



U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

WORKSHEET  
**F-29** (05/23/2023)

**2023 ANNUAL  
SURVEY OF LOCAL GOVERNMENT FINANCES  
Multi-Function Special Agencies**

OMB No. 0607-0585: Approval Expires 07/31/2024

**DUE DATE:**

**December 12, 2023**

**Need help or have questions?**

- **Visit**  
https://www.census.gov/programs-surveys/gov-finances.html
- **Call**  
1-800-832-2839 weekdays,  
8AM to 5PM ET

**213238**

**WORKSHEET**

DO NOT use this worksheet to respond to the survey. It is intended to assist you with gathering and preparing your data prior to reporting online.

Return to <https://portal.census.gov> when you are ready to report online.

**SKYLINE MOUNTAIN SPECIAL SERVICE  
DISTRICT**

**ATTN: WATER SUPERINTENDENT  
2201 SKYLINE MTN**

**FAIRVIEW UT 84629- 5402**

**GENERAL INSTRUCTIONS**

**Before filling out this survey**, please read carefully each part and all related definitions and instructions.  
**Note especially:**

1. Please report amounts covering all funds and accounts of this agency except for any employee retirement funds administered by this agency. **Include** bond redemption and interest funds, and construction or development funds, as well as current funds. **Exclude** refunds and transfers between funds or accounts of this agency.
2. You may report on either a cash or accrual basis.
3. As this survey is used for various kinds of agencies, some of the items may not apply to this agency. However, read carefully the definition of each item to determine whether it applies to any of this agency's transactions.
4. Do **not** delay reporting to await finally audited figures, if substantially accurate figures can be supplied on a preliminary basis.

**1 Enter correct information for any errors in the mailing address below:**

Addressee Title or Department

ATTN: **WATER SUPERINTENDENT**

Street 1

**2201 SKYLINE MTN**

Street 2

City

**FAIRVIEW**

State

**UT**

Zip Code

**84629**

**5402**

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**PART 1 – ENDING DATE OF FISCAL YEAR**

**2** Which one of the following indicates the ending date of this agency’s fiscal year that ended between July 1, 2022 and June 30, 2023? Use this fiscal year even though a more recent one may be available. Mark "X" only one box.

2022		2023	
<input type="checkbox"/> July	<input type="checkbox"/> October	<input type="checkbox"/> January	<input type="checkbox"/> April
<input type="checkbox"/> August	<input type="checkbox"/> November	<input type="checkbox"/> February	<input type="checkbox"/> May
<input type="checkbox"/> September	<input checked="" type="checkbox"/> December	<input type="checkbox"/> March	<input type="checkbox"/> June

**PART 2 – GOVERNMENT ACTIVITY**

**3** Was this government active during the fiscal year indicated in question 2?

Yes - Go to 4

No - Continue

Please indicate the reason this government was inactive during the fiscal year indicated in question 2.

Closed

Open with no revenue or expenditures

Never existed

Other – Specify:

**PART 3 – GOVERNMENT FUNCTION**

**4** A. Please select the type(s) of utility functions this government performed during the fiscal year indicated in question 2. Select all that apply:

Electric Supply

Gas Supply

Public Mass Transit

Sea and Inland Port Facilities (Water Transportation)

Sewerage

Solid Waste Management

Water Supply

None of the above

Continue with 4 on the next page

**PART 3 – GOVERNMENT FUNCTION** *Continued*

**4 B. Please select the type(s) of natural resource functions this government performed during the fiscal year indicated in question 2. Select all that apply:**

- Conservation (Soil, Water, Land)
- Drainage
- Flood Control
- Irrigation
- Reclamation
- Other Natural Resource Activities – *Specify:* ▾

None of the above

**C. Please select any of the following other functions this government performed during the fiscal year indicated in question 2. Select all that apply:**

- Fire Protection
- Police Protection
- Hospitals
- Health (excluding hospitals)
- Toll Highways
- Highways (excluding tolls)
- Parks and Recreation
- None of the above

**D. Please specify any additional functions this government performed that were not listed in 4A, 4B or 4C.**

Other – *Specify:* ▾

Other – *Specify:* ▾

Other – *Specify:* ▾

**PART 4 – REVENUES**

**5** What was the amount of tax collections during the fiscal year indicated in **2** from all taxes imposed by this agency?

