

# Annual Local Unit Fiscal Report for Fiscal Years Ending Between July 1, 2015 through June 30, 2016

Issued under the authority of PA 71 of 1919, PA 2 of 1968 and PA 140 of 1971. Filing is mandatory.

<b>Local Unit Identification</b>  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><b>Unit Type:</b></td> <td>                 County: <input type="checkbox"/>                  City: <input checked="" type="checkbox"/>                  Township: <input type="checkbox"/>                  Village: <input type="checkbox"/> </td> </tr> <tr> <td><b>County Name:</b></td> <td>OSCEOLA COUNTY</td> </tr> <tr> <td><b>Local Unit Name:</b></td> <td>CITY OF EVART</td> </tr> <tr> <td><b>Address:</b></td> <td>                 CITY OF EVART                  SARAH DVORACEK, TREASURER                  200 S MAIN ST                  EVART, MI 49631                   Municode: 67-2-010             </td> </tr> </table>	<b>Unit Type:</b>	County: <input type="checkbox"/> City: <input checked="" type="checkbox"/> Township: <input type="checkbox"/> Village: <input type="checkbox"/>	<b>County Name:</b>	OSCEOLA COUNTY	<b>Local Unit Name:</b>	CITY OF EVART	<b>Address:</b>	CITY OF EVART SARAH DVORACEK, TREASURER 200 S MAIN ST EVART, MI 49631  Municode: 67-2-010	<b>Special Instructions:</b>  Please read the enclosed instructions before completing this report. This report is based on descriptions from the Uniform Chart of Accounts for Counties and Local Units of Government in Michigan and must be used in preparing this report. Please complete all six worksheet tabs before filing.  <b>Important:</b> The information supplied in this report will be used by Michigan Department of Treasury and by the U.S. Census Bureau in its ongoing statistical programs.  <b>DUE DATE:</b> This report is due six months after the close of the fiscal year, but may be extended if an approval has been granted for the local unit's annual audit report. This report must be filed annually by all local units.  <b>Failure to file or failure to file timely may result in a loss of revenue sharing under Public Act 140 of 1971.</b>
<b>Unit Type:</b>	County: <input type="checkbox"/> City: <input checked="" type="checkbox"/> Township: <input type="checkbox"/> Village: <input type="checkbox"/>								
<b>County Name:</b>	OSCEOLA COUNTY								
<b>Local Unit Name:</b>	CITY OF EVART								
<b>Address:</b>	CITY OF EVART SARAH DVORACEK, TREASURER 200 S MAIN ST EVART, MI 49631  Municode: 67-2-010								
We strongly recommend that you submit your completed report online as an e-mail attachment to: <a href="mailto:lafd_audits@michigan.gov" style="color: white;">lafd_audits@michigan.gov</a>									

Or, If submitting by U.S. mail, return your completed report to	Michigan Department of Treasury Local Audit and Finance Division Austin Building--P.O. Box 30728 Lansing, MI 48909-8228	<b>FISCAL YEAR END</b>	Month	Day	Year
		JUNE	30	2016	

Part I: STATEMENT OF OPERATIONS							
Line No.	Description of Account	Account Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
	<b>REVENUES</b>		101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
	<b>TAX REVENUES</b>						
101	Property Tax (includes, delinquent taxes, penalties, interest, fees)	400-449 Except below	570,705	29,823		76,998	677,526
102	Tax Reverted Property	424				U99	-
103	Commercial Facilities Tax (Act 255 of 1978)	434				T01	-
104	Trailer Taxes (Act 243 of 1959)	434	47			T99	47
105	Accommodations Tax (Act 263 of 1974)	435				T19	-
106	Industrial Facilities Tax (Act 198 of 1974)	437	4,407			T01	4,407
107	Income Tax	438				T40	-
	<b>LICENSES AND PERMITS</b>						
108	Business Licenses and Permits	450-475	17,239			T99	17,239
109	Non-Business Licenses and Permits	476-500	187			T99	187
	<b>INTERGOVERNMENTAL REVENUE FROM FEDERAL GOVERNMENT</b>						
110	General Government	501-504				B89	-
111	Public Safety	505-509		17,250		B89	17,250
112	Streets and Highways	510-512				B46	-
113	Sanitation	513-515				B89	-
114	Health and/or Hospitals	516-518				B42	-
115	Welfare	519-522				B79	-

