

SUPPLEMENTAL DATA FORM

The Following Data Should Be Supplied Where Applicable

Circle One

ALL BORROWERS

- | | | | |
|---|--|-----|----|
| 1 | a. Are deposited funds in institutions insured by the Federal Government? | Yes | No |
| | b. Are you exempt from Federal Income Tax? | Yes | No |
| | c. Are Local, State and Federal Taxes paid current? | Yes | No |
| | d. Is corporate Status in good standing with State? | Yes | No |
| | e. List kinds and amounts of insurance and fidelity bond: Complete only when submitting annual budget information: | | |

<u>Insurance Coverage and Policy Number</u>	<u>Insurance Company And Address</u>	<u>Amount of Coverage</u>	<u>Expiration Date of Policy</u>
Property Insurance <u>Policy #:</u>	_____	_____	_____
Liability <u>Policy #:</u>	_____	_____	_____
Fidelity <u>Policy #:</u>	_____	_____	_____

RECREATION AND GRAZING ASSOCIATION BORROWERS ONLY

- | | | | |
|---|----------------------|------------------------|---------------------|
| 2 | a. Number of Members | <u>Current Quarter</u> | <u>Year to Date</u> |
| | | _____ | _____ |

WATER AND/OR SEWER UTILITY BORROWERS ONLY

- | | | | |
|---|--|-------|-------|
| 3 | a. Water purchased or produced (CU FT - GAL) | _____ | _____ |
| | b. Water sold (CU FT - GAL) | _____ | _____ |
| | c. Treated Waste (CU FT - GAL) | _____ | _____ |
| | d. Number of users - water | _____ | _____ |
| | e. Number of users - sewer | _____ | _____ |

OTHER UTILITIES

- | | | | |
|---|----------------------|-------|-------|
| 4 | a. Number of users | _____ | _____ |
| | b. Product purchased | _____ | _____ |
| | c. Product Sold | _____ | _____ |

HEALTH CARE BORROWERS ONLY

- | | | | |
|---|--------------------------------|-------|-------|
| 5 | a. Number of beds | _____ | _____ |
| | b. Patient days of care | _____ | _____ |
| | c. Percentage of occupancy | _____ | _____ |
| | d. Number of outpatient visits | _____ | _____ |

DISTRIBUTION OF ALL CASH AND INVESTMENTS*

6	Indicate balances in the following accounts	<i>(Reserve)</i>	Operation &	<i>(Deprec.)</i>	<i>(Meter Dep)</i>	
	<u>Construction</u>	<u>Revenue</u>	<u>Debt Service</u>	<u>Maintenance</u>	<u>Reserve</u>	<u>All Others</u>
	Cash	_____	_____	_____	_____	_____
	Savings and Investments	_____	_____	_____	_____	_____
	Total	_____	_____	_____	_____	_____

AGE ACCOUNTS RECEIVABLE AS FOLLOWS:

7		<u>Days</u>				
		<u>0-30</u>	<u>31-60</u>	<u>61-90</u>	<u>91 and older</u>	<u>Total *</u>
	Dollar Values	_____	_____	_____	_____	\$0
	Number of Accounts	_____	_____	_____	_____	0

* Totals must agree with Balance Sheet