEAT PUMP
						-----		
						10,233.00 *		
22121	005035	TRANE U.S. INC	4010-043040-8001-000-000-	6/12/2017	7,947.00	7,947.00		STANDARD EFFICIENCY WSHF
						-----		
						7,947.00 *		
22122	003943	MOORE MEDICAL LLC	4010-035050-5404-000-000-	6/13/2017	7,380.00		00	STATPACK G3 BACKUP BAG
22122	003943	MOORE MEDICAL LLC	4010-035050-5404-000-000-	6/13/2017	7,650.00		00	STATPACK G3 BACKUP BAG
22122	003943	MOORE MEDICAL LLC	4010-035050-5404-000-000-	6/13/2017	2,304.00		00	STATPACK G3 AIRWAY CELL
22122	003943	MOORE MEDICAL LLC	4010-035050-5404-000-000-	6/13/2017	1,560.00		00	STATPACK G3 UNIVERSAL CELL
22122	003943	MOORE MEDICAL LLC	4010-035050-5404-000-000-	6/13/2017	200.00		00	SHIPPING & HANDLING
22122	003943	MOORE MEDICAL LLC	4010-035050-5404-000-000-	7/21/2017	17,334.00-		00	
22122	003943	MOORE MEDICAL LLC	4010-035050-5404-000-000-	7/21/2017	1,560.00-		00	
22122	003943	MOORE MEDICAL LLC	4010-035050-5404-000-000-	7/21/2017	200.00-	.00	00	
						-----		
						.00 *		
22123	005769	MINICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	6/15/2017	16,268.84			GLOBE #D1253-G JACKET PER
22123	005769	MINICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	6/15/2017	14,157.50			GLOBE #E1253-G TROUSERS PER
22123	005769	MINICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	6/15/2017	192.40			GLOBE #D1253-G LETTERING
22123	005769	MINICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	6/15/2017	.00	30,618.74		S&H INCLUDED &
						-----		
						30,618.74 *		
22124	002497	TURF EQUIPMENT & SUPPLY	4010-071100-8001-000-000-	6/19/2017	21,527.20	21,527.20		TORO WORKMAN HDX CART
						-----		
						21,527.20 *		
22125	005769	MINICIPAL EMERGENCY SERVI	4010-035050-5407-000-000-	6/19/2017	9,366.00			SCBA FACEPIECES, PARTS, &
22125	005769	MINICIPAL EMERGENCY SERVI	4010-035050-5407-000-000-	6/19/2017	30.00	9,396.00		SHIPPING AND HANDLING
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9,396.00 \*

AP240 8/11/2017 COUNTY OF FREDERICK VA. OPEN PURCHASE ORDERS \* OPEN \* PAGE 9

PO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	PO Description
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22126	005397	SOUTHERN COMPUTER	4010-022020-5401-000-000-	6/19/2017	3,653.74	3,653.74		FI-7480 SCANNER
						-----		
						3,653.74 *		
22127	010325	ANTHEM SPORTS LLC	4010-071100-8001-000-000-	6/21/2017	10,229.90			KWIK GOAL 2B3306
22127	010325	ANTHEM SPORTS LLC	4010-071100-8001-000-000-	6/21/2017	907.90			KWIK GOAL WHEEL KIT
22127	010325	ANTHEM SPORTS LLC	4010-071100-8001-000-000-	6/21/2017	458.74	11,596.54		SHIPPING
						-----		
						11,596.54 *		
22128	010395	AXIOM TEST EQUIPMENT INC	4010-035060-3004-000-001-	6/21/2017	7,500.00		00	IMR MASTER CABLE ANALYZER
22128	010395	AXIOM TEST EQUIPMENT INC	4010-035060-3004-000-001-	7/21/2017	7,500.00-	.00	00	
						-----		
						.00 *		
22129	010397	AAA TESTERS	4010-035060-3004-000-001-	6/21/2017	2,569.93			HANDHELD TL TESTER
22129	010397	AAA TESTERS	4010-035060-3004-000-001-	7/21/2017	2,568.62-	1.31		
						-----		
						1.31 *		
22130	009068	SOFTWARE UNLIMITED CORP	4010-022020-5401-000-000-	6/21/2017	5,749.20		00	OMNI SOFTWARE
22130	009068	SOFTWARE UNLIMITED CORP	4010-022020-5401-000-000-	7/13/2017	5,749.20-	.00	00	
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						.00 *		
22131	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	6/21/2017	4,788.98			GLOBE MES CROSSFIRE KNIGHT
22131	005769	MUNICIPAL EMERGENCY SERVI	4010-035050-5410-000-000-	6/21/2017	60.00	4,848.98		SHIPPING & HANDLING