## Part I: STATEMENT OF OPERATIONS - Continued

Line No.	Description of Account	Account Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
			101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
<b>REVENUES-Continued</b>							
INTERGOVERNMENTAL REVENUE FROM FEDERAL GOVERNMENT-Continued							
116	Culture and Recreation	523-527				B89	-
117	Housing & Community Development	529-538				B50	-
118	Water	529-538				B91	-
119	Electric	529-538				B92	-
120	Transit	529-538				B94	-
121	All Other Federal Aid Grants	529-538				B89	-
INTERGOVERNMENTAL REVENUE FROM STATE							
122	State Revenue Sharing	574	168,129			C89	168,129
123	General Government excluding line 122	539-579				C30	-
124	Payment in-Lieu-of Taxes (PILoT)	424-431				C30	-
125	Swamp Land Taxes, Forest Reserve	424-431				C30	-
126	Public Safety	543				C89	-
127	Streets and Highways (Act 51)	546		175,522		C46	175,522
128	Streets and Highways (Non-Act 51)	546		45,036		C46	45,036
129	Sanitation	552				C89	-
130	Health and/or Hospitals	555				C42	-
131	Welfare	561				C79	-
132	Culture and Recreation	566				C89	-
133	Housing & Community Development	539-579				C50	-
134	Water	539-579				C91	-
135	Electric	539-579				C92	-
136	Transit	539-579				C94	-
137	All Other State Grants	539-579				14,300 C89	14,300
CONTRIBUTIONS FROM LOCAL UNITS							
138	General Government	581				D89	-
139	Public Safety	582				D89	-
140	Street and Highways	583				D46	-
141	Sanitation	584				D89	-
142	Health and/or Hospitals	585				D42	-
143	Welfare	586				D79	-
144	Culture and Recreation	587	14,642			D89	14,642
145	Housing & Community Development	588-599				D50	-
146	Gas, Water and Electric Utilities	588-599				D89	-
147	Transit	588-599				D94	-
148	All other	588-599				D89	-
CHARGES FOR SERVICES							
149	Court Ordered Fees and Charges	601-606				A89	-
150	Statutory Court Fees and Costs	607-625				A89	-
151	Clerk's Office	607-625				A89	-
152	Elections	607-625				A89	-
153	Register of Deeds	607-625				A89	-

## Part I: STATEMENT OF OPERATIONS - Continued

Line No.	Description of Account	Account Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
			101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
<b>REVENUES-Continued</b>							
<b>CHARGES FOR SERVICES-Continued</b>							
154	All Other Statutory Fees	607-625				A89	-
155	Fire Runs	626-641				A89	-
156	Police/Sheriff	626-641				A89	-
157	All Other Services Rendered Charges	626-641	88,880			A89	88,880
158	Parks and Recreation	642-654				A61	-
159	Parking Facilities (garages, meters, etc.)	642-654				A60	-
160	All Other Sales, Use, & Admission Fees	642-654	20,572		1,256,754	A89	1,277,326
<b>FINES AND FORFEITS</b>							
161	All Fines, Penalties & Forfeits	655-663	7,385			U99	7,385
<b>INTEREST AND RENTS</b>							
162	Interest & Dividends	664-666	6,972	599	14,729	138 U20	22,438
163	Rents & Royalties	667-670	18,190		6,533	30,150 U40	54,873
<b>OTHER REVENUE</b>							
164	Miscellaneous Other Revenue	671	125,198	7,094	14,821	9,434 U99	156,547
165	Special Assessments	672				U01	-
166	Sale of Fixed Assets	673				U11	-
167	Public and Private Contributions	674-675				U99	-
168	Emergency Services (Ambulance)	676-686				18,209 A89	18,209
169	All Other Refunds & Rebates	676-692				U99	-
170	Proceeds from Bond/Note Issuance	698					-
171	Extraordinary/Special Items						-
172	Transfers In	699		10,000			10,000
<b>TOTAL REVENUES</b>			1,042,553	285,324	1,292,837	149,229	2,769,943

Line No.	Description of Account	Activity Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
			101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
<b>EXPENDITURES</b>							
<b>CURRENT EXPENDITURES</b>							
<b>GENERAL GOVERNMENT</b>							
201	Legislative (Council, Board, Commission)	100-129	8,932			E29	8,932
202	Judicial	130-169				E25	-
203	Chief Executive	170-190	26,734			E29	26,734
204	Treasurer	253-256	26,074			E23	26,074
205	Assessing Equalization	243-247 and 257	27,508			E23	27,508
206	Clerk	215-219	16,012			E29	16,012
207	Elections	262	1,156			E89	1,156
208	Finance and Tax Administration	191-214, 220-242, 248-256, 258-260				E23	-
209	Building and Grounds	265	41,226			E31	41,226
210	All Other General Government	261-264, 266, 267, 268-274, 275-299	37,916			E89	37,916