**Include**

- Levies for debt service
- Levies for contributions to pension funds
- Levies for other funds or purposes
- Special property taxes (e.g., automobiles or intangible property)
- Taxes collected for this agency by another government
- Current and delinquent amounts, penalties, and interest

**Exclude**

- Receipts from service charges
- Special assessments
- Interest earnings
- Fines
- Any other sources that are not taxes or licenses

**A. Property taxes** - All taxes on property, real or personal.

**Exclude**

- Taxes not measured by value
- Payments in lieu of taxes (should be reported in **6** and/or **7**)

<b>Property Taxes</b>		
\$Mil.	Thou.	Dol.
		<b>0.00</b>

**B. Sales taxes**

<b>Sales taxes</b>		
\$Mil.	Thou.	Dol.
1. General sales tax .....		
2. Public utilities sales tax .....		
3. Other sales and gross receipts sales tax .....		

**C. Licensing and permit taxes** - (e.g., license and permit fees exacted (either for revenue raising or for regulation) as a condition to the exercise of a business or nonbusiness privilege.) .....

<b>Tax Revenues</b>		
\$Mil.	Thou.	Dol.

**D. All other taxes** - Specify:  .....

**PART 4 – REVENUES - Continued**

**6** What was the amount of intergovernmental revenue received by this agency from other governments during the fiscal year indicated in question **2**? (If none, enter a zero.)

**Include**

- Grants
- Shares of taxes imposed by other governments
- Payments in lieu of taxes
- Reimbursements for services performed for other governments
- Payments under the American Recovery and Reinvestment Act of 2009 (ARRA)

**Exclude**

- Loans
- Any taxes imposed by this agency which were collected for it by another government (report in **5**)
- Receipts from utility sales to other governments (report in **7**)

**Report total intergovernmental revenue received**

**Intergovernmental Revenues**  
\$Mil.      Thou.      Dol.

<b>A. From other local governments</b> .....	<b>0.00</b>
<b>B. From the State</b>	
<b>Include</b>	
• Any amounts financed wholly or in part from Federal grants to the State (i.e., pass-throughs)	
<b>Exclude</b>	
• Collection fees .....	
<b>C. From the Federal government directly</b> .....	<b>0.00</b>

**7** For each of this agency's functions listed below in Column 1, what was the amount of revenues obtained from current charges, as defined in Column 2, for commodities and services provided by this agency from all funds, other than taxes and intergovernmental revenues, during the fiscal year indicated in question **2**. (If none, enter a zero.)

**A. Current charges**

**Include**

- Utility services, including sales to the Federal, State, or other local governments

**Exclude**

- Grants and other amounts received from the Federal, State and other local governments (report in **6**)

Column 1	Column 2
Function	<b>Current Charges:</b> gross receipts from fees, sales, rentals, tolls, maintenance assessments, and other charges for commodities and services
	\$Mil.      Thou.      Dol.
Water Supply	347,326.76

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Report Online - Do Not Return

**PART 4 – REVENUES - Continued**

**B. Special assessments** - Compulsory contributions and reimbursements from owners of property benefited by improvements (e.g., streets, sewers, sidewalks, water extensions, etc.) as well as for servicing special assessment debt.

**Exclude**

- Proceeds from sales of special assessment bonds (report in 15)
- Maintenance assessments (should be reported in item A.) . . . .

**C. Receipts from sale of property and other capital assets**

**Include**

- Property sold to other governments

**Exclude**

- Tax sales (should be reported in 5) . . . . .