						-----		
						4,848.98 *		
22132	003379	MOTOROLA COMMUNICATIONS &	4010-035050-3004-000-001-	6/21/2017	11,100.00	11,100.00		SINGLE RADIO AND MULTI RADIO
						-----		
						11,100.00 *		
22133	009982	WILLIAMS DIRECT DRYERS	4010-035050-8009-000-000-	6/21/2017	6,995.00		00	PORTABLE, 4 STATION, TURNOUT
22133	009982	WILLIAMS DIRECT DRYERS	4010-035050-8009-000-000-	6/21/2017	1,595.00		00	WALL MOUNT 9 PAIR GLOVE DRYER
22133	009982	WILLIAMS DIRECT DRYERS	4010-035050-8009-000-000-	6/21/2017	1,000.00		00	LIMITED 10 YEAR WARRANTY
22133	009982	WILLIAMS DIRECT DRYERS	4010-035050-8009-000-000-	6/21/2017	547.04-		00	DISCOUNT
22133	009982	WILLIAMS DIRECT DRYERS	4010-035050-8009-000-000-	6/21/2017	397.02		00	SHIPPING & HANDLING
22133	009982	WILLIAMS DIRECT DRYERS	4010-035050-8009-000-000-	7/21/2017	9,439.98-	.00	00	
						-----		
						.00 *		
22134	004982	LINCOLN EQUIPMENT INC	4010-071100-8001-000-000-	6/22/2017	5,895.00			MARLOW 4SPC PUMP ITEM#13-230
22134	004982	LINCOLN EQUIPMENT INC	4010-071100-8001-000-000-	6/22/2017	665.00			MARLOW 4SPC REEL BASKET 13-236
22134	004982	LINCOLN EQUIPMENT INC	4010-071100-8001-000-000-	6/22/2017	325.00	6,885.00		FREIGHT
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						6,885.00 *		

EO#	VEND#	NAME	FUND-DEPT-LOC-ACCT	DATE	\$ AMOUNT \$	\$ TOTAL \$	APPRVD BY	PO Description
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22135	005899	DOCUMENT SOLUTIONS INC	4010-012130-8007-000-000-	6/23/2017	5,195.00	5,195.00		KONICA MINOLTA 368 COPIER SCAN
						-----		
						5,195.00 *		
22136	008286	BULLEX DIGITAL SAFETY	4010-035050-8009-000-000-	6/26/2017	10,395.00			BULLS EYE BASE PACKAGE - NEW
22136	008286	BULLEX DIGITAL SAFETY	4010-035050-8009-000-000-	6/26/2017	960.00			BULLS EYE TRANSPORT CASE - NEW
22136	008286	BULLEX DIGITAL SAFETY	4010-035050-8009-000-000-	6/26/2017	333.15	11,688.15		SHIPPING AND HANDLING
						-----		
						11,688.15 *		
22137	004243	MARYLAND FIRE EQUIPMENT	4010-035050-5410-000-000-	6/26/2017	962.50			WORKRITE WOMEN'S CUT NOMEX
22137	004243	MARYLAND FIRE EQUIPMENT	4010-035050-5410-000-000-	6/26/2017	4,812.50			WORKRITE MEN'S A-CUT NOMEX
22137	004243	MARYLAND FIRE EQUIPMENT	4010-035050-5410-000-000-	6/26/2017	5,419.26			WORKRITE MEN'S B-CUT NOMEX
22137	004243	MARYLAND FIRE EQUIPMENT	4010-035050-5410-000-000-	6/26/2017	330.00	11,524.26		SHIPPING AND HANDLING
						-----		
						11,524.26 *		
22138	010415	MAPTECH INC	4010-035050-8009-000-000-	6/27/2017	10,125.00	10,125.00		IFLOWS GAUGE EQUIP & INSTALL
						-----		
						10,125.00 *		
22139	000390	MOTOROLA SOLUTIONS INC	4010-035060-8003-000-000-	6/27/2017	825,000.00	825,000.00		RADIO CONSOLE UPGRADE
						-----		
						825,000.00 *		
22140	002497	TURF EQUIPMENT & SUPPLY	4010-071090-8001-000-000-	6/27/2017	15,438.40	15,438.40		TORO WORKMAN G1X UTILITY VEHIC
						-----		
						15,438.40 *		
22141	002497	TURF EQUIPMENT & SUPPLY	4010-071090-8001-000-000-	6/27/2017	12,987.80	12,987.80		TORO 72" Z-TURN MOWE 74274
						-----		
						12,987.80 *		
22142	001867	BOB BARKER COMPANY INC	4010-031020-5410-000-001-	6/27/2017	6,952.00	6,952.00		BAISKIN VIPER PS W/ VIPER MSS
						-----		
						6,952.00 *		
						-----		
						3,359,336.53 **		

**Frederick County Public Schools: FY2017 Year-End Encumbrances**

Account Description	Object Code	Fund Description	PO #	Vendor Name	PO Date	Open Amount	Item Description
Capital Outlay Replacement	008101	SCHOOL OPERATING FUND	20170271	Pine Knoll Construction	06/01/2017	28,595.00	backflow preventers @ 7 schools
Capital Outlay Replacement	008101	SCHOOL OPERATING FUND	20170219	Miracle Recreation Equipment	05/19/2017	153,579.00	Playground design
Capital Outlay Replacement	008101	SCHOOL OPERATING FUND	48870	Anderson Roofing & Sheet Meta	12/22/2016	98,122.00	Sherando Roof Project
Capital Outlay Replacement	008101	SCHOOL OPERATING FUND	49828	OWPR	12/22/2016	3,985.00	SBO HVAC & Window Replacement
Contracted Services	003010	SCHOOL OPERATING FUND	50207	Shenandoah Valley Discovery	12/22/2016	2,668.00	Elementary Field Trips billed quarterly
Instructional Materials	006030	SCHOOL OPERATING FUND	20170241	Diversified Educational	05/23/2017	192,854.51	Furniture, installation and freight
Instructional Materials	006030	SCHOOL OPERATING FUND	20170166	Virco Inc.	04/28/2017	4,812.28	Furniture, installation and freight
Lease/Rent of Equipment	005401	SCHOOL OPERATING FUND	50000	Ricoh USA, Inc.	12/22/2016	3,716.04	Ricoh copier lease monthly payment
Maint Service Contracts	003320	SCHOOL OPERATING FUND	50199	CQI Water Treatment	12/22/2016	4,043.50	Water Treatment Services
Maint Service Contracts	003320	SCHOOL OPERATING FUND	50257	Home/Paramount Pest Control	12/22/2016	133.15	Pest control
Noncapitalized Tech Hardware	006050	SCHOOL OPERATING FUND	20170316	Next Generation Security	06/12/2017	10,550.16	AV12176DN-28: Indoor/Outdoor Dome
Noncapitalized Tech Hardware	006050	SCHOOL OPERATING FUND	20170214	Human Circuit	05/19/2017	349.00	Viking - VIKAAWRP120Q
Other Operating Supplies	006014	SCHOOL OPERATING FUND	20170061	Zonar	02/14/2017	936.00	Zonar equipment for new buses
Other Operating Supplies	006014	SCHOOL OPERATING FUND	20170206	CDI Computer Dealers, Inc.	05/18/2017	6,072.00	Edgear MobilAB EC30 Storage
Other Operating Supplies	006014	SCHOOL OPERATING FUND	20170207	Lee Hartman & Sons, Inc.	05/18/2017	11,814.00	Shell Cases for Chromebooks
Other Operating Supplies	006014	SCHOOL OPERATING FUND	20170308	Knoll, Inc.	06/07/2017	6,264.02	Furniture, installation and freight
Other Operating Supplies	006014	SCHOOL OPERATING FUND	20170322	Hon Company	06/12/2017	1,890.68	Conference Table and Chairs
Purchased Services	003000	SCHOOL OPERATING FUND	50609	OWPR	12/22/2016	2,484.51	Route 522 improvements at the entrance
Purchased Services	003000	SCHOOL OPERATING FUND	20170265	Virginia Property Group Inc	05/31/2017	1,500.00	Realtor services
Purchased Services	003000	SCHOOL OPERATING FUND	20170297	Downey & Scott, LLC	06/06/2017	7,377.00	Cost engineering services
Purchased Services	003000	SCHOOL OPERATING FUND	49851	OWPR	12/22/2016	12,612.50	A&E Building Study REAMS
Purchased Services	003000	SCHOOL OPERATING FUND	50087	OWPR	12/22/2016	6,500.00	Add on to PO #49851 A&E Services
Purchased Services	003000	SCHOOL OPERATING FUND	20170075	OWPR	02/22/2017	4,964.67	A&E fee for svcs
Purchased Services	003000	SCHOOL OPERATING FUND	20170081	OWPR	02/24/2017	35,000.00	A&E design svcs for MS4 stormwater
Purchased Services	003000	SCHOOL OPERATING FUND	20170112	OWPR	03/21/2017	7,000.00	JWHS Condition and Space Study FC
Repairs and Maintenance	003310	SCHOOL OPERATING FUND	20170160	Wilson's Asphalt Maintenance,	04/26/2017	6,900.00	Asphalt repair FCMS
Repairs and Maintenance	003310	SCHOOL OPERATING FUND	20170263	Floor Shop	05/31/2017	34,296.57	Repair tile, install
Repairs and Maintenance	003310	SCHOOL OPERATING FUND	50564	Payne Well Drilling, Inc.	12/22/2016	3,368.38	462 Ft Pump Cable
Repairs and Maintenance	003310	SCHOOL OPERATING FUND	50597	OWPR	12/22/2016	3,182.25	A&E softball field modifications