## Part I: STATEMENT OF OPERATIONS - Continued

Line No.	Description of Activity	Activity Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
EXPENDITURES - Continued			101-Funds	102-499 Funds	500-599 Funds		101-599 Funds + (d)
<b>PUBLIC SAFETY</b>							
211	Police/Sheriff	301-335	239,769	26,742		E62	266,511
212	Fire	336-344	28,448			E24	28,448
213	Combined Public Safety Department	345				E89	-
214	Emergency 911 Dispatch Activities	346-350				E89	-
215	Corrections/Jail	351-370				E05	-
216	Building Inspection & Regulation Activities	371-399				E66	-
217	All Other Public Safety Activities	400-439				E89	-
<b>PUBLIC WORKS</b>							
218	Public Works & Infrastructure (non-Act 51)	440-448	3,386	121,837		E44	125,223
219	Road Commission/Street Dept. (Act 51)	449-520				E44	-
220	Sanitation/Landfill/Solid Waste	521-535	89,510		240,667	E81	330,177
221	Water and/or Sewer Systems(Combined Fund)	536				E80	-
222	Electric Utilities	537-599	29,926			E92	29,926
223	Airports	537-599	12,102			E01	12,102
224	Public Transportation	537-599				E94	-
225	Water (Separate Fund)	537-599			381,211	E91	381,211
226	All Other Public Works Enterprise-Activities	537-599	61,952			E89	61,952
<b>HEALTH AND WELFARE</b>							
227	Health Departments, Boards and Clinics	601-619				E32	-
228	Alcoholism and Substance Abuse	630-634				E32	-
229	Hospital	635-647				E36	-
230	Medical Examiner	648				E62	-
231	Mental Health	649				E32	-
232	Emergency Services (Ambulance)	651				E32	-
233	Child Care Activities/Human Services	662-669				E79	-
234	Human Services & Medical Care Facility	670-671				E79	-
235	Area Agency on Aging	672				E89	-
236	Veteran's Programs	681-689				E89	-
237	All Other Health & Welfare	620-629,652 661,673-680				E32	-
<b>COMMUNITY/ECONOMIC DEVELOPMENT</b>							
238	Redevelopment & Public Housing	690-705				E50	-
239	Community Planning and Zoning	721-727	62			E29	62
240	Economic Development	728-731		407		E89	407
241	All Other Development Activities	732-746				183,755 E89	183,755
<b>RECREATION AND CULTURE</b>							
242	Parks and Recreation	751-789	29,326			E61	29,326
243	Library	790-792		29,823		E52	29,823
244	Various Cultural Activities, Fine Arts, Historical Society, Museums, etc.	793-849	27,254			E61	27,254
<b>OTHER</b>							
245	Fringes, Benefits, FICA, Insurances, etc.	850-899	80,577			E89	80,577
246	Capital Outlay	900-904	63,167	26,952	253,111		343,230
247	Debt Service	905-929	8,642		4,858		13,500
248	Transfers (Out)	965-999		34,803			34,803
249	Extraordinary/Special Items		3,064				3,064
<b>TOTAL EXPENDITURES</b>			862,743	240,564	879,847	183,755	2,166,909

Name of Unit:

CITY OF EVART

**PART II: STATEMENT OF OPERATIONS--CAPITAL OUTLAY**

List Capital Outlay Expenditures from all funds (included in expenditures in the Statement of Operations) by category:

Line No.	CATEGORY	Land, Equipment and Buildings	Construction
401	Legislative	G29	F29
402	Judicial	G25	F25
403	General Government	G89	F89
404	Police	G62 41,988	F62
405	Fire	G24	F24
406	Combined Public Safety	G89	F89
407	Parking Meters, Off-Street Parking	G60	F60
408	Corrections	G05	F05
409	Other Public Safety	G89	F89
410	Streets & Highways	G44	F44
411	Sanitation/Solid Waste	G81 116,626	F81
412	Sewerage	G80	F80

Line No.	CATEGORY	Land, Equipment and Buildings	Construction
413	Water	G91 136,485	F91
414	Electric Utilities	G92	F92
415	Airports	G01 15,190	F01
416	Public Transportation	G94	F94
417	Hospital & Hospital Operations	G36	F36
418	Welfare	G79	F79
419	Housing & Redevelopment	G50	F50
420	All Other Health & Welfare Activities	G32	F32
421	Parks & Recreation	G61	F61
422	Library	G52	F52
423	Other Recreation & Culture	G61	F61
424	Other Functions	G89 32,941	F89
425	TOTAL ALL CAPITAL OUTLAY	343,230	
	(Total BOTH Columns, lines 401-424. Should equal line 246, column e on page 4.)		

