

Fund Balance

| | | |
|------|---------------------------------------|----|
| 1-31 | Nonspendable Prepaid | \$ |
| 1-32 | Nonspendable Inventory | \$ |
| 1-33 | Restricted [Emergency Reserve] | \$ |
| 1-34 | Committed [Conservation exp] | \$ |
| 1-35 | Assigned [specify...] | \$ |
| 1-36 | Unassigned: | \$ |
| 1-37 | | |

Add lines 1-31 through 1-36
This total should be the same as line 3-36

**TOTAL
FUND BALANCE**

\$

| | | |
|------|--|----|
| 1-38 | | |
| | Add lines 1-27, 1-30 and 1-37 | |
| | This total should be the same as line 1-15 | |
| | TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE | |
| | | \$ |

2-30

TOTAL OTHER FINANCING SOURCES

\$

Add lines 2-24 and 2-29

TOTAL REVENUES AND OTHER FINANCING SOURCES

\$

2-31

IF GRAND TOTAL REVENUES AND OT
You may not use this form. An audit may be required

Excess (Deficiency) of Revenues and Other Financing Sources

3-33 Over (Under) Expenditures

Line 2-30, less line 3-24, less line 3-32

3-34 Fund Balance, January 1 from December 31 prior year report

3-35 Prior Period Adjustment (MUST explain)

Fund Balance, December 31

3-36 Sum of Lines 3-33, 3-34, and 3-35

This total should be the same as line 1-37.

| |
|----|
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |

IF GRAND TOTAL
You may not use this form. An audit may be required



5-1 LEARN-END TOTAL OF ALL CHECKING AND SAVINGS ACCOUNTS

5-2 Certificates of deposit

5-3

Investments (if investment is a mutual fund, please list underlying investments):

| |
|--|
| |
| |
| |
| |
| |
| |

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

5-4

Are the entity's investments legal in accordance with Section 24-75-601, et seq.?

5-5

Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository institution (Section 11-10.5-101, et seq. C.R.S.)? If no, **MUST** explain:

| |
|--|
| |
|--|

Please answer the following questions by marking

7-1 Does the entity have an "old hire" firefighters' pension plan?

7-2 Does the entity have a volunteer firefighters' pension plan?

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SO, sales, etc.):

State contribution amount:

Other (gifts, donations, etc.):

What is the monthly benefit paid for 20 years of service per retiree as of .

10-6 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3)

If yes: Date filed:

10-7 Does the entity have a certified mill levy?

If yes: Please provide the number of mills levied for the year reported (do not re

10-8 If the entity is a Title 32 Special District formed after 7/1/2000, has the entity annual report with the State Auditor as required under SB 21-262 [Section If **NO**, please explain.

Please use this

My term expires: _____

Board Member's Name:

Board
Member
6

I attest that I am a duly elected or appointed board member, and that I have approved this application for exemption from audit.

My term expires: _____

Board Member's Name:

Board
Member
7

I attest that I am a duly elected or appointed board member, and that I have approved this application for exemption from audit.

My term expires: _____

TOWN OF SEIBERT, ACT

On or
th

| | |
|-----------------------|------|
| LOAN DATE: | 8/2 |
| LOAN AMOUNT: | \$15 |
| INTEREST RATE: | 0.0 |
| TERM (YEARS): | |

**PAYMENT
DATES**

PAY

11/1/2010
5/1/2011
11/1/2011

\$3,7
\$3,7
\$3,7