**D. Interest earnings** - Interest received on all deposits and investment holdings of this agency.

**Include**

- Interest on construction funds

**Exclude**

- Interest earnings of any employee pension funds. . . . .

24.93

**E. Fines and forfeits** - Receipts from penalties imposed for violations of law and civil penalties. . . . .

**F. Royalties** - Compensation or portion of proceeds from extraction of natural resources (e.g., oil, gas, and mineral rights). . . . .

**G. Private donations** - Gifts of cash or securities from private individuals or corporations. . . . .

**H. Miscellaneous other revenues** - Revenues of this agency not reported in items A. through G. or questions 5 through 6 .

**Include**

- Insurance claims
- Recoveries of prior year expenditures
- Dividends
- Recorded profits from sale of investments
- Payments in lieu of taxes from private sources

**Exclude**

- Proceeds from borrowing
- Receipts from sale of security holdings
- Transfers between funds or accounts of this agency
- Employee contributions to employee pension funds
- Interest earnings of any employee pension funds. . . . .

**Other Revenues**  
\$Mil.      Thou.      Dol.

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**Other Revenues**  
\$Mil.      Thou.      Dol.

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**Total Revenues**  
\$Bil.      Mil.      Thou.      Dol.

**8** What was the total amount of revenues reported on this worksheet (Sum of 5 through 7)? . . . . .

347,351.69

Report Online - Do Not Return

Report Online - Do Not Return

**PART 5 – EXPENDITURES**

**9** Were payments made to other governments for services or programs performed on a reimbursement or cost-sharing basis (i.e., intergovernmental expenditures) during the fiscal year indicated in **2**?

Yes – Go to **10**

No – Go to **11**

**10** What was the amount of payments made to other governments for services or programs performed on a reimbursement or cost-sharing basis during the fiscal year indicated in question **2**? (If none, enter a zero.)

**Intergovernmental Expenditures**

\$Bil.      Mil.      Thou.      DoI.

**A. To other local governments** .....

\$Bil.      Mil.      Thou.      DoI.

**B. To the State** .....

**11** For each of this agency's functions listed below, what was the amount for each type of direct expenditures for current operations and capital outlays during the fiscal year ending indicated in question **2**? (If none, enter a zero.)

**Include**

- Expenditures of all funds other than employee-retirement funds administered by this agency
- Contributions to employee pension plans administered by this government

**Exclude**

- Transfer between funds or accounts of this agency
- Payments made to other governments (report in **10**)
- Benefits and payments from self-administered employee pension plans
- Interest on debt (report in **12**)

**A. Water Supply** .....

\$Bil.      Mil.      Thou.      DoI.

**Current operations** ..... **155,340.09**

**Capital outlays** .....

**B.** .....

\$Bil.      Mil.      Thou.      DoI.

**Current operations** .....

**Capital outlays** .....

**C.** .....

\$Bil.      Mil.      Thou.      DoI.

**Current operations** .....

**Capital outlays** .....

**PART 5 – EXPENDITURES - Continued**

**12** What was the total amount of interest paid on long-term and short-term debt held by this agency during the fiscal year ending indicated in question **2**? (If none, enter a zero).

**Include**

- Capitalized interest paid on construction loans

**Exclude**

- Debt retirement (should be reported in **15**)

**Interest Expenditures**  
\$Mil.      Thou.      Dol.

**A. Interest on water supply system debt** .....

62,598.86

**B. Interest on electric power system debt** .....

**C. Interest on gas supply system debt** .....

**D. Interest on transit or bus system debt** .....

**E. Interest on all other debt** .....

**Total Expenditures**  
\$Bil.      Mil.      Thou.      Dol.

**13** What was the total amount of expenditures reported on this form (Sum of **10** through **12**)? .....

266,675.08

**14** What was the total amount of expenditures for salaries and wages reported in **11**

**Exclude**

- Fringe benefits .....

**Personnel Expenditures**  
\$Bil.      Mil.      Thou.      Dol.

87,412.74



**PART 6 – INDEBTEDNESS**

**15** What was the total amount of long-term debt held by this agency during the fiscal year ending indicated in question 2? (If none, enter a zero).

**Include**

- Debt refunded

**Exclude**

- Capital leases (should be reported in 11)
- Amounts for compensated absences
- Conduit debt

**A. What was this agency's debt?**

	Long-term Debt			
	\$Bil.	Mil.	Thou.	Dol.
1. Outstanding at beginning of fiscal year . . . . . +			2,464,002.00	
2. Issued during fiscal year (include all refunding issues) . . . . . +				
3. Retired during fiscal year (include debt refunded) . . . . . -				
4. Outstanding total at end of fiscal year (items A.1. + A.2. - A.3.) . . . . . =			2,464,002.00	

**16** What was the total amount of short-term debt held by this agency during the fiscal year ending indicated in question 2? (If none, enter a zero).

**Exclude**

- Accounts payable

**A. Amount outstanding at beginning of fiscal year . . . . .**

**B. Amount outstanding at end of fiscal year . . . . .**

	Short-term Debt			
	\$Bil.	Mil.	Thou.	Dol.
A. Amount outstanding at beginning of fiscal year . . . . .				0.00
B. Amount outstanding at end of fiscal year . . . . .				

**PART 7 – CASH AND INVESTMENTS HELD AT END OF FISCAL YEAR**

**17** What was the total amount of cash and investments (at market value) held by this agency at the end of the fiscal year ending indicated in question 2? (If none, enter a zero).

**Include**

- Total amount of cash and cash equivalents on hand and on deposit
- Investments in Federal government, Federal agency, State and local government, and non-governmental securities
- Reserves held for redemption of long-term debt
- Unexpended from sale of bond issues pending disbursement

**Exclude**

- Accounts receivable
- Value of real property
- All non-security assets
- Employee retirement funds

	Amount at End of Fiscal Year			
	\$Bil.	Mil.	Thou.	Dol.
Total cash and investments held at end of fiscal year . . . . .				42,000.00

**PART 8 - REMARKS**

**18 Use this space for any explanations that may be essential in understanding the reported data.**

**Include**

- Any significant changes occurring within the last year
- Any difficulties encountered in completing this form

**PART 9 - CONTACT INFORMATION**

**19 Who should be contacted to answer questions about data reported on this form?**

Name of contact person - Please print

Title of contact person - Please print

Roy Fox

Water Superintendent

Area code and phone number

Extension

Area code and fax number

435 362 8387

Email Address - Please print

Date form was completed  
(MM) (DD) (YYYY)

SMSSD2013@gmail.com

**Thank you for completing this form.  
Retain a copy of the completed questionnaire for your records.**

**NOTE:** The U.S. Census Bureau receives its authorization to conduct this survey from Title 13, United States Code, Sections 161 and 182. This form has been approved by the Office of Management and Budget (OMB) and given the number 0607-0585. Please note the number displayed in the upper right-hand corner of this form. Display of this number confirms that we have approval from OMB to conduct this survey. If this number was not displayed, under the Paperwork Reduction Act, we could not request your participation in this voluntary survey. Information provided on this questionnaire compiled from or customarily provided in public records are exempt from confidential treatment as cited in Title 13, United States Code, Section 9(b).

Please note that this is a national form that applies to governments with wide differences in the size of their service areas, the amount of population served, and the extent and complexity of their activities. Public reporting burden for this collection of information is estimated to vary from 2 hours to 8 hours per response, with an average of 3 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: ECON Survey Comments 0607-0585, U.S. Census Bureau, 4600 Silver Hill Road, EMD-8K122, Washington, DC 20233. You may e-mail comments to [ECON.Survey.Comments@census.gov](mailto:ECON.Survey.Comments@census.gov); use ECON Survey Comments 0607-0585 as the subject.