## Part III: STATEMENT OF POSITION

Line No.	Description of Account	Account Number	General Fund (a)	All Other Governmental Funds (b)	Enterprise Funds (c)	Component Units (d)	Total (e)
<b>ASSETS</b>							
<b>CASH AND INVESTMENTS</b>							
501	Cash & Certificates (101-299 Funds only)	001-016	831,370	468,196	1,079,302	91,862	2,470,730
502	Cash & Certificates (300-399 Funds only)	001-016					-
503	Cash & Certificates (400-499 Funds only)	001-016					-
504	Investment in Securities (101-299 Funds)	017					-
505	Investment in Securities (300-399 Funds)	017					-
506	Investment in Securities (400-499 Funds)	017					-
<b>RECEIVABLES</b>							
507	Tax, Utility, & Assessment Receivables	018-070	4,595	15,043			19,638
508	Due from Other Governments & Units	071-082	32,051	43,945			75,996
509	Due from Other Funds	084-086	9,920	4,803	12,094		26,817
510	All Other Receivables	083, 087-088	37,956	86	136,518		174,560
511	INVENTORY	101-110					-
512	LONG-TERM INVESTMENTS	111-122					-
513	Prepays and Other Deferred Expenses	123-129	6,803	1,262	113,753	1,400	123,218
<b>CAPITAL ASSETS</b>							
514	Land & Improvements	130-135			567,737		567,737
515	Buildings & Office Equipment	136-147			1,088,528		1,088,528
516	Vehicles	148-149					-
517	Water System	152-153			4,764,143		4,764,143
518	Sewer System	154-155			2,718,122		2,718,122
519	All Other Capital Assets	150-151, 156-179			125,267		125,267
520	Other Debits	180-199					-
521	<b>TOTAL ASSETS</b>		922,695	533,335	10,605,464	93,262	12,154,756
<b>LIABILITIES</b>							
<b>CURRENT LIABILITIES</b>							
522	Due to Other Funds	214	16,335	173	4,174		20,682
523	Accrued Wages & Benefits	257-261	3,936	297	2,986	1,613	8,832
524	All Other Accounts Payable & Liabilities	200-299	18,232	16,455	74,712	18,930	128,329
<b>LONG-TERM LIABILITIES</b>							
525	Long-Term Debt	300-310			339,136		339,136
526	Advances from Other Funds	314					-
527	Deferred Revenue	339				5,600	5,600
528	Accrued Benefits & Compensation	343-344					-
<b>FUND EQUITY</b>							
529	Investment in Capital Assets	399			9,110,402		9,110,402
530	Fund Balance/Net Assets	395					
531	- Nonspendable	365	6,803	1,262		1,400	9,465
532	- Restricted	366/386		488,470			488,470
533	- Committed	367					-
534	-Assigned	368	47,845	26,678			74,523
535	-Unassigned/Unrestricted	369/387	829,544		1,074,054	65,719	1,969,317
536	<b>TOTAL EQUITY</b>		884,192	516,410	10,184,456	67,119	11,652,177
537	<b>TOTAL LIABILITIES AND EQUITY</b>		922,695	533,335	10,605,464	93,262	12,154,756
<b>OTHER BALANCE SHEET INFORMATION</b>							
538	GENERAL CAPITAL ASSETS		6,012,306				
539	GENERAL LONG-TERM DEBT		471,975				

**Part IV: OTHER SUPPLEMENTARY INFORMATION**

Property Tax Detail				Millage Rate		
Line No.	Purpose	Authorization		Original Maximum	Headlee Rollback	Millage Levied
601	OPERATING	ALLOCATED		15.0000	0.4461	14.5539
602	LIBRARY	EXTRA VOTED		1.0000	0.0298	0.9702
603	PUBLIC SAFETY	VOTED		1.8000		1.8000
604						
605						
606						

Report the adopted millage rate for general operating purposes, bonded indebtedness and any extra voted mills levied for other purposes such as refuse collection, police/fire, retirement, library, hospital authority and dial-a-ride during the calendar year. Show the total mills your unit levied during the calendar year ended 2015.