Repairs and Maintenance	003310	SCHOOL OPERATING FUND	50599	OWPR	12/22/2016	1,056.00	A&E services to replace cooling tower
Repairs and Maintenance	003310	SCHOOL OPERATING FUND	20170184	Riddleberger Bros., Inc.	05/10/2017	340,870.91	IFB17001 SHS cooling tower replacement
Repairs and Maintenance	003310	SCHOOL OPERATING FUND	48230	OWPR	12/22/2016	13,160.00	A&E for Backflow preventers
Repairs and Maintenance	003310	SCHOOL OPERATING FUND	20170089	Viola Engineering, Pc	03/06/2017	2,424.50	Backflow preventer projects
Software/Online Content	006040	SCHOOL OPERATING FUND	50419	Tyler Technologies, Inc.	12/22/2016	1,410.70	Tyler SIS Implementation
Testing Materials	006032	SCHOOL OPERATING FUND	20170268	Act, Inc.	05/31/2017	400.00	90 Work Keys Reading Tests
Testing Materials	006032	SCHOOL OPERATING FUND	20170269	Act, Inc.	05/31/2017	313.50	90 Work Keys Business Writing Test
Vehicle & Equipment Supplies	006009	SCHOOL OPERATING FUND	20170167	Zonar	04/28/2017	994.92	Zonar equipment for new buses
Vehicles - Replacement	008155	SCHOOL OPERATING FUND	20170145	Haley Ford South	04/04/2017	16,055.02	2017 Ford Focus State Contract
<b>Total Fund 50</b>		<b>SCHOOL OPERATING FUND</b>				<b>1,032,255.77</b>	
Maintenance Service Contracts	003320	SCHOOL NUTRITION FUND	50257	Home/Paramount Pest Control	12/22/2016	77.50	Pest Control
<b>Total Fund 51</b>		<b>SCHOOL NUTRITION FUND</b>				<b>77.50</b>	
Capital Outlay Replacement	008101	CAPITAL PROJECTS FUND	20170097	Paramount Mechanical Corp.	03/15/2017	24,903.00	Armel Chiller Replacement contract
Capital Outlay Replacement	008101	CAPITAL PROJECTS FUND	20170271	Pine Knoll Construction	06/01/2017	348,973.05	backflow preventers @ 7 schools
Capital Outlay Replacement	008101	CAPITAL PROJECTS FUND	49904	OWPR	12/22/2016	5,775.00	JWHS Replacement Fire Alarm System
Capital Outlay Replacement	008101	CAPITAL PROJECTS FUND	20170270	Patriot Fire & Security	06/01/2017	113,726.53	fire alarm system replacement
Capital Outlay Replacement	008101	CAPITAL PROJECTS FUND	49835	Pritchett Controls, Inc.	12/22/2016	20,000.00	Building Management System Upgrade
Capital Outlay Replacement	008101	CAPITAL PROJECTS FUND	50447	United Refrigeration of VA, I	12/22/2016	220,989.40	HVAC renovation window
<b>Total Fund 59</b>		<b>CAPITAL PROJECTS FUND</b>				<b>734,366.98</b>	
Purchased Services	003000	CONSTRUCTION FUND	46437	Stantec Architecture Inc.	12/22/2016	5,494.50	A&E New FCMS
Purchased Services	003000	CONSTRUCTION FUND	50645	Stantec Architecture Inc.	12/22/2016	13,700.00	Reimbursable Expenses for FCMS
Purchased Services	003000	CONSTRUCTION FUND	48681	Branch & Associates, Inc.	12/22/2016	1,141,014.91	construction New FCMS
Purchased Services	003000	CONSTRUCTION FUND	48790	Sebesta, Inc.	12/22/2016	7,022.42	Commissioning for New FCMS
Purchased Services	003000	CONSTRUCTION FUND	49808	OWPR	12/22/2016	7,770.00	A&E Armel Renovations
Purchased Services	003000	CONSTRUCTION FUND	49800	Grimm and Parker Architecture	12/22/2016	312,408.40	A&E Services 12th elementary
Purchased Services	003000	CONSTRUCTION FUND	50505	Grimm and Parker Architecture	12/22/2016	26,450.00	Topographic Survey for 12th elementary
Purchased Services	003000	CONSTRUCTION FUND	46469	OWPR	12/22/2016	249,195.47	A&E for 4th high school
Technology Hardware Additions	008210	CONSTRUCTION FUND	49877	Lee Hartman & Sons, Inc.	12/22/2016	7,000.76	FCMS IT
<b>Total Fund 60</b>		<b>CONSTRUCTION FUND</b>				<b>1,770,056.46</b>	
<b>Total of All Funds</b>						<b>3,536,756.71</b>	