

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT  
ADDRESS

Upper Monument Water Quality Management Association
c/o Monument sanitation District
PO Box 205
Monument, CO 80132
Mark D Parker District Manager
719-481-4886
parker@msan.co
N/A

For the Year Ended  
12/31/20  
or fiscal year ended:

CONTACT PERSON  
PHONE  
EMAIL  
FAX

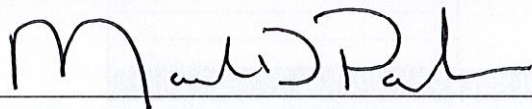
### PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:  
TITLE  
FIRM NAME (if applicable)  
ADDRESS  
PHONE  
DATE PREPARED

Mark D Parker
District Manager
Monument Sanitation District
PO Box 205 Monument, CO 80132
719-481-4886
10/5/21

### PREPARER (SIGNATURE REQUIRED)



Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

## PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
2-1	Taxes: Property (report mills levied in Question 10-6)	\$ -	
2-2	Specific ownership	\$ -	
2-3	Sales and use	\$ -	
2-4	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental: Grants	\$ -	
2-7	Conservation Trust Funds (Lottery)	\$ -	
2-8	Highway Users Tax Funds (HUTF)	\$ -	
2-9	Other (specify):	\$ -	
2-10	Charges for services	\$ -	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ -	
2-14	Charges for utility services	\$ -	
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds	\$ -	
2-17	Developer Advances received (should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capital assets	\$ -	
2-19	Fire and police pension	\$ -	
2-20	Donations	\$ -	
2-21	Other (specify):	\$ 5	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) <b>TOTAL REVENUE</b>	\$ 5	

## PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
3-1	Administrative	\$ 400	
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ -	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ -	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Capital outlay	\$ -	
3-15	Utility operations	\$ -	
3-16	Culture and recreation	\$ -	
3-17	Debt service principal (should agree with Part 4)	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance Principal (should agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan (should agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$ -	
3-23	Other (specify):	\$ -	
3-24		\$ -	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) <b>TOTAL EXPENDITURES/EXPENSES</b>	\$ 400	

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - **STOP**. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

## PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

- 4-1 Does the entity have outstanding debt? Yes  No   
 If Yes, please attach a copy of the entity's Debt Repayment Schedule.
- 4-2 Is the debt repayment schedule attached? If no, MUST explain: Yes  No

- 4-3 Is the entity current in its debt service payments? If no, MUST explain: Yes  No

Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

- 4-5 Does the entity have any authorized, but unissued, debt? Yes  No   
 If yes: How much? \$ -  
 Date the debt was authorized: \_\_\_\_\_
- 4-6 Does the entity intend to issue debt within the next calendar year? Yes  No   
 If yes: How much? \$ -
- 4-7 Does the entity have debt that has been refinanced that it is still responsible for? Yes  No   
 If yes: What is the amount outstanding? \$ -
- 4-8 Does the entity have any lease agreements? Yes  No   
 If yes: What is being leased? \_\_\_\_\_  
 What is the original date of the lease? \_\_\_\_\_  
 Number of years of lease? \_\_\_\_\_  
 Is the lease subject to annual appropriation? Yes  No   
 What are the annual lease payments? \$ -

Please use this space to provide any explanations or comments:

## PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

	Amount	Total
5-1 YEAR-END Total of ALL Checking and Savings Accounts	\$ 4,506	
5-2 Certificates of deposit	\$ -	
<b>Total Cash Deposits</b>		<b>\$ 4,506</b>
Investments (If investment is a mutual fund, please list underlying investments):		
	\$ -	
	\$ -	
	\$ -	
	\$ -	
<b>Total Investments</b>		<b>\$ -</b>
<b>Total Cash and Investments</b>		<b>\$ 4,506</b>

Please answer the following questions by marking in the appropriate boxes

- 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? Yes  No  N/A
- 5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? Yes  No  N/A

If no, MUST use this space to provide any explanations:

## PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes.

Yes

No

6-1 Does the entity have capital assets?  Yes  No

6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUST explain:  Yes  No

6-3 Complete the following capital assets table:

	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Please use this space to provide any explanations or comments:

## PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes

No

7-1 Does the entity have an "old hire" firemen's pension plan?  Yes  No

7-2 Does the entity have a volunteer firemen's pension plan?  Yes  No

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$	-
State contribution amount:	\$	-
Other (gifts, donations, etc.):	\$	-
<b>TOTAL</b>	<b>\$</b>	<b>-</b>
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	-

Please use this space to provide any explanations or comments:

## PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes

No

N/A

8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?  Yes  No  N/A

8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  Yes  No  N/A

If yes: Please indicate the amount budgeted for each fund for the year reported:

Fund Name	Budgeted Expenditures/Expenses

## PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box

- |            |   | Yes                      |  | No                       |
|------------|---|--------------------------|--|--------------------------|
| <b>9-1</b> | <b>Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?</b><br><small>Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.</small> | <input type="checkbox"/> |  | <input type="checkbox"/> |

If no, MUST explain:

## PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- |             |   | Yes                      |  | No                                  |
|-------------|---|--------------------------|--|-------------------------------------|
| <b>10-1</b> | <b>Is this application for a newly formed governmental entity?</b>  | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |
| If yes:     | Date of formation: <input style="width: 450px;" type="text"/>   |                          |  |                                     |
| <b>10-2</b> | <b>Has the entity changed its name in the past or current year?</b>   | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |
| If yes:     | Please list the NEW name & PRIOR name:<br><input style="width: 600px;" type="text"/>                                    |                          |  |                                     |
| <b>10-3</b> | <b>Is the entity a metropolitan district?</b>   | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |
|             | Please indicate what services the entity provides:<br><input style="width: 600px;" type="text"/>                        |                          |  |                                     |
| <b>10-4</b> | <b>Does the entity have an agreement with another government to provide services?</b>                                   | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |
| If yes:     | List the name of the other governmental entity and the services provided:<br><input style="width: 600px;" type="text"/> |                          |  |                                     |
| <b>10-5</b> | <b>Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during the year?</b>  | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |
| If yes:     | Date Filed: <input style="width: 450px;" type="text"/>  |                          |  |                                     |
| <b>10-6</b> | <b>Does the entity have a certified Mill Levy?</b>  | <input type="checkbox"/> |  | <input checked="" type="checkbox"/> |
| If yes:     | Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):                      |                          |  |                                     |

Bond Redemption mills	-
General/Other mills	-
<b>Total mills</b>	-

Please use this space to provide any explanations or comments:

## PART 11 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

YES

NO

12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

### Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedure

#### Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or EchoSign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

**The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:**

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
  - a. Include a copy of an adopted resolution that documents formal approval by the Board, **or**
  - b. Include electronic signatures obtained through a software program such as DocuSign or EchoSign in accordance with the requirements noted above.

Print the names of ALL members of current governing body below.

A MAJORITY of the members of the governing body must complete and sign in the column below.

Board Member 1	Print Board Member's Name Mark D. Parker	I <u>Mark D. Parker</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Mark D. Parker</u> Date: <u>5 October 2021</u> My term Expires: <u>31 December 2021</u>
Board Member 2	Print Board Member's Name James Kendrick	I <u>James F Kendrick</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>James Kendrick</u> Date: <u>5 October 2021</u> My term Expires: <u>31 December</u>
Board Member 3	Print Board Member's Name Becky Orcutt	I <u>Becky Orcutt</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Becky Orcutt</u> Date: <u>Oct 18, 2021</u> My term Expires: <u>December 31, 2021</u>
Board Member 4	Print Board Member's Name Bill Burks	I <u>Bill Burks</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 5	Print Board Member's Name Anthony Pastorello	I <u>Anthony Pastorello</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 6	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____

**RESOLUTION FOR EXEMPTION FROM AUDIT**  
(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2020 FOR THE UPPER MONUMENT WATER QUALITY MANGEMENT ASSOCIATION, STATE OF COLORADO

WHEREAS, the Board of the Upper Monument Water Quality Management Association wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S. states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the state auditor, be exempt from the provisions of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenues nor expenditures for the Upper Monument Water Quality Management Association exceeded \$100,000 for fiscal year 2020; and

WHEREAS, an application for exemption from audit for the Upper Monument Water Quality Management Association has been prepared by Mark D. Parker, District Manager, Monument Sanitation District, a person skilled in government accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations issued by the state auditor.

NOW THEREFORE, be it resolved by the Board of the Upper Monument Water Quality Management Association that the application for exemption from audit for the Upper Monument Water Quality Management Association for the fiscal year ended December 31, 2020, has been reviewed and is hereby approved by a majority of the Board of the Upper Monument Water Quality Management Association; that those members of the Board have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of the application for exemption from audit of the Upper Monument Water Quality Management Association for the fiscal year ended December 31, 2020.

ADOPTED this 5th day of October A.D. 2021

Signed: Mark D Parker  
President

ATTEST: Beeley D...  
Secretary

Member: James J Kud...  
Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_

Member: \_\_\_\_\_



# Community Banks of Colorado

A division of NBH Bank, Member FDIC

PO Box 26368, Kansas City, MO 64196-6368  
cobanks.com • 877.877.0395

Return Service Requested

00000587-0001867-0001-0002-TIMR8007070930211001



Last statement: June 30, 2021  
This statement: September 30, 2021  
Total days in statement period: 92

UPPER MONUMENT WATER QUALITY MGMT ASSN  
IN CARE OF MONUMENT SANITATION DISTRICT  
PO BOX 205  
MONUMENT CO 80132-0205

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## Public Funds Savings

Account number	0000826309
Low balance	\$4,468.04
Average balance	\$4,468.04
Avg collected balance	\$4,468
Interest paid year to date	\$3.34

### DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
06-30	Beginning balance			\$4,467.28
07-31	Interest Credit	.38		4,467.66
08-31	Interest Credit	.38		4,468.04
09-30	Interest Credit	.36		4,468.40
09-30	Ending totals	1.12	.00	\$4,468.40

### INTEREST INFORMATION

Annual percentage yield earned	0.10%
Interest-bearing days	92
Average balance for APY	\$4,467.66
Interest earned	\$1.12

00000587-0001867-0001-0002-TIMR8007070930211001(00000587)-000001869







# Community Banks of Colorado

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Return Service Requested



UPPER MONUMENT WATER QUALITY MGMT ASSN  
September 30, 2021

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0000826309

### OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

00000587-0001869-0002-0002-TIM/RSC070703 . 1001(00000587)-000001871



*Thank you for banking with Community Banks Of Colorado*



# Community Banks of Colorado

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Return Service Requested

00000264-0000575-0001-0002-TIMR8007070930211001



Last statement: August 31, 2021  
This statement: September 30, 2021  
Total days in statement period: 30

UPPER MONUMENT WATER QUALITY MGMT ASSN  
IN CARE OF MONUMENT SANITATION DISTRICT  
PO BOX 205  
MONUMENT CO 80132-0205

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## Public Funds Checking

Account number 0000027824  
Low balance \$39.34  
Average balance \$39.34  
Avg collected balance \$39

## DAILY ACTIVITY

Date	Description	Additions	Subtractions	Balance
08-31	Beginning balance			\$39.34
09-30	Ending totals	.00	.00	\$39.34

**\*\* No activity this statement period \*\***

00000264-0000575-0001-0002-TIMR8007070930211001(00000264)-000000577





**Community Banks  
of Colorado**  
A division of NBH Bank, Member FDIC

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Return Service Requested



UPPER MONUMENT WATER QUALITY MGMT ASSN  
September 30, 2021

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**OVERDRAFT/RETURN ITEM FEES**

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

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*Thank you for banking with Community Banks Of Colorado*

## NET 2020 RESULTS UMWQMA

			ACTUAL	ACTUAL	BUDGETED	ACTUAL	NET CHG
			YR END	YR END	FOR	YR END	YR END
			2018	2019	2020	2020	2020
BALANCE BEGINNING YR			\$5,234.32	\$5,241.64	\$5,099.29	\$5,099.29	
<b>REVENUES</b>							
	DUES		0.00	250.00	0.00	0.00	
	INTEREST		7.32	7.65	7.00	5.11	-1.89
	MISC:		0.00	0.00	0.00	0.00	
<b>TOTAL REVENUES</b>			7.32	257.65	7.00	5.11	<b>-1.89</b>
<b>EXPENDITURE</b>							
	PROFESSIONAL FEES						
		MSD	0.00	0.00	0.00	0.00	
		CWWUC	0.00	0.00	0.00	0.00	
	ADMINISTRATIVE		0.00	400.00	1000.00	600.00	400.00
	ACCOUNTING		0.00	0.00	0.00	0.00	
	SUPPLIES/OFFICE		0.00	0.00	0.00	0.00	
	EDUCATION		0.00	0.00	0.00	0.00	
	MISC:		0.00	0.00	2000.00	0.00	2000.00
<b>TOTAL EXPENDITURES</b>			0.00	400.00	3000.00	600.00	<b>2400.00</b>
<b>NET INCOME/LOSS</b>			7.32	-142.35	-2993.00	-594.89	
<b>YEAR END BALANCE</b>			\$5,241.64	\$5,099.29	\$2,106.29	\$4,504.40	<b>2398.11</b>
<b>FUNDS AVAILABLE</b>							
	EMERGENCY RESERVE (3%)	0.03	157.25	152.98	63.19	135.13	
<b>UNRESTRICTED FUNDS</b>			5084.39	4946.31	2043.10	4369.27	

UPPER MONUMENT WATER QUALITY MANAGEMENT ASSOCIATION  
 Financial Report  
 December 31, 2020

Bank Balances: 12-31-2019		
Savings		5059.95
Checking		<u>39.34</u>
		5099.29
<b>2020 End-of-year balance:</b>		<b>\$5099.29</b>
<b>2020 Revenues:</b>		
<i>NOTE:</i> Community Banks of Colorado (CBC) pays no interest on public funds checking accounts. Savings account interest paid at the end of each month.		
Total 2020 Checking account interest: 12-31-2019		0.00
Savings Interest (CBC): 3-31-2020	1.75	
6-30-2020	1.11	
9-30-2020	1.13	
12-31-2020	<u>1.12</u>	
	5.11	
Total 2020 Savings Interest: 12-31-2019		5.11
2020 dues:	0.00	
		0.00
<b>Total 2020 revenue:</b>		<b>\$5.11</b>
<b>2020 Expenses:</b>		
Secretarial/Bookkeeping: 1-23-2019	(200.00) - 3/4/20	
1-23-2020	(200.00) - 3/4/20	
2-10-2020	(200.00) - 3/4/20	
<b>Total 2020 expenses:</b>		<b><u>(\$600.00)</u></b>
<b>2020 End-of-year balance:</b>		<b>\$4504.40</b>
Bank Balances: 12-31-2020		
Savings		4465.06
Checking		<u>39.34</u>
		4505.40
Pending: NONE		
<b>Total available assets of UMWQMA on Dec. 31, 2020:</b>		<b>\$4504.40</b>

UPPER MONUMENT WATER QUALITY MANAGEMENT ASSOCIATION  
 Financial Report  
 September 30, 2021

Bank Balances: 12-31-2020		
Savings	4465.06	
Checking	<u>39.34</u>	
	4504.40	
<b>2020 End-of-year balance:</b>		<b>\$4504.40</b>
<b>2021 Revenues:</b>		
<i>NOTE:</i> Community Banks of Colorado (CBC) pays no interest on public funds checking accounts. Savings account interest paid at the end of each month.		
Total 2021 Checking account interest: 9-30-2021	0.00	
Savings Interest (CBC): 3-31-2021	1.10	
6-30-2021	1.12	
9-30-2021	<u>1.12</u>	
	3.34	
Total 2021 Savings Interest: 9-31-2021	3.34	
2021 dues:	0.00	
		0.00
<b>Total 2021 revenue:</b>		<b>\$3.34</b>
<b>2021 Expenses: NONE</b>		
<b>Total 2021 expenses:</b>		<b><u>(\$0.00)</u></b>
<b>Total Net funds available: 9-30-2021</b>		<b>\$4507.74</b>
Bank Balances: 9-30-2021		
Savings	4468.40	
Checking	<u>39.34</u>	
	4507.74	
<b>Pending:</b>		
Dues:	0.00	
Check for Kendrick's Oct. 11, 2021 admin costs:	(200.00)	
<b>Total available assets of UMWQMA as of OCT.11, 2020:</b>		<b>\$4307.74</b>

## NET 2020 RESULTS UMWQMA

			ACTUAL	ACTUAL	BUDGETED	ACTUAL	NET CHG
			YR END	YR END	FOR	YR END	YR END
			2018	2019	2020	2020	2020
BALANCE BEGINNING YR			\$5,234.32	\$5,241.64	\$5,099.29	\$5,099.29	
<b>REVENUES</b>							
	DUES		0.00	250.00	0.00	0.00	
	INTEREST		7.32	7.65	7.00	5.11	-1.89
	MISC:		0.00	0.00	0.00	0.00	
<b>TOTAL REVENUES</b>			7.32	257.65	7.00	5.11	-1.89
<b>EXPENDITURE</b>							
	PROFESSIONAL FEES						
		MSD	0.00	0.00	0.00	0.00	
		CWWUC	0.00	0.00	0.00	0.00	
	ADMINISTRATIVE		0.00	400.00	1000.00	600.00	400.00
	ACCOUNTING		0.00	0.00	0.00	0.00	
	SUPPLIES/OFFICE		0.00	0.00	0.00	0.00	
	EDUCATION		0.00	0.00	0.00	0.00	
	MISC:		0.00	0.00	2000.00	0.00	2000.00
<b>TOTAL EXPENDITURES</b>			0.00	400.00	3000.00	600.00	<b>2400.00</b>
<b>NET INCOME/LOSS</b>			7.32	-142.35	-2993.00	-594.89	
<b>YEAR END BALANCE</b>			\$5,241.64	\$5,099.29	\$2,106.29	\$4,504.40	<b>2398.11</b>
<b>FUNDS AVAILABLE</b>							
	EMERGENCY RESERVE (3%)	0.03	157.25	152.98	63.19	135.13	
<b>UNRESTRICTED FUNDS</b>			5084.39	4946.31	2043.10	4369.27	