**INTERGOVERNMENTAL EXPENDITURES**

NOTE: Please report any payments your government made to other governments for goods or services performed on a reimbursement or cost sharing basis (Also include information from expenditure pages on this worksheet).

Line No.	Description	Paid to Other Governments		Paid to State	
607	Corrections	M05		L05	
608	Local Schools	M12		L12	
609	Financial Administration	M23		L23	
610	Health	M32		L32	
611	Hospitals	M38		L38	
612	Housing and Urban Renewal	M50		L50	
613	Highways	M44		L44	
614	Transit Subsidies	M94		L94	
615	Police	M62		L62	
616	Sewerage	M80		L80	
617	Sanitation	M81		L81	
618	All Other	M89		L89	

Line No.	City Income Tax Detail	
619	a. Amount collected from residents	
	b. Amount collected from nonresidents	
	c. Other income tax collections	

Personnel Statistics		
620	a. Number of police personnel	
	b. Number of fire personnel	
	c. Combined public safety personnel	
	d. All other personnel	40
Total wage and salary costs		578,338

Report salaries, wages, and per diems paid to all full-time and part-time employees of your local unit. These amounts may be taken from W-3 and 1099 forms filed by your local unit at the end of the calendar year.  
**Show total amount on the line for total wage and salary costs.**

Investment Information	
621	Do all investments comply with P.A. 20 of 1943? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
622	Does the unit have an investment policy approved by the governing body? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
623	Does the investment policy allow mutual funds with net asset values other than \$1? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Retirement Systems	
624	Does your unit have an employee retirement system(s)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, is it administered by: (mark all that apply below)
625	Insurance Company <input type="checkbox"/> Financial Institution <input type="checkbox"/> MERS <input checked="" type="checkbox"/> Self <input type="checkbox"/>
626	Employer's share (all funds) of retirement cost for the fiscal year. \$76,127
627	Was the employer's share paid to the retirement system? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
628	If No, total employer's share of retirement premium due the retirement system?
629	Did you defer or decrease the required employer's contribution? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
630	If yes, amount of contribution deferred or decreased?

Other information	
631	Are there non-pension funds invested in derivatives at fiscal year-end? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
632	Are there pension funds invested in derivatives at fiscal year-end? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
633	Derivatives: Attach a schedule, or list on the next page all derivative investments held at fiscal year end. This includes derivatives held by a pension fund, by the government, or by any component unit included in this filing. [MCL 141.424 (4)(c)(d)(e)]



Name of Unit: CITY OF EVART

**PENSION AND HEALTH BENEFIT PLANS**

**Pension Plan Information**

List Pension Plan Name(s) (Enter None if no partially or fully employer-funded plan)

1	MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF MICHIGAN
2	
3	
4	
5	
6	
7	
8	
9	
10	

Plan Fiscal Year End (Enter "Various" if not uniform for all plans) 12/31

**Types of Pension Plans**

	Closed (To New Hires)	Open
Number of Defined Benefit Plans	1	1
Number of Defined Contribution Plans		
Number of Combined (Hybrid Plans)		

**Participants in Pension Plans**

	Defined Benefit	Defined Contribution	Combined (Hybrid)
Number of Active Members	10		
Number of Inactive Vested Members	7		
Number of Retirees and Beneficiaries	8		

A Summary retirement plan description may be found in the most recent audit report or Comprehensive Annual Financial Report (CAFR)  
 Audit reports and CAFRs may be found at [www.michigan.gov/Treasury](http://www.michigan.gov/Treasury)

Name of Unit:

CITY OF EVART

**PENSION AND HEALTH BENEFIT PLANS**

**Health Benefit Information**

List Health Benefit Plan Name(s) (Enter None if no partially or fully employer-funded plan)

1	NONE
2	
3	
4	
5	
6	
7	
8	
9	
10	

Plan Fiscal Year End (Enter "Various" if not uniform for all plans)

**Participants in Health Benefit Plans**

	# of Participants
Participants Receiving Retirement Health	

A Summary health benefit plan description may be found in the most recent audit report or Comprehensive Annual Financial Report (CAFR)  
Audit reports and CAFRs may be found at [www.michigan.gov/Treasury](http://www.michigan.gov/Treasury)

**PENSION AND HEALTH BENEFIT PLANS**

**Additions, Deductions, and Market Value**

**Additions and Deductions (Market Value) for the Plan Year**

Note: For Hybrid Plans, show DB and DC portions separately. Combine "like" plans.

	Pension Plans		Retiree Health Benefits	
	Defined Benefit	Defined Contribution	Defined Benefit	Defined Contribution
<b>Additions</b>				
Employer Contributions	76,127			
Member Contributions				
Transfers into the Plan (due to member transfers in)				
Net Investment Income	(23,257)			
<b>Total Additions</b>	52,870	-	-	-
<b>Deductions</b>				
Benefits Paid Out				
Periodic Payments	117,538			
Lump Sums (including refunds)				
Transfers out of the Plan (due to member transfers out)				
Administrative Expenses	3,409			
<b>Total Deductions</b>	120,947	-	-	-
<b>Market Value</b>				
Market Value at Beginning of Plan Year	1,565,333			
Market Value at End of Year	1,497,256	-	-	-

Name of Unit: CITY OF EVART

**Pension and Health Benefit Plans**

**Pension Funds-Actuarial**

Date of Most Recent Actuarial Valuation (Note: Enter "Various" if not uniform for all plans or "NA" if no plan exists.)

	Date
Pension Plan-Defined Benefit	12/31/16
Retire Health Benefit Plan-Defined Benefit	N/A

**Most Recent Actuarial Valuation Results**

Note: For Hybrid Plans, show DB and DC portions separately. Combine "like" plans.

	Pension Plans		Retiree Health Benefits	
	Defined Benefit	Defined Contribution	Defined Benefit	Defined Contribution
<b>Actuarial Accrued Liability</b>				
Current Retirees - Liability:	1,246,304			
Other Participants - Liability:	915,068			
Total	2,161,372		-	
<b>Actuarial Value of Assets</b>				
Actuarial Value of Assets	1,699,956			
Asset Smoothing Period (in years), if applicable (weighted average over all plans)	15			
<b>Unfunded Accrued Liability</b>	461,416		-	
<b>Annual Required Contribution (ARC):</b>				
Employer Normal Cost:	53,016			
Amortization Payment:	32,244			
Total	85,260		-	
<b>Annual Covered Active Member Payroll</b>				
Assumed Rate of Investment Return (weighted average over all plans)	8.000			
Assumed Rate of Wage Inflation (weighted average over all plans)	5.000			

Name of Unit: CITY OF EVART

**PENSION AND HEALTH BENEFIT PLANS**

**Pension Funds-Actuarial**

**Pension Obligation Bonds (POB) and Other Post Employment Benefit Obligation Bonds (OOB)**

	<b>POB</b>	<b>OOB</b>
Outstanding Principal Balance (as of most recent actuarial valuation date)		
Annual Debt Service (for year following most recent actuarial valuation date)		

Note: This should include principal and interest combined

**Part V: INDEBTEDNESS**

Report special obligations of all agencies of your government as well as general obligation debt.

**LONG-TERM DEBT**

Bonds, mortgages, etc with an original term of more than one year issued in the name of your government or of particular agencies. Exclude lease purchase installment contracts and amounts for compensated absences.

Line No.	Description	Total Outstanding at Beginning of Fiscal Year (a)	Issued During Fiscal Year (Include all refunding issues) (b)	Retired During Fiscal Year (Include all refunded debt) (c)	Total Outstanding at End of Fiscal Year (Column (a) + (b) - (c) = (d))
636	Public debt for privately owned housing or industrial or business purposes	19T	24T	34T	44T
637	All other purposes	19U 192,000	29U	39U 80,000	44U 112,000

**SHORT -TERM (Interest-Bearing) DEBT**

Tax anticipation notes, bond anticipation notes, interest-bearing warrants, and other obligations with a term of one year or less. Exclude accounts payable and other noninterest-bearing obligations.

Line No.	Description	Total Amount Outstanding (a)
638	Balance beginning of fiscal year	61V
639	Balance end of fiscal year	64V

**INTEREST ON DEBT**

Amount of interest paid on long and short-term debt by purpose.

Line No.	Description	Amount (a)
640	Interest on water supply system debt	191
641	Interest on electric power system debt	192
642	Interest on transit system debt	194
643	Interest on all other debt	189 4,758

**Remarks**

Name of Unit:

CITY OF EVART

Remarks:

**Part V: Certification: This is to certify that all information contained in this report is accurate to the best of my knowledge and belief:**

Signature of Official: (No signature required if electronically filed.)

Printed Name of Official:

Date:

Title:

Telephone Number: