

AGENDA
Park City Fire Service District
Administrative Control Board Meeting
April 2, 2024

Park City Fire District Administrative Office Building
736 West Bitner Rd. Park City, Utah 84098

5:30 p.m.

Work Session

- I. 2023 Audit Presentation: Larsen & Company
- II. February 2024 Financial Update: CFO Del Barney
- III. District Updates: Chief Bob Zanetti
- IV. Cafeteria Plan Document and Resolution 2024-03: HR Patti Berry
- V. Radio Update: Chief Ashley Lewis
- VI. Training Division Update: Chief Greenwood
- VII. Policy Discussion: Chief Bob Zanetti
- VIII. Other Divisional Updates (as time permits)

6:30 p.m.

Regular Meeting Called to Order

- I. Roll Call
 - II. Approval of March 5, 2024, Meeting Minutes
 - III. Public Input
 - IV. Commission Reports and Business
 - a. Correspondence
 - b. Financial
 - V. Old Business
 - VI. New Business
 - a. Possible Approval of 2023 Audited Statements
 - b. Possible Adoption of PCFD Resolution 2024-03 Regarding the PCFD Cafeteria Plan Document
 - VII. Staff Reports and Input
 - VIII. Discussion of Possible Future Agenda Items/Additional Comments
 - IX. Closed Meeting: Discussion of the character, competence, or health of an individual; deployment of security personnel, devices, or systems; collective bargaining issues; pending or reasonably imminent litigation; purchase, exchange, lease, or sale of real property; investigative proceedings regarding allegations of criminal misconduct; and/or procurement.
 - X. Adjournment
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The next regularly scheduled meeting of the Park City Fire District Administrative Control Board will be held May 7, 2024, beginning at 6:30 p.m. in the PCFD Administrative Offices, 736 West Bitner Rd., Park City, Utah 84098.

Electronic participation by the public is not available at this time.

**Park City Fire Service District
Administrative Control Board – Work Session Meeting Minutes
Park City Fire District Administrative Office Building
April 2, 2024**

Meeting was held at the anchor location of the Park City Fire Service District Administrative Office Building, 736 West Bitner Rd., Park City, Utah, 84098 and via MS Teams

Administrative Control Board work session called to order: 5:39 p.m.

Board Members Present: Chair Jeremy Rubell, Vice Chair Alex Butwinski, Treasurer Christina Miller, Secretary John Hanrahan, and Board Member Steve Briley

District Personnel Present: Chief Bob Zanetti, Deputy Chief Pete Emery, Battalion Chief Ashley Lewis, Fire Marshal Mike Owens, CFO Del Barney, HR Patti Berry, and Admin. Asst. Debbie Colgan

Additional Attendees: Jon Haderlie of Larson & Company (via MS Teams)

I. District Updates

Chief Zanetti said the University of Utah contract for having Dr. McIntosh continue to serve as our medical control doctor has been secured, it is for five years and will begin on June 1, 2024.

Ambulance 36 has been shut down for the season effective April 1. There was about a 5% decrease in call volume for the winter months of December through March this year compared to last year. Ambulance collections for the year are very good so far, and we are going to start tracking how long it takes to collect on transports after the date of service to get an idea of when we might start expecting revenue for the busiest winter months. January is the busiest month for transports, and April and May are the slowest.

We have received another new ambulance and are in the process of getting it ready for service. We also received a new all-terrain vehicle we will use for backcountry rescues and plowing. The new wildland engine is just under 50% complete and should be ready in about 3 months. It will be stationed at Station 36.

II. 2023 Audit

The 2023 financial audit has been completed. Jon Haderlie of Larson & Company briefly went through the audit report, which contains the independent auditor's report, basic financial statements, and required supplementary information, among other things. He said the opinion on the financial statements is a clean opinion and is unmodified and unqualified. This means there were not any material misstatements found.

Jon also explained the communication with governance letter all Board members received, which included information on qualitative aspects of accounting practices and estimates used in the financial statements, management representations, and a schedule of findings and questioned costs.

The following was reported under the schedule of findings and questioned costs:

- There were no internal control findings for the period under audit.
- There were no state compliance findings for the period under audit.
- There were no internal control findings for the prior period.
- There were no state compliance findings for the prior period.

Jon commented the District's audit always runs smoothly because CFO Barney has the financial statements in good order.

III. Financial Update

CFO Barney said the District is at 13.5% of the budget and almost 17% of the year has passed as of the end of February. He said there is currently \$16M in the reserve fund and we may not need to use much of it this year. Utility and supplies costs have increased over the past couple of years, but the District is still in good shape.

IV. Cafeteria Plan Document

HR Berry said after the resolution for the cafeteria plan document was approved and signed in February, it was discovered one of our benefits had been omitted from the document. The only difference between the document the Board saw in February and the new one now is the inclusion of a benefit we already have, which is cash in lieu of insurance. The Board did not have any questions on this.

V. Radio Update

Chief Zanetti said a state-wide radio update has been in discussion for around five years and we are finally starting to see movement on it. Chief Lewis said radio equipment across the state is growing old and there are issues with dead zones in our own district. A vendor for upgrading the equipment has been selected, and beginning today we will begin switching to a new digital system with more bandwidth. Discussions have been held with North Summit, South Summit, and dispatch to determine response plans moving forward and how we can better manage our radio capabilities throughout the county together.

VI. Training Division Update

Chief Emery said a new administrative assistant for the training division has been hired, and the 5-week hazmat technician course began this week. Ten PCFD firefighters and one firefighter from West Valley Fire are attending the course. Wildland red card certifications have been renewed for the year, and an Engineer I class will be held later this spring with an engineer's test to be conducted afterward.

An instructor from NYFD came to PCFD to conduct a class on batteries, and Chief Emery said this will be a big issue in the coming years. Batteries are currently the leading cause of fires in New York. He said electric car fires are hard to deal with because you cannot put them out with water, and car battery fires in large parking garages is a huge concern. Chief Emery said the class was very educational and well received.

The annual high-rise training at the Montage was been completed. The training we started at the Montage has been adopted by several agencies across the nation.

VII. Policies Update

Chief Zanetti said we are waiting on comments from the County regarding four policies we made changes to. Once the County has reviewed them, we will bring the updated policies to the Board.

VIII. Other Divisional Updates

Chief Zanetti showed a brief presentation regarding the progress of the new wildland rig from week 1 to present. A weekly update is sent to us from the manufacturer so the apparatus committee can see that the unit is being developed to specifications.

Work Session Concluded: 6:45 p.m.

**Park City Fire Service District
Administrative Control Board – Regular Meeting Minutes
Park City Fire District Administrative Office Building
April 2, 2024**

Meeting was held at the anchor location of the Park City Fire Service District Administrative Office Building, 736 West Bitner Rd., Park City, Utah, 84098

Administrative Control Board work session called to order: 6:34 p.m.

Board Members Present: Chair Jeremy Rubell, Vice Chair Alex Butwinski, Treasurer Christina Miller, Secretary John Hanrahan, and Board Member Steve Briley

District Personnel Present: Chief Bob Zanetti, Deputy Chief Pete Emery, Battalion Chief Ashley Lewis, Fire Marshal Mike Owens, CFO Del Barney, HR Patti Berry, and Admin. Asst. Debbie Colgan

I. Roll Call

Chair Rubell began the meeting by conducting a roll call.

II. Approval of March 5, 2024, Meeting Minutes

Board Member Briley made a motion to approve the minutes of the March 5, 2024, Administrative Control Board meeting. The motion was seconded by Board Member Hanrahan. Those in favor were Chair Rubell, Vice Chair Butwinski, Treasurer Miller, Secretary Hanrahan, and Board Member Briley; the motion passed unanimously, 5-0.

III. Public Input

There was no public input.

IV. Board Member Reports and Business

A. Correspondence

There were no questions regarding the correspondence.

B. Financial

There were no questions regarding the financials.

V. Old Business

There was not any old business.

VI. New Business

A. Possible Approval of 2023 Audited Statements

Secretary Hanrahan made a motion to approve the 2023 audited financial statements as discussed in the work session. Vice Chair Butwinski seconded the motion. Those in favor were Chair Rubell, Vice Chair Butwinski, Treasurer Miller, Secretary Hanrahan, and Board Member Briley; the motion passed unanimously, 5-0.

B. Possible Adoption of PCFD Resolution 2024-03 Regarding the PCFD Cafeteria Plan Document

Treasurer Miller made a motion to adopt Resolution 2024-03 regarding the PCFD Cafeteria Plan Document as discussed in the work session. The motion was seconded by Board Member Briley. Those in favor were Chair Rubell, Vice Chair Butwinski, Treasurer Miller, Secretary Hanrahan, and Board Member Briley; the motion passed unanimously, 5-0.

VII. Staff Reports and Input

There were no comments on the staff reports.

VIII. Discussion of Possible Future Agenda Items/Additional Comments

Open and Public Meetings Act training will be provided by a member of the Utah Association of Special Districts during the May 7, 2024, ACB work session. This work session will begin at 5:00 p.m.

IX. Closed Meeting

Treasurer Miller made a motion to close the regular meeting of the Administrative Control Board and convene a closed meeting to discuss the character, professional competence, or physical or mental health of one or more individuals; the motion was seconded by Vice Chair Butwinski. Those in favor were Chair Rubell, Vice Chair Butwinski, Treasurer Miller, Secretary Hanrahan, and Board Member Briley; the motion passed unanimously, 5-0.

The Administrative Control Board met in closed session to discuss the character, professional competence, or physical or mental health of one or more individuals from 6:38 to 7:02 p.m. Those in attendance were Chair Rubell, Vice Chair Butwinski, Treasurer Miller, Secretary Hanrahan, Board Member Briley, Chief Zanetti, Chief Emery, and HR Berry.

Treasurer Miller made a motion to dismiss from closed session and reconvene the regular meeting; the motion was seconded by Vice Chair Butwinski. Those in favor were Chair Rubell, Vice Chair Butwinski, Treasurer Miller, Secretary Hanrahan, and Board Member Briley; the motion passed unanimously, 5-0.

Those attending the remainder of the regular meeting were Chair Rubell, Vice Chair Butwinski, Treasurer Miller, Secretary Hanrahan, Board Member Briley, Chief Zanetti, Chief Emery, and HR Berry.

X. Adjournment

Board Member Briley made a motion to adjourn the regular meeting and it was seconded by Treasurer Miller. Those in favor were Chair Rubell, Vice Chair Butwinski, Treasurer Miller, Secretary Hanrahan, and Board Member Briley; the motion passed unanimously, 5-0. The regular meeting of the Park City Fire District Administrative Control Board adjourned at 7:02 p.m.

The next regularly scheduled meeting of the Park City Fire District Administrative Control Board will be May 7, 2024, beginning at 6:30 p.m. in the PCFD Administrative Offices, 736 West Bitner Road, Park City, UT 84098.

**Park City Fire Service District
Administrative Control Board
Closed Board Meeting Affidavit
Tuesday, April 2, 2024**



CLOSED MEETING AFFIDAVIT

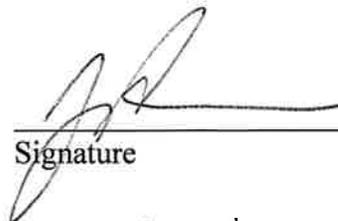
STATE OF UTAH)
 :SS.
COUNTY OF SUMMIT)

Having first been duly sworn, comes now Jeremy Rubell who deposes, states and affirms as follows:

1. I am a duly appointed member of the Board of the Park City Fire Service District (the "District").
2. A meeting of the District Board was held on April 2, 2024.
3. I presided over the District Board meeting.
4. During the course of the meeting, upon the affirmative vote of at least two-thirds of the voting power of the Trustees present, the meeting was closed for the sole purpose of discussing:

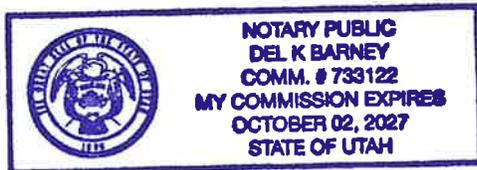
- the character, professional competence, or physical or mental health of one or more individuals; and/or
- the deployment of security personnel, devices or systems.

Further Affiant sayeth naught.



Signature

SUBSCRIBED AND SWORN to before me this 2 day of April, 2024.





Notary Public

ADOPTING RESOLUTION 2024-03

The undersigned authorized representative of Park City Fire Service District (the Employer) hereby certifies that the following resolutions were duly adopted by the Employer on April 4, 2024, and that such resolutions have not been modified or rescinded as of the date hereof:

RESOLVED, that the form of amended Cafeteria Plan including a Health Flexible Spending Account and Dependent Care Flexible Spending Account effective 01/01/2024, presented to this meeting is hereby approved and adopted and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the Plan.

The undersigned further certifies that attached hereto as Exhibits A and B, respectively, are true copies of Park City Fire District Cafeteria Plan as amended and restated, and the Summary Plan Description approved and adopted in the foregoing resolutions.

Date: 4/2/2024

Signed:  _____

Jeremy Russell

[Print name/title]

**Park City Fire Service District
Balance Sheet
General Funds
February 29, 2024**

	<u>General</u>	<u>Capital Projects</u>	<u>Other Non-Major Governmental Funds</u>	<u>Total Governmental Funds</u>	<u>Special Revenue Fund</u>	<u>Debt Service Fund</u>	<u>Local Building Authority</u>	<u>Total Non-Major Governmental Funds</u>
Assets:								
Cash - Regular Checking	193,654							
Cash and Cash Equivalents	362,890	175	5,025	368,090			5,025	5,025
Bond Escrow Holdings	0	0	50	50	0	50	0	50
Cash Deposited in Public Treasurer's Investment Fund	10,991,584	13,822,151	0	24,813,736			0	0
Receivables:								
Accounts Receivable	1,500	0	0	1,500	0		0	0
Taxes	151,388		0	151,388	0	0	0	0
Ambulance Operations	0		0	0	0	0	0	0
Other Assets								
Restricted Assets:								
Cash and Cash Equivalents	194,832		277,627	472,459	0	277,627		277,627
Prepaid Assets	0			0				
Cash Deposited in Public Treasurer's Investment Fund	749,906	0	337,343	1,087,249	337,343		0	337,343
Accounts Receivable				0				
Investments				0				
Total Assets	<u>12,452,100</u>	<u>13,822,326</u>	<u>620,045</u>	<u>26,894,471</u>	<u>337,343</u>	<u>277,677</u>	<u>5,025</u>	<u>620,045</u>
Liabilities and Fund Balances:								
Liabilities:								
Accounts Payable	134,200	0	0	134,200	0	0	0	0
Bond Interest Payable			0	0		0		0
Accrued Liabilities	445,511			445,511				
Total Liabilities	<u>579,710</u>	<u>0</u>	<u>0</u>	<u>579,710</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Fund Balances:								
Restricted for:								
Debt Service			277,677	277,677		277,677		277,677
Impact Fees			337,343	337,343	337,343			337,343
Assigned for:								
Building Construction and Equipment Purchases		13,822,326	5,025	13,827,351			5,025	5,025
Unassigned	11,872,389			11,872,389				
General Fund								
Capital Projects Fund								
Total Fund Balance	<u>11,872,389</u>	<u>13,822,326</u>	<u>620,045</u>	<u>26,314,761</u>	<u>337,343</u>	<u>277,677</u>	<u>5,025</u>	<u>620,045</u>
Total Liabilities and Fund Balance	<u>12,452,100</u>	<u>13,822,326</u>	<u>620,045</u>	<u>26,894,471</u>	<u>337,343</u>	<u>277,677</u>	<u>5,025</u>	<u>620,045</u>

Park City Fire Service District
Summary of Revenues, Expenditures and Transfers for all Funds and the Local Building Authority
For the Years Ending December 31, 2021, 2022 and 2023

	<u>Actual 2022</u>	<u>Actual 2023</u>	<u>Year-to Date 2024</u>	<u>Projected 2024</u>	<u>Budget 2024</u>
Revenues:					
Property taxes	13,945,933	14,579,256	340,764	14,500,000	14,464,500
Fee-in-lieu	251,408	230,668	37,978	300,000	300,000
Interest income	350,468	1,120,741	315,967	1,000,000	867,600
Misc income	219,602	210,861	364	55,500	25,500
Grants and donations	116,016	73,844	5,027	70,000	50,500
Bond proceeds	0	0	0	0	0
Fees and permits:					
Ambulance revenue	3,274,256	5,784,990	615,749	5,700,000	5,200,000
Impact Fees	398,826	243,227	27,001	250,000	125,000
Other fees and permits	667,449	654,970	95,853	610,300	610,300
Total revenues	<u>19,223,958</u>	<u>22,898,557</u>	<u>1,438,703</u>	<u>22,485,800</u>	<u>21,643,400</u>
Expenditures:					
Current:					
Salaries and wages	9,657,490	10,913,695	1,807,010	11,851,424	12,132,131
Fringe benefits	3,974,077	4,633,483	577,107	5,362,620	5,369,420
Total wages and fringe benefits	<u>13,631,567</u>	<u>15,547,178</u>	<u>2,384,116</u>	<u>17,214,044</u>	<u>17,501,551</u>
Operations:					
Station expenditures	792,901	696,102	180,747	971,357	971,357
Ambulance operational expenditures	869,655	892,112	120,696	733,500	733,500
Apparatus maintenance	247,739	238,200	26,526	350,000	350,000
Fire, spec. ops. And communication equip.	79,524	105,396	1,787	109,846	109,846
Fuel	192,868	158,300	18,745	160,500	160,500
Uniforms and safety gear	110,746	173,646	34,721	158,000	158,000
Travel, training and tuitions	66,406	80,611	20,760	142,500	142,500
Other operations	4,060	2,535	0	3,850	3,850
Total operations	<u>2,363,900</u>	<u>2,346,902</u>	<u>403,982</u>	<u>2,629,553</u>	<u>2,629,553</u>
General and administrative:					
General liability insurance	79,824	86,675	1,036	115,000	115,000
Professional and consulting services	27,465	24,709	14,568	25,000	25,000
Audit and accounting services	15,700	18,800	0	22,000	22,000
Legal services	40,000	3,972	0	50,000	50,000
Certificates of participation- cost of issuance	0	0	0	0	0
Other general and administrative	118,759	131,866	16,880	150,000	194,695
Total general and administrative	<u>281,748</u>	<u>266,022</u>	<u>30,412</u>	<u>362,000</u>	<u>406,695</u>
Capital outlay:					
Apparatus and vehicles	677,509	595,728	134,247	1,665,000	1,665,000
Land, buildings and building improvements	1,524,142	2,714,470	0	395,000	395,000
Furniture and equipment	67,808	750,118	138,494	450,000	450,000
Total capital outlay	<u>2,269,459</u>	<u>4,060,316</u>	<u>272,741</u>	<u>2,510,000</u>	<u>2,510,000</u>
Debt service:					
Principle retirement	844,225	867,475	103,023	685,000	685,000
Interest charges	63,234	22,587	1,758	25,000	25,000
Total debt service	<u>907,459</u>	<u>890,061</u>	<u>104,781</u>	<u>710,000</u>	<u>710,000</u>
Total expenditures	<u>19,454,133</u>	<u>23,110,478</u>	<u>3,196,033</u>	<u>23,425,597</u>	<u>23,757,799</u>
Excess (deficit) of revenue over expenditures before operating transfers	<u>(230,172)</u>	<u>(211,921)</u>	<u>(1,757,330)</u>	<u>(939,797)</u>	<u>(2,114,399)</u>
Operating transfers out	2,015,684	5,856,636	425,621	4,680,000	4,680,000
Operating transfers in	2,015,684	5,856,636	425,621	4,680,000	4,680,000
Total transfers	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Totals	<u>(230,172)</u>	<u>(211,921)</u>	<u>(1,757,330)</u>	<u>(939,797)</u>	<u>(2,114,399)</u>
Fund Balances - Beginning	28,514,184	28,284,012	28,072,091	27,219,380	27,219,380
Fund Balances - Ending	<u>28,284,012</u>	<u>28,072,091</u>	<u>26,314,761</u>	<u>26,279,583</u>	<u>25,104,981</u>

PARK CITY FIRE SERVICE DISTRICT
Statement of Revenues, Expenditures and Changes in Fund Balances - Budget and Actual
All Funds and the Local Building Authority
For the Period Ending
February 29, 2024

	<u>Budgeted Amounts</u>		<u>Actual Amounts</u>	<u>Variance With Final Budget - Positive (Negative)</u>	<u>Percent</u>
	<u>Original</u>	<u>Final</u>			
Revenues:					
Local Revenue:					
Property Taxes	14,464,500	14,464,500	340,764	14,123,736	2.4%
Fee-in-Lieu	300,000	300,000	37,978	262,022	12.7%
Interest Income	867,600	867,600	315,967	551,633	36.4%
Other Income	500	500	364	136	72.9%
Sale of Fixed Assets	25,000	25,000	0	25,000	0.0%
Grants and Donations	50,500	50,500	5,027	45,473	10.0%
Fees and Permits	5,935,300	5,935,300	738,603	5,196,697	12.4%
Total Revenues	<u>21,643,400</u>	<u>21,643,400</u>	<u>1,438,703</u>	<u>20,159,224</u>	<u>6.6%</u>
Expenditures:					
Personnel:					
Salaries and Wages	12,132,131	12,132,131	1,807,010	(10,325,121)	14.9%
Fringe Benefits	5,369,420	5,369,420	577,107	(4,792,313)	10.7%
Operations	2,629,553	2,629,553	403,549	2,207,903	15.3%
General and Administrative	406,695	406,695	30,845	(375,850)	7.6%
Capital Outlay	2,510,000	2,510,000	272,741	(2,237,259)	10.9%
Debt Service				0	
Principle Retirement	685,000	685,000	103,023	(581,977)	15.0%
Interest and Fiscal Charges	25,000	25,000	1,758	(23,242)	7.0%
Total Expenditures	<u>23,757,799</u>	<u>23,757,799</u>	<u>3,196,033</u>	<u>(20,561,766)</u>	<u>13.5%</u>
Excess of Revenues Over Expenditures	<u>(2,114,399)</u>	<u>(2,114,399)</u>	<u>(1,757,330)</u>	<u>(402,542)</u>	
Other Financing Sources (Uses):					
Operating Transfers to Other Funds	4,680,000	4,680,000	425,621	4,254,379	-9.1%
Operating Transfers From Other Funds	4,680,000	4,680,000	425,621	4,254,379	-9.1%
Total Other Financing Sources (Uses)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0.0%</u>
Excess of Revenues and Other Financing Sources Over (Under) Expenditures and Net Change in Fund Balance	<u>(2,114,399)</u>	<u>(2,114,399)</u>	<u>(1,757,330)</u>	<u>(402,542)</u>	
Fund Balances - Beginning	<u>28,072,091</u>	<u>28,072,091</u>	<u>28,072,091</u>	<u>28,284,012</u>	
Fund Balances - Ending	<u>25,957,692</u>	<u>25,957,692</u>	<u>26,314,761</u>	<u>27,881,470</u>	

PARK CITY FIRE SERVICE DISTRICT

**Budget to Actual
General Fund
For the Period Ending
February 19, 2024**

	Budget Amounts		Actual Amounts	Variance with Final Budget - Over (Under)	Percent
	Original	Adjusted			
Revenues:					
Property Taxes	14,464,500	14,464,500	283,291	(14,181,209)	2.0%
Fee-in-lieu	300,000	300,000	21,900	(278,100)	7.3%
Licenses & Permits	325,000	325,000	29,535	(295,465)	9.1%
Intergovernmental (Grants & Wildland Program)	50,000	50,000	4,827	(45,173)	9.7%
Charges for Services	5,485,300	5,485,300	269,867	(5,215,433)	4.9%
Refunds	0	0	0	0	0.0%
Interest Income	350,000	350,000	57,305	(292,695)	16.4%
Sale of Fixed Assets	25,000	25,000	0	(25,000)	0.0%
Miscellaneous Revenue	500	500	364	(136)	72.9%
Contributions & Transfers	500	500	0	(500)	0.0%
Total Revenues	<u>21,000,800</u>	<u>21,000,800</u>	<u>667,089</u>	<u>(20,333,711)</u>	<u>3.2%</u>
Expenditures:					
Personnel:					
Salaries and Wages	12,132,132	12,132,132	945,952	11,186,180	7.8%
Fringe Benefits	5,369,420	5,369,420	236,885	5,132,535	4.4%
Fire Operations	1,815,857	1,815,857	150,548	1,665,309	8.3%
Fire Prevention Operations	44,846	44,846	519	44,327	1.2%
Administration	416,695	416,695	10,535	406,160	2.5%
Ambulance Operations	796,500	796,500	74,258	709,742	9.3%
Capital Outlay	1,225,000	1,225,000	134,548	1,090,452	11.0%
Transfers	4,400,000	4,400,000	326,839	4,073,161	7.4%
Total Expenditures	<u>26,200,450</u>	<u>26,200,450</u>	<u>1,880,083</u>	<u>24,307,867</u>	<u>7.2%</u>
Excess of Revenues Over Expenditures	<u>5,199,650</u>	<u>5,199,650</u>	<u>(1,212,993)</u>	<u>3,974,157</u>	
Fund Balances - Beginning	14,067,622	14,067,622	14,067,622		
Fund Balances - Ending	<u>8,867,972</u>	<u>8,867,972</u>	<u>12,854,629</u>		
	1,880,083		Total Expenditures		
	134,548		Less Capital Outlay		
	<u>326,839</u>		Less Interfund Transfers		
	1,418,696		Operating Expenses		

Park City Fire Service District
Statement of Revenues, Expenditures and Changes in Fund Balances
Governmental Funds
For the Period Ending
February 29, 2024

	General	Capital Projects	Other Nonmajor Governmental Funds	Total Governmental Funds	Special Revenue Fund	Debt Service Fund	Local Building Authority	Total Governmental Funds
Revenues:								
Property Taxes	340,764	0	0	340,764	0	0	0	0
Fee -in-Lieu	37,978	0	0	37,978	0	0	0	0
Interest Income	187,040	123,706	5,222	315,967	2,917	2,304	0	5,222
Other Income	364	0	0	364	0	0	0	0
Sale of Fixed Assets	0	0	0	0	0	0	0	0
Grants and Donations	5,027	0	0	5,027	0	0	0	0
Fees and Permits	711,602	0	27,001	738,603	27,001	0	0	27,001
Total Revenues	<u>1,282,776</u>	<u>123,706</u>	<u>32,222</u>	<u>1,438,703</u>	<u>29,918</u>	<u>2,304</u>	<u>0</u>	<u>32,222</u>
Expenditures:								
Current:								
Personnel:								
Salaries and Wages	1,807,010	0	0	1,807,010	0	0	0	0
Fringe Benefits	577,107	0	0	577,107	0	0	0	0
Operations	403,549	0	0	403,549	0	0	0	0
General and Administrative	30,845	0	0	30,845	0	0	0	0
Capital Outlay	272,741	0	0	272,741	0	0	0	0
Debt Service:								
Principle Retirement	0	0	103,023	103,023	0	103,023	0	103,023
Interest and Fiscal Charges	0	0	1,758	1,758	0	1,758	0	1,758
Total Expenditures	<u>3,091,252</u>	<u>0</u>	<u>104,781</u>	<u>3,196,033</u>	<u>0</u>	<u>104,781</u>	<u>0</u>	<u>104,781</u>
Excess (Deficiency) of Revenues								
Over (Under) Expenditures	<u>(1,808,476)</u>	<u>123,706</u>	<u>(72,559)</u>	<u>(1,757,330)</u>	<u>29,918</u>	<u>(102,477)</u>	<u>0</u>	<u>(72,559)</u>
Other Financing Sources (Uses):								
Operating Transfers	(386,756)	303,589	83,167	0	(21,614)	104,781	0	83,167
Proceeds from Sale of Equipment	0	0	0	0	0	0	0	0
Total Other Financing Sources (Uses)	<u>(386,756)</u>	<u>303,589</u>	<u>83,167</u>	<u>0</u>	<u>(21,614)</u>	<u>104,781</u>	<u>0</u>	<u>83,167</u>
Net Change in Fund Balance	(2,195,232)	427,294	10,608	(1,757,330)	8,304	2,304	0	10,608
Fund Balances - Beginning	<u>14,067,622</u>	<u>13,395,032</u>	<u>609,436</u>	<u>28,072,090</u>	<u>329,040</u>	<u>275,371</u>	<u>5,025</u>	<u>609,436</u>
Fund Balances - Ending	<u>11,872,390</u>	<u>13,822,326</u>	<u>620,044</u>	<u>26,314,760</u>	<u>337,344</u>	<u>277,675</u>	<u>5,025</u>	<u>620,044</u>

Report Criteria:

Report type: Summary
Check.Type = {<>} "Adjustment"

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Check GL Account	Amount
03/24	03/12/2024	2074	17960	BLUE CROSS BLUE SHIELD OF MICHIGAN	10-201000-0000	142.76
03/24	03/12/2024	2075	17956	DUYEN LE	10-201000-0000	1,387.74
03/24	03/12/2024	2076	17957	JAMES TUBO	10-201000-0000	17.09
03/24	03/12/2024	2077	17958	LEVY LIVING TRUST	10-201000-0000	138.77
03/24	03/12/2024	2078	17961	PRS	10-201000-0000	1,390.31
03/24	03/12/2024	2079	17884	SELECT HEALTH	10-201000-0000	1,211.00
03/24	03/12/2024	2080	17959	STEPHEN NICOLATUS	10-201000-0000	144.32
03/24	03/26/2024	2081	17434	PROFESSIONAL SALES & SERVICE, LC	10-201000-0000	297,716.11
03/24	03/12/2024	1008859	17954	AFLAC GROUP INSURANCE	10-201000-0000	1,735.40
03/24	03/12/2024	1008860	220	ALL WEST COMMUNICATIONS	10-201000-0000	514.57
03/24	03/12/2024	1008861	14280	AMAZON CAPITAL SERVICES	10-201000-0000	212.96
03/24	03/12/2024	1008862	700	AT&T MOBILITY	10-201000-0000	40.04
03/24	03/12/2024	1008863	1380	BELL OIL COMPANY	10-201000-0000	7,382.00
03/24	03/12/2024	1008864	17668	BLOMQUIST HALE CONSULTING, INC	10-201000-0000	546.56
03/24	03/12/2024	1008865	1680	BOUND TREE MEDICAL LLC	10-201000-0000	6,204.26
03/24	03/12/2024	1008866	1820	BURT BROS TIRE & SERVICE INC.	10-201000-0000	2,503.38
03/24	03/12/2024	1008867	2260	CACTUS & TROPICALS	10-201000-0000	145.00
03/24	03/12/2024	1008868	3070	CANON SOLUTIONS AMERICA, INC.	10-201000-0000	57.24
03/24	03/12/2024	1008869	16240	CAPITAL ONE	10-201000-0000	87.05
03/24	03/12/2024	1008870	3170	Caselle, Inc.	10-201000-0000	3,234.00
03/24	03/12/2024	1008871	17532	CENTURYLINK	10-201000-0000	2,115.54
03/24	03/12/2024	1008872	9760	DARREN NELSON	10-201000-0000	145.26
03/24	03/12/2024	1008873	17812	DE LAGE LANDEN PUBLIC FINANCE, LLC	10-201000-0000	8,699.62
03/24	03/12/2024	1008874	17636	DISCOUNTCELL, INC	10-201000-0000	2,456.20
03/24	03/12/2024	1008875	17435	DOMINION ENERGY	10-201000-0000	12,322.25
03/24	03/12/2024	1008876	17955	EXPERT AUTO GLASS	10-201000-0000	200.00
03/24	03/12/2024	1008877	17663	FIRST DIGITAL	10-201000-0000	2,440.04
03/24	03/12/2024	1008878	17524	FLEETPRIDE	10-201000-0000	143.81
03/24	03/12/2024	1008879	17863	GOLD CROSS SERVICES, INC	10-201000-0000	18,392.38
03/24	03/12/2024	1008880	5580	GRAHAM FIRE APPARATUS SALES &	10-201000-0000	769.97
03/24	03/12/2024	1008881	5840	HEBER & PARK CITY APPLIANCE	10-201000-0000	1,083.00
03/24	03/12/2024	1008882	6110	HOME DEPOT CREDIT SERVICES	10-201000-0000	640.94
03/24	03/12/2024	1008883	17757	iSpyFire, Inc.	10-201000-0000	2,600.00
03/24	03/12/2024	1008884	17586	Jonathan Jahp	10-201000-0000	112.88
03/24	03/12/2024	1008885	2860	L N CURTIS & SONS	10-201000-0000	25,672.98
03/24	03/12/2024	1008886	17623	LGG INDUSTRIAL, INC.	10-201000-0000	242.00
03/24	03/12/2024	1008887	17827	odp Business Solutions, LLC	10-201000-0000	220.44
03/24	03/12/2024	1008888	17651	OXYGEN UTAH, LLC	10-201000-0000	967.52
03/24	03/12/2024	1008889	12280	REPUBLIC SERVICES #864	10-201000-0000	2,640.47
03/24	03/12/2024	1008890	17739	ROGUE FITNESS	10-201000-0000	1,171.81
03/24	03/12/2024	1008891	13400	SEMI SERVICE INC.	10-201000-0000	913.37
03/24	03/12/2024	1008892	17900	SHRED SALT LAKE	10-201000-0000	259.90
03/24	03/12/2024	1008893	13060	SKAGGS COMPANIES, INC.	10-201000-0000	495.69
03/24	03/12/2024	1008894	13120	SMITHS CUSTOMER CHARGES	10-201000-0000	218.73
03/24	03/12/2024	1008895	13130	SNYDERVILLE BASIN W R D	10-201000-0000	646.48
03/24	03/12/2024	1008896	14070	SOUTH FORK HARDWARE PARK CITY	10-201000-0000	162.95
03/24	03/12/2024	1008897	17673	State of Utah Dept of Technology Service	10-201000-0000	296.31
03/24	03/12/2024	1008898	17731	STATE OF UTAH FUEL NETWORK (DGO)	10-201000-0000	15.14
03/24	03/12/2024	1008899	13500	STRYKER SALES, LLC	10-201000-0000	6,301.80
03/24	03/12/2024	1008900	13490	SUMMIT WATER DISTRIBUTION CO	10-201000-0000	558.28
03/24	03/12/2024	1008901	14810	THE UPS STORE #3471	10-201000-0000	758.39
03/24	03/12/2024	1008902	16000	UT ASSOC OF SPECIAL DISTRICTS	10-201000-0000	13,500.00
03/24	03/12/2024	1008903	15430	UTAH - YAMAS CONTROLS, INC.	10-201000-0000	90.00

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Check GL Account	Amount
03/24	03/12/2024	1008904	15890	UTAH MANUFACTURERS ASSOCIATION	10-201000-0000	815.00
03/24	03/12/2024	1008905	15770	UTAH RETIREMENT SYSTEMS	10-201000-0000	43.06
03/24	03/12/2024	1008906	16070	VEHICLE LIGHTING SOLUTIONS INC	10-201000-0000	3,596.36
03/24	03/12/2024	1008907	16810	WELLER RECREATION, INC.	10-201000-0000	300.89
03/24	03/12/2024	1008908	17713	ZAYO GROUP, LLC	10-201000-0000	870.12
03/24	03/12/2024	1008909	17497	ZOLL MEDICAL CORP	10-201000-0000	3,445.04
03/24	03/27/2024	1008910	1120	ALPENGLOW SOLAR & ELECTRIC	40-201000-0000	12,915.00
03/24	03/27/2024	1008911	14280	AMAZON CAPITAL SERVICES	10-201000-0000	226.50
03/24	03/27/2024	1008912	17924	AMERITAS LIFE INSURANCE CORP.	10-201000-0000	552.76
03/24	03/27/2024	1008913	610	ARTISTIC SIGN DESIGN	10-201000-0000	4,805.00
03/24	03/27/2024	1008914	1980	BEEHIVE PLUMBING	10-201000-0000	1,503.01
03/24	03/27/2024	1008915	1680	BOUND TREE MEDICAL LLC	10-201000-0000	8,683.63
03/24	03/27/2024	1008916	2520	BRETT D COLGAN	10-201000-0000	54.90
03/24	03/27/2024	1008917	1820	BURT BROS TIRE & SERVICE INC.	10-201000-0000	86.19
03/24	03/27/2024	1008918	3070	CANON SOLUTIONS AMERICA, INC.	10-201000-0000	103.72
03/24	03/27/2024	1008919	3030	CENTURYLINK	10-201000-0000	353.42
03/24	03/27/2024	1008920	17532	CENTURYLINK	10-201000-0000	880.24
03/24	03/27/2024	1008921	17899	CHRISTENSEN OIL CO.	10-201000-0000	995.32
03/24	03/27/2024	1008922	17745	CULLIGAN WATER CONDITIONING	10-201000-0000	872.50
03/24	03/27/2024	1008923	3370	DELL MARKETING L.P.	10-201000-0000	389.08
03/24	03/27/2024	1008924	17821	FARRWEST ENVIRONMENTAL SUPPLY, INC	10-201000-0000	1,926.69
03/24	03/27/2024	1008925	4670	FIRE ENGINEERING COMPANY, INC.	10-201000-0000	1,676.00
03/24	03/27/2024	1008926	17546	GOLD CUP SERVICES	10-201000-0000	103.50
03/24	03/27/2024	1008927	5580	GRAHAM FIRE APPARATUS SALES &	10-201000-0000	4,049.01
03/24	03/27/2024	1008928	5840	HEBER & PARK CITY APPLIANCE	10-201000-0000	270.00
03/24	03/27/2024	1008929	6810	INTERMOUNTAIN MEDICAL GROUP	10-201000-0000	5,239.00
03/24	03/27/2024	1008930	17699	Intermountain WorkMed	10-201000-0000	156.00
03/24	03/27/2024	1008931	17947	KARL STORZ Endoscopy-America, Inc.	10-201000-0000	4,634.10
03/24	03/27/2024	1008932	2860	L N CURTIS & SONS	10-201000-0000	198.00
03/24	03/27/2024	1008933	8250	LEGALSHIELD	10-201000-0000	527.55
03/24	03/27/2024	1008934	8970	MOUNTAIN REGIONAL WATER SSD	10-201000-0000	657.82
03/24	03/27/2024	1008935	17928	NATIONWIDE PREMIUM HOLDING	10-201000-0000	179.53
03/24	03/27/2024	1008936	17827	odp Business Solutions, LLC	10-201000-0000	541.98
03/24	03/27/2024	1008937	10710	PARK CITY MUNICIPAL CORP	10-201000-0000	1,583.60
03/24	03/27/2024	1008938	17962	PEAK ART & FRAME	10-201000-0000	801.32
03/24	03/27/2024	1008939	11460	PEHP-LONG TERM DISABILITY	10-201000-0000	496.40
03/24	03/27/2024	1008940	17835	PEST ELIMINATION, INC.	10-201000-0000	160.00
03/24	03/27/2024	1008941	11110	PETROLEUM EQUIPMENT COMPANY	10-201000-0000	374.00
03/24	03/27/2024	1008942	11400	PUBLIC EMPLOYEES HEALTH PROG	10-201000-0000	3,913.85
03/24	03/27/2024	1008943	12550	ROCKY MOUNTAIN POWER	10-201000-0000	2,359.08
03/24	03/27/2024	1008944	12320	ROCKY MTN POWER	10-201000-0000	1,109.88
03/24	03/27/2024	1008945	17549	Rotary Club of Park City	10-201000-0000	121.25
03/24	03/27/2024	1008946	17770	SCOTT GREENWOOD	10-201000-0000	163.93
03/24	03/27/2024	1008947	17912	SEAWESTERN FIRE FIGHTING EQUIPMENT	10-201000-0000	16,286.25
03/24	03/27/2024	1008948	14170	SHI INTERNATIONAL CORP	10-201000-0000	1,581.81
03/24	03/27/2024	1008949	17709	SIDDONS-MARTIN EMERGENCY GROUP	10-201000-0000	3,098.60
03/24	03/27/2024	1008950	13060	SKAGGS COMPANIES, INC.	10-201000-0000	324.90
03/24	03/27/2024	1008951	13270	SMITH POWER PRODUCTS INC	10-201000-0000	2,585.79
03/24	03/27/2024	1008952	14070	SOUTH FORK HARDWARE PARK CITY	10-201000-0000	75.07
03/24	03/27/2024	1008953	17813	SUMMIT FIRE & SECURITY LLC	10-201000-0000	1,052.25
03/24	03/27/2024	1008954	17803	SUMMIT MOUNTAIN CLEANING LLC	10-201000-0000	1,170.00
03/24	03/27/2024	1008955	13640	SYMBOL ARTS, LLC	10-201000-0000	1,200.00
03/24	03/27/2024	1008956	17615	TargetSolutions Learning, LLC.	10-201000-0000	21,737.98
03/24	03/27/2024	1008957	17584	TELEFLEX LLC	10-201000-0000	1,345.50
03/24	03/27/2024	1008958	16080	VERIZON WIRELESS	10-201000-0000	1,860.96
03/24	03/27/2024	1008959	17070	WEIDNER FIRE	10-201000-0000	977.54
03/24	03/27/2024	1008960	16810	WELLER RECREATION, INC.	10-201000-0000	33,813.34

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Check GL Account	Amount
03/24	03/27/2024	1008961	17682	WESTNET	10-201000-0000	25,575.94
03/24	03/27/2024	1008962	17170	WORKFORCEQA	10-201000-0000	180.00
03/24	03/27/2024	1008963	17497	ZOLL MEDICAL CORP	10-201000-0000	3,307.06
Grand Totals:						<u>620,971.93</u>

Report Criteria:

Report type: Summary

Check.Type = {<>} "Adjustment"

Report Criteria:
Report type: Invoice detail
Check.Type = {<>} "Adjustment"

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
2074									
03/24	03/12/2024	2074	17960	BLUE CROSS BLUE SHIELD OF MICH	CLM 0262318	10-348-430-3000	.00	142.76	142.76
Total 2074:							.00	142.76	142.76
2075									
03/24	03/12/2024	2075	17956	DUYEN LE	PC5180005-0	10-348-430-3000	.00	1,387.74	1,387.74
Total 2075:							.00	1,387.74	1,387.74
2076									
03/24	03/12/2024	2076	17957	JAMES TUBO	PC8544009 O	10-348-430-3000	.00	17.09	17.09
Total 2076:							.00	17.09	17.09
2077									
03/24	03/12/2024	2077	17958	LEVY LIVING TRUST	PC5222005 IN	10-348-430-3000	.00	138.77	138.77
Total 2077:							.00	138.77	138.77
2078									
03/24	03/12/2024	2078	17961	PRS	CLM Z31VFM	10-348-430-3000	.00	1,390.31	1,390.31
Total 2078:							.00	1,390.31	1,390.31
2079									
03/24	03/12/2024	2079	17884	SELECT HEALTH	CLM 2298D22	10-348-430-3000	.00	1,211.00	1,211.00
Total 2079:							.00	1,211.00	1,211.00
2080									
03/24	03/12/2024	2080	17959	STEPHEN NICOLATUS	PC6066005 IN	10-348-430-3000	.00	144.32	144.32
Total 2080:							.00	144.32	144.32

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
2081									
03/24	03/26/2024	2081	17434	PROFESSIONAL SALES & SERVICE, L	30812	10-43-726-00003	.00	297,716.11	297,716.11
Total 2081:							.00		297,716.11
1008859									
03/24	03/12/2024	1008859	17954	AFLAC GROUP INSURANCE	FEB 2024	10-218700-0000	.00	1,735.40	1,735.40
Total 1008859:							.00		1,735.40
1008860									
03/24	03/12/2024	1008860	220	ALL WEST COMMUNICATIONS	MAR 2024	10-40-286-00000	.00	410.32	410.32
03/24	03/12/2024	1008860	220	ALL WEST COMMUNICATIONS	MAR 2024	10-40-440-30000	.00	104.25	104.25
Total 1008860:							.00		514.57
1008861									
03/24	03/12/2024	1008861	14280	AMAZON CAPITAL SERVICES	11F9-VWFC-J	10-40-285-00000	.00	56.78	56.78
03/24	03/12/2024	1008861	14280	AMAZON CAPITAL SERVICES	1T9C-6LH4-Q	10-40-285-00000	.00	156.18	156.18
Total 1008861:							.00		212.96
1008862									
03/24	03/12/2024	1008862	700	AT&T MOBILITY	287287652583	10-40-365-00000	.00	40.04	40.04
Total 1008862:							.00		40.04
1008863									
03/24	03/12/2024	1008863	1380	BELL OIL COMPANY	FEB 2024	10-40-017-00000	.00	7,382.00	7,382.00
Total 1008863:							.00		7,382.00
1008864									
03/24	03/12/2024	1008864	17668	BLOMQUIST HALE CONSULTING, INC	MAR24-4468	10-43-130-30000	.00	546.56	546.56
Total 1008864:							.00		546.56
1008865									
03/24	03/12/2024	1008865	1680	BOUND TREE MEDICAL LLC	FEBRUARY	10-43-300-30000	.00	2,889.47	2,889.47

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
03/24	03/12/2024	1008865	1680	BOUND TREE MEDICAL LLC	FEBRUARY 2	10-43-300-30000	.00	3,314.79	3,314.79
Total 1008865:							.00		6,204.26
1008866									
03/24	03/12/2024	1008866	1820	BURT BROS TIRE & SERVICE INC.	124002421	10-43-500-00527	.00	2,503.38	2,503.38
Total 1008866:							.00		2,503.38
1008867									
03/24	03/12/2024	1008867	2260	CACTUS & TROPICALS	0375420	10-42-290-00002	.00	145.00	145.00
Total 1008867:							.00		145.00
1008868									
03/24	03/12/2024	1008868	3070	CANON SOLUTIONS AMERICA, INC.	6007169270	10-42-290-00002	.00	57.24	57.24
Total 1008868:							.00		57.24
1008869									
03/24	03/12/2024	1008869	16240	CAPITAL ONE	FEB 2024	10-42-290-00002	.00	87.05	87.05
Total 1008869:							.00		87.05
1008870									
03/24	03/12/2024	1008870	3170	Caselle, Inc.	131554	10-42-285-00000	.00	3,234.00	3,234.00
Total 1008870:							.00		3,234.00
1008871									
03/24	03/12/2024	1008871	17532	CENTURYLINK	FEB 2024	10-40-286-38000	.00	792.37	792.37
03/24	03/12/2024	1008871	17532	CENTURYLINK	FEB 2024	10-40-286-38000	.00	792.37	792.37
03/24	03/12/2024	1008871	17532	CENTURYLINK	FEB 2024	10-42-286-00000	.00	265.39	265.39
03/24	03/12/2024	1008871	17532	CENTURYLINK	FEBRUARY 2	10-42-286-00000	.00	265.41	265.41
Total 1008871:							.00		2,115.54
1008872									
03/24	03/12/2024	1008872	9760	DARREN NELSON	HAZMAT CAL	10-40-033-00000	.00	87.02	87.02

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
03/24	03/12/2024	1008872	9760	DARREN NELSON	STATION 38 L	10-40-291-38000	.00	58.24	58.24
Total 1008872:							.00		145.26
1008873									
03/24	03/12/2024	1008873	17812	DE LAGE LANDEN PUBLIC FINANCE,	587385201	10-42-285-00000	.00	8,699.62	8,699.62
Total 1008873:							.00		8,699.62
1008874									
03/24	03/12/2024	1008874	17636	DISCOUNTCCELL, INC	OE-28453	10-40-285-00000	.00	2,456.20	2,456.20
Total 1008874:							.00		2,456.20
1008875									
03/24	03/12/2024	1008875	17435	DOMINION ENERGY	FEB 2024	10-40-440-32000	.00	12,322.25	12,322.25
Total 1008875:							.00		12,322.25
1008876									
03/24	03/12/2024	1008876	17955	EXPERT AUTO GLASS	1-44910	10-40-500-00140	.00	200.00	200.00
Total 1008876:							.00		200.00
1008877									
03/24	03/12/2024	1008877	17663	FIRST DIGITAL	00636149-1	10-42-286-00000	.00	2,440.04	2,440.04
Total 1008877:							.00		2,440.04
1008878									
03/24	03/12/2024	1008878	17524	FLEETPRIDE	112506354	10-40-316-33000	.00	143.81	143.81
Total 1008878:							.00		143.81
1008879									
03/24	03/12/2024	1008879	17863	GOLD CROSS SERVICES, INC	3602	10-43-235-30000	.00	18,392.38	18,392.38
Total 1008879:							.00		18,392.38

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
1008880									
03/24	03/12/2024	1008880	5580	GRAHAM FIRE APPARATUS SALES &	496	10-40-500-00140	.00	161.32	161.32
03/24	03/12/2024	1008880	5580	GRAHAM FIRE APPARATUS SALES &	519	10-40-293-30000	.00	608.65	608.65
Total 1008880:							.00		769.97
1008881									
03/24	03/12/2024	1008881	5840	HEBER & PARK CITY APPLIANCE	212862	10-40-316-37000	.00	1,083.00	1,083.00
Total 1008881:							.00		1,083.00
1008882									
03/24	03/12/2024	1008882	6110	HOME DEPOT CREDIT SERVICES	FEB 2024	10-40-291-00000	.00	640.94	640.94
Total 1008882:							.00		640.94
1008883									
03/24	03/12/2024	1008883	17757	iSpyFire, Inc.	3421	10-40-285-00000	.00	2,600.00	2,600.00
Total 1008883:							.00		2,600.00
1008884									
03/24	03/12/2024	1008884	17586	Jonathan Jahp	FEB ROSENB	10-40-068-00000	.00	112.88	112.88
Total 1008884:							.00		112.88
1008885									
03/24	03/12/2024	1008885	2860	L N CURTIS & SONS	FEB 2024	10-40-037-00000	.00	2,337.08	2,337.08
03/24	03/12/2024	1008885	2860	L N CURTIS & SONS	INV792946	10-40-293-30000	.00	3,630.90	3,630.90
03/24	03/12/2024	1008885	2860	L N CURTIS & SONS	INV794046	10-40-073-00000	.00	19,705.00	19,705.00
Total 1008885:							.00		25,672.98
1008886									
03/24	03/12/2024	1008886	17623	LGG INDUSTRIAL, INC.	SD187136	10-40-293-30000	.00	242.00	242.00
Total 1008886:							.00		242.00

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
1008887									
03/24	03/12/2024	1008887	17827	odp Business Solutions, LLC	355457528001	10-40-290-00000	.00	220.44	220.44
Total 1008887:							.00	220.44	220.44
1008888									
03/24	03/12/2024	1008888	17651	OXYGEN UTAH, LLC	18203	10-40-029-00000	.00	967.52	967.52
Total 1008888:							.00	967.52	967.52
1008889									
03/24	03/12/2024	1008889	12280	REPUBLIC SERVICES #864	0864-0019555	10-42-440-00000	.00	2,640.47	2,640.47
Total 1008889:							.00	2,640.47	2,640.47
1008890									
03/24	03/12/2024	1008890	17739	ROGUE FITNESS	158912	10-40-347-35000	.00	1,171.81	1,171.81
Total 1008890:							.00	1,171.81	1,171.81
1008891									
03/24	03/12/2024	1008891	13400	SEMI SERVICE INC.	S 192858	10-40-500-00053	.00	913.37	913.37
Total 1008891:							.00	913.37	913.37
1008892									
03/24	03/12/2024	1008892	17900	SHRED SALT LAKE	71269022824	10-42-290-00001	.00	259.90	259.90
Total 1008892:							.00	259.90	259.90
1008893									
03/24	03/12/2024	1008893	13060	SKAGGS COMPANIES, INC.	450_A_19231	10-40-071-00000	.00	495.69	495.69
Total 1008893:							.00	495.69	495.69
1008894									
03/24	03/12/2024	1008894	13120	SMITHS CUSTOMER CHARGES	FEB 2024	10-42-290-00002	.00	218.73	218.73

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
Total 1008894:							.00		218.73
1008895									
03/24	03/12/2024	1008895	13130	SNYDERVILLE BASIN W R D	MAR 2024	10-40-440-30000	.00	35.14	35.14
03/24	03/12/2024	1008895	13130	SNYDERVILLE BASIN W R D	MAR 2024	10-40-440-37000	.00	611.34	611.34
Total 1008895:							.00		646.48
1008896									
03/24	03/12/2024	1008896	14070	SOUTH FORK HARDWARE PARK CITY	525196	10-40-316-34000	.00	74.17	74.17
03/24	03/12/2024	1008896	14070	SOUTH FORK HARDWARE PARK CITY	525964	10-40-316-31000	.00	88.78	88.78
Total 1008896:							.00		162.95
1008897									
03/24	03/12/2024	1008897	17673	State of Utah Dept of Technology Service	2408R064000	10-42-285-00000	.00	296.31	296.31
Total 1008897:							.00		296.31
1008898									
03/24	03/12/2024	1008898	17731	STATE OF UTAH FUEL NETWORK (DG	F2408E00867	10-40-015-00000	.00	15.14	15.14
Total 1008898:							.00		15.14
1008899									
03/24	03/12/2024	1008899	13500	STRYKER SALES, LLC	9205643698	10-43-726-00002	.00	6,301.80	6,301.80
Total 1008899:							.00		6,301.80
1008900									
03/24	03/12/2024	1008900	13490	SUMMIT WATER DISTRIBUTION CO	FEB 2024	10-40-440-33000	.00	558.28	558.28
Total 1008900:							.00		558.28
1008901									
03/24	03/12/2024	1008901	14810	THE UPS STORE #3471	FEB 2024	10-40-500-00137	.00	758.39	758.39

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
Total 1008901:							.00		758.39
1008902									
03/24	03/12/2024	1008902	16000	UT ASSOC OF SPECIAL DISTRICTS	2024	10-42-518-00000	.00	13,500.00	13,500.00
Total 1008902:							.00		13,500.00
1008903									
03/24	03/12/2024	1008903	15430	UTAH - YAMAS CONTROLS, INC.	100991	10-40-285-00000	.00	90.00	90.00
Total 1008903:							.00		90.00
1008904									
03/24	03/12/2024	1008904	15890	UTAH MANUFACTURERS ASSOCIATIO	4725	10-40-075-00000	.00	815.00	815.00
Total 1008904:							.00		815.00
1008905									
03/24	03/12/2024	1008905	15770	UTAH RETIREMENT SYSTEMS	SHELLY JONE	10-40-130-00002	.00	43.06	43.06
Total 1008905:							.00		43.06
1008906									
03/24	03/12/2024	1008906	16070	VEHICLE LIGHTING SOLUTIONS INC	13881	10-40-500-00115	.00	3,596.36	3,596.36
Total 1008906:							.00		3,596.36
1008907									
03/24	03/12/2024	1008907	16810	WELLER RECREATION, INC.	FEB 2024	10-40-293-30000	.00	300.89	300.89
Total 1008907:							.00		300.89
1008908									
03/24	03/12/2024	1008908	17713	ZAYO GROUP, LLC	20342731	10-42-365-00000	.00	870.12	870.12
Total 1008908:							.00		870.12

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
1008909									
03/24	03/12/2024	1008909	17497	ZOLL MEDICAL CORP	3916922	10-43-300-30000	.00	331.28	331.28
03/24	03/12/2024	1008909	17497	ZOLL MEDICAL CORP	3920539	10-43-300-30000	.00	3,113.76	3,113.76
Total 1008909:							.00		3,445.04
1008910									
03/24	03/27/2024	1008910	1120	ALPENGLow SOLAR & ELECTRIC	1759	40-42-725-34000	.00	12,915.00	12,915.00
Total 1008910:							.00		12,915.00
1008911									
03/24	03/27/2024	1008911	14280	AMAZON CAPITAL SERVICES	1LXY-PH3D-6	10-40-285-34000	.00	226.50	226.50
Total 1008911:							.00		226.50
1008912									
03/24	03/27/2024	1008912	17924	AMERITAS LIFE INSURANCE CORP.	010-062962-0	10-217710-4300	.00	552.76	552.76
Total 1008912:							.00		552.76
1008913									
03/24	03/27/2024	1008913	610	ARTISTIC SIGN DESIGN	24-137	10-43-500-00535	.00	3,110.00	3,110.00
03/24	03/27/2024	1008913	610	ARTISTIC SIGN DESIGN	24-153	10-43-500-00537	.00	1,695.00	1,695.00
Total 1008913:							.00		4,805.00
1008914									
03/24	03/27/2024	1008914	1980	BEEHIVE PLUMBING	46133331	10-40-316-31000	.00	1,128.60	1,128.60
03/24	03/27/2024	1008914	1980	BEEHIVE PLUMBING	46141564	10-40-316-31000	.00	374.41	374.41
Total 1008914:							.00		1,503.01
1008915									
03/24	03/27/2024	1008915	1680	BOUND TREE MEDICAL LLC	85271906	10-43-300-30000	.00	2,603.96	2,603.96
03/24	03/27/2024	1008915	1680	BOUND TREE MEDICAL LLC	85283348	10-43-300-30000	.00	428.00	428.00
03/24	03/27/2024	1008915	1680	BOUND TREE MEDICAL LLC	FEB 2024	10-43-300-30000	.00	1,695.53	1,695.53
03/24	03/27/2024	1008915	1680	BOUND TREE MEDICAL LLC	MAR 2024	10-43-300-30000	.00	1,465.09	1,465.09
03/24	03/27/2024	1008915	1680	BOUND TREE MEDICAL LLC	MAR 2024	10-43-300-30000	.00	2,491.05	2,491.05

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
Total 1008915:							.00		8,683.63
1008916									
03/24	03/27/2024	1008916	2520	BRETT D COLGAN	WALMART	10-40-291-00000	.00	54.90	54.90
Total 1008916:							.00		54.90
1008917									
03/24	03/27/2024	1008917	1820	BURT BROS TIRE & SERVICE INC.	1070101404	10-40-500-00083	.00	86.19	86.19
Total 1008917:							.00		86.19
1008918									
03/24	03/27/2024	1008918	3070	CANON SOLUTIONS AMERICA, INC.	6007226936	10-42-290-00002	.00	55.94	55.94
03/24	03/27/2024	1008918	3070	CANON SOLUTIONS AMERICA, INC.	6007289920	10-40-312-34000	.00	47.78	47.78
Total 1008918:							.00		103.72
1008919									
03/24	03/27/2024	1008919	3030	CENTURYLINK	MAR 2024	10-41-365-00000	.00	353.42	353.42
Total 1008919:							.00		353.42
1008920									
03/24	03/27/2024	1008920	17532	CENTURYLINK	680380285	10-40-286-00000	.00	834.37	834.37
03/24	03/27/2024	1008920	17532	CENTURYLINK	680641773	10-42-286-00000	.00	45.87	45.87
Total 1008920:							.00		880.24
1008921									
03/24	03/27/2024	1008921	17899	CHRISTENSEN OIL CO.	0431687	10-40-019-00000	.00	995.32	995.32
Total 1008921:							.00		995.32
1008922									
03/24	03/27/2024	1008922	17745	CULLIGAN WATER CONDITIONING	402941	10-40-316-36000	.00	147.50	147.50
03/24	03/27/2024	1008922	17745	CULLIGAN WATER CONDITIONING	FEB 2024	10-40-316-33000	.00	135.00	135.00
03/24	03/27/2024	1008922	17745	CULLIGAN WATER CONDITIONING	MAR 2024	10-40-316-38000	.00	590.00	590.00

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
Total 1008922:							.00		872.50
1008923									
03/24	03/27/2024	1008923	3370	DELL MARKETING L.P.	10737255886	10-42-285-00000	.00	389.08	389.08
Total 1008923:							.00		389.08
1008924									
03/24	03/27/2024	1008924	17821	FARRWEST ENVIRONMENTAL SUPPLY	46601	10-40-029-00000	.00	1,926.69	1,926.69
Total 1008924:							.00		1,926.69
1008925									
03/24	03/27/2024	1008925	4670	FIRE ENGINEERING COMPANY, INC.	8006	10-40-480-38000	.00	872.00	872.00
03/24	03/27/2024	1008925	4670	FIRE ENGINEERING COMPANY, INC.	MAR 2024	10-40-316-35000	.00	804.00	804.00
Total 1008925:							.00		1,676.00
1008926									
03/24	03/27/2024	1008926	17546	GOLD CUP SERVICES	FEB 2024	10-43-440-20000	.00	103.50	103.50
Total 1008926:							.00		103.50
1008927									
03/24	03/27/2024	1008927	5580	GRAHAM FIRE APPARATUS SALES &	525	10-40-500-00134	.00	1,587.41	1,587.41
03/24	03/27/2024	1008927	5580	GRAHAM FIRE APPARATUS SALES &	534	10-40-293-30000	.00	329.60	329.60
03/24	03/27/2024	1008927	5580	GRAHAM FIRE APPARATUS SALES &	MAR 2024	10-40-500-00140	.00	2,132.00	2,132.00
Total 1008927:							.00		4,049.01
1008928									
03/24	03/27/2024	1008928	5840	HEBER & PARK CITY APPLIANCE	212899A-C	10-40-316-33000	.00	270.00	270.00
Total 1008928:							.00		270.00
1008929									
03/24	03/27/2024	1008929	6810	INTERMOUNTAIN MEDICAL GROUP	FEB 2024	10-43-260-30000	.00	5,239.00	5,239.00

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
Total 1008929:							.00		5,239.00
1008930									
03/24	03/27/2024	1008930	17699	Intermountain WorkMed	PC3495661	10-43-348-30000	.00	156.00	156.00
Total 1008930:							.00		156.00
1008931									
03/24	03/27/2024	1008931	17947	KARL STORZ Endoscopy-America, Inc.	SALES ORDE	10-43-300-30000	.00	4,634.10	4,634.10
Total 1008931:							.00		4,634.10
1008932									
03/24	03/27/2024	1008932	2860	L N CURTIS & SONS	INV799317	10-40-029-00000	.00	198.00	198.00
Total 1008932:							.00		198.00
1008933									
03/24	03/27/2024	1008933	8250	LEGALSHIELD	MAR 2024	10-219200-0000	.00	527.55	527.55
Total 1008933:							.00		527.55
1008934									
03/24	03/27/2024	1008934	8970	MOUNTAIN REGIONAL WATER SSD	FEB 2024	10-40-440-30000	.00	657.82	657.82
Total 1008934:							.00		657.82
1008935									
03/24	03/27/2024	1008935	17928	NATIONWIDE PREMIUM HOLDING	MAR 2024	10-217500-0000	.00	179.53	179.53
Total 1008935:							.00		179.53
1008936									
03/24	03/27/2024	1008936	17827	odp Business Solutions, LLC	357657152001	10-42-290-00000	.00	145.70	145.70
03/24	03/27/2024	1008936	17827	odp Business Solutions, LLC	FEB 2024	10-42-290-00000	.00	396.28	396.28
Total 1008936:							.00		541.98

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
1008937									
03/24	03/27/2024	1008937	10710	PARK CITY MUNICIPAL CORP	FEB 2024	10-40-440-31000	.00	1,583.60	1,583.60
Total 1008937:							.00	1,583.60	1,583.60
1008938									
03/24	03/27/2024	1008938	17962	PEAK ART & FRAME	49190	10-40-314-34000	.00	801.32	801.32
Total 1008938:							.00	801.32	801.32
1008939									
03/24	03/27/2024	1008939	11460	PEHP-LONG TERM DISABILITY	826 FEB 2024	10-42-130-00000	.00	496.40	496.40
Total 1008939:							.00	496.40	496.40
1008940									
03/24	03/27/2024	1008940	17835	PEST ELIMINATION, INC.	108907	10-40-316-35000	.00	160.00	160.00
Total 1008940:							.00	160.00	160.00
1008941									
03/24	03/27/2024	1008941	11110	PETROLEUM EQUIPMENT COMPANY	257214	10-40-316-30000	.00	374.00	374.00
Total 1008941:							.00	374.00	374.00
1008942									
03/24	03/27/2024	1008942	11400	PUBLIC EMPLOYEES HEALTH PROG	MAR 2024	10-219000-0000	.00	3,913.85	3,913.85
Total 1008942:							.00	3,913.85	3,913.85
1008943									
03/24	03/27/2024	1008943	12550	ROCKY MOUNTAIN POWER	FEB 2024	10-40-440-34000	.00	2,359.08	2,359.08
Total 1008943:							.00	2,359.08	2,359.08
1008944									
03/24	03/27/2024	1008944	12320	ROCKY MTN POWER	MAR 2024	10-40-440-34000	.00	1,109.88	1,109.88

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
Total 1008944:							.00		1,109.88
1008945									
03/24	03/27/2024	1008945	17549	Rotary Club of Park City	3317	10-42-367-00000	.00	121.25	121.25
Total 1008945:							.00		121.25
1008946									
03/24	03/27/2024	1008946	17770	SCOTT GREENWOOD	LUNCH TRAIN	10-40-076-00000	.00	163.93	163.93
Total 1008946:							.00		163.93
1008947									
03/24	03/27/2024	1008947	17912	SEAWESTERN FIRE FIGHTING EQUIP	INV30634	10-40-726-00002	.00	16,286.25	16,286.25
Total 1008947:							.00		16,286.25
1008948									
03/24	03/27/2024	1008948	14170	SHI INTERNATIONAL CORP	B18094496	10-42-285-00000	.00	1,581.81	1,581.81
Total 1008948:							.00		1,581.81
1008949									
03/24	03/27/2024	1008949	17709	SIDDONS-MARTIN EMERGENCY GRO	321-00000106	10-40-500-00143	.00	3,098.60	3,098.60
Total 1008949:							.00		3,098.60
1008950									
03/24	03/27/2024	1008950	13060	SKAGGS COMPANIES, INC.	MAR 2024	10-40-071-00000	.00	324.90	324.90
Total 1008950:							.00		324.90
1008951									
03/24	03/27/2024	1008951	13270	SMITH POWER PRODUCTS INC	560099	10-40-316-35000	.00	2,585.79	2,585.79
Total 1008951:							.00		2,585.79

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
1008952									
03/24	03/27/2024	1008952	14070	SOUTH FORK HARDWARE PARK CITY	526730	10-40-291-00000	.00	66.45	66.45
03/24	03/27/2024	1008952	14070	SOUTH FORK HARDWARE PARK CITY	527316	10-40-316-34000	.00	8.62	8.62
Total 1008952:							.00		75.07
1008953									
03/24	03/27/2024	1008953	17813	SUMMIT FIRE & SECURITY LLC	1472528	10-40-020-00000	.00	1,052.25	1,052.25
Total 1008953:							.00		1,052.25
1008954									
03/24	03/27/2024	1008954	17803	SUMMIT MOUNTAIN CLEANING LLC	2063	10-42-480-00000	.00	1,170.00	1,170.00
Total 1008954:							.00		1,170.00
1008955									
03/24	03/27/2024	1008955	13640	SYMBOL ARTS, LLC	0487903	10-40-071-00000	.00	1,200.00	1,200.00
Total 1008955:							.00		1,200.00
1008956									
03/24	03/27/2024	1008956	17615	TargetSolutions Learning, LLC.	INV91540	10-40-285-00000	.00	21,737.98	21,737.98
Total 1008956:							.00		21,737.98
1008957									
03/24	03/27/2024	1008957	17584	TELEFLEX LLC	9508116735	10-43-300-30000	.00	1,345.50	1,345.50
Total 1008957:							.00		1,345.50
1008958									
03/24	03/27/2024	1008958	16080	VERIZON WIRELESS	9958308351	10-43-365-30000	.00	771.80	771.80
03/24	03/27/2024	1008958	16080	VERIZON WIRELESS	9959143226	10-43-350-30000	.00	1,089.16	1,089.16
Total 1008958:							.00		1,860.96
1008959									
03/24	03/27/2024	1008959	17070	WEIDNER FIRE	68251	10-40-073-00000	.00	530.00	530.00

GL Period	Check Issue Date	Check Number	Vendor Number	Payee	Invoice Number	Invoice GL Account	Discount Taken	Invoice Amount	Check Amount
03/24	03/27/2024	1008959	17070	WEIDNER FIRE	68297	10-40-293-30000	.00	447.54	447.54
Total 1008959:							.00	977.54	977.54
1008960									
03/24	03/27/2024	1008960	16810	WELLER RECREATION, INC.	24829	10-40-726-00003	.00	33,813.34	33,813.34
Total 1008960:							.00	33,813.34	33,813.34
1008961									
03/24	03/27/2024	1008961	17682	WESTNET	28488	10-40-726-00002	.00	12,787.97	12,787.97
03/24	03/27/2024	1008961	17682	WESTNET	28524	10-40-726-00002	.00	12,787.97	12,787.97
Total 1008961:							.00	25,575.94	25,575.94
1008962									
03/24	03/27/2024	1008962	17170	WORKFORCEQA	INV101848	10-43-348-30000	.00	180.00	180.00
Total 1008962:							.00	180.00	180.00
1008963									
03/24	03/27/2024	1008963	17497	ZOLL MEDICAL CORP	3935963	10-43-300-30000	.00	3,307.06	3,307.06
Total 1008963:							.00	3,307.06	3,307.06
Grand Totals:							.00	620,971.93	620,971.93

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
10-201000-0000	1,167.42	609,224.35-	608,056.93-
10-217500-0000	179.53	.00	179.53
10-217710-4300	552.76	.00	552.76
10-218700-0000	1,735.40	.00	1,735.40
10-219000-0000	3,913.85	.00	3,913.85
10-219200-0000	527.55	.00	527.55

GL Account	Debit	Credit	Proof
10-348-430-3000	4,431.99	.00	4,431.99
10-40-015-00000	15.14	.00	15.14
10-40-017-00000	7,382.00	.00	7,382.00
10-40-019-00000	995.32	.00	995.32
10-40-020-00000	1,052.25	.00	1,052.25
10-40-029-00000	5,019.21	.00	5,019.21
10-40-033-00000	87.02	.00	87.02
10-40-037-00000	410.08	.00	410.08
10-40-068-00000	112.88	.00	112.88
10-40-071-00000	2,020.59	.00	2,020.59
10-40-073-00000	20,235.00	.00	20,235.00
10-40-075-00000	815.00	.00	815.00
10-40-076-00000	558.93	.00	558.93
10-40-130-00002	43.06	.00	43.06
10-40-285-00000	35,191.99	.00	35,191.99
10-40-285-34000	226.50	.00	226.50
10-40-286-00000	2,113.26	.00	2,113.26
10-40-286-33000	120.55	.00	120.55
10-40-286-34000	776.57	.00	776.57
10-40-286-35000	516.74	.00	516.74
10-40-286-36000	516.81	.00	516.81
10-40-286-38000	396.10	.00	396.10
10-40-290-00000	220.44	.00	220.44
10-40-290-34000	524.10	.00	524.10
10-40-291-00000	948.11	.00	948.11
10-40-291-34000	19.52	.00	19.52
10-40-291-38000	58.24	.00	58.24
10-40-293-30000	6,251.07	.00	6,251.07
10-40-312-33000	49.71	.00	49.71
10-40-312-34000	47.78	.00	47.78
10-40-314-34000	801.32	.00	801.32
10-40-316-30000	374.00	.00	374.00
10-40-316-31000	1,739.29	.00	1,739.29
10-40-316-33000	836.30	.00	836.30
10-40-316-34000	82.79	.00	82.79
10-40-316-35000	3,161.29	.00	3,161.29
10-40-316-36000	147.50	.00	147.50
10-40-316-37000	1,351.00	.00	1,351.00
10-40-316-38000	415.50	.00	415.50
10-40-347-35000	1,171.81	.00	1,171.81

GL Account	Debit	Credit	Proof
10-40-350-00000	829.51	.00	829.51
10-40-365-00000	344.05	.00	344.05
10-40-365-31000	37.29	.00	37.29
10-40-365-34000	51.54	.00	51.54
10-40-365-35000	48.29	.00	48.29
10-40-365-36000	37.29	.00	37.29
10-40-365-37000	55.28	.00	55.28
10-40-365-38000	49.30	.00	49.30
10-40-440-00000	875.08	.00	875.08
10-40-440-30000	1,758.43	.00	1,758.43
10-40-440-31000	3,021.76	.00	3,021.76
10-40-440-32000	813.00	.00	813.00
10-40-440-33000	1,917.91	.00	1,917.91
10-40-440-34000	3,158.62	1,079.02-	2,079.60
10-40-440-35000	2,071.60	.00	2,071.60
10-40-440-36000	3,275.18	.00	3,275.18
10-40-440-37000	2,889.26	.00	2,889.26
10-40-440-38000	2,104.78	.00	2,104.78
10-40-480-38000	872.00	.00	872.00
10-40-500-00053	913.37	.00	913.37
10-40-500-00083	86.19	.00	86.19
10-40-500-00115	3,596.36	.00	3,596.36
10-40-500-00134	1,587.41	.00	1,587.41
10-40-500-00137	234.29	.00	234.29
10-40-500-00140	1,801.83	.00	1,801.83
10-40-500-00143	3,098.60	.00	3,098.60
10-40-726-00002	41,862.19	.00	41,862.19
10-40-726-00003	33,813.34	.00	33,813.34
10-41-285-00000	515.37	.00	515.37
10-41-286-00000	91.05	.00	91.05
10-41-350-00000	120.03	.00	120.03
10-41-365-00000	177.63	.00	177.63
10-42-130-00000	496.40	.00	496.40
10-42-285-00000	3,967.50	.00	3,967.50
10-42-286-00000	1,263.52	.00	1,263.52
10-42-290-00000	162.95	.00	162.95
10-42-290-00001	259.90	.00	259.90
10-42-290-00002	422.53	.00	422.53
10-42-365-00000	557.04	.00	557.04
10-42-367-00000	121.25	.00	121.25

GL Account	Debit	Credit	Proof
10-42-440-00000	1,175.51	.00	1,175.51
10-42-480-00000	1,170.00	.00	1,170.00
10-42-518-00000	13,500.00	.00	13,500.00
10-43-130-30000	546.56	.00	546.56
10-43-235-30000	18,392.38	.00	18,392.38
10-43-260-30000	5,239.00	.00	5,239.00
10-43-300-30000	27,707.99	88.40-	27,619.59
10-43-348-30000	336.00	.00	336.00
10-43-350-30000	523.11	.00	523.11
10-43-365-30000	345.72	.00	345.72
10-43-400-30000	95.43	.00	95.43
10-43-440-20000	103.50	.00	103.50
10-43-500-00527	2,533.37	.00	2,533.37
10-43-500-00535	3,110.00	.00	3,110.00
10-43-500-00537	2,923.10	.00	2,923.10
10-43-726-00002	6,301.80	.00	6,301.80
10-43-726-00003	297,716.11	.00	297,716.11
40-201000-0000	.00	12,915.00-	12,915.00-
40-42-725-34000	12,915.00	.00	12,915.00
Grand Totals:	<u>623,306.77</u>	<u>623,306.77-</u>	<u>.00</u>

PARK CITY FIRE DISTRICT CAFETERIA PLAN

SUMMARY PLAN DESCRIPTION

Dated: _____

Mayor: _____

City Council: _____

City Recorder: _____

Report Criteria:

Report type: Invoice detail

Check.Type = {<>} "Adjustment"

TABLE OF CONTENTS

**I
ELIGIBILITY**

1. When can I become a participant in the Plan?1
2. What are the eligibility requirements for our Plan?.....1
3. When is my entry date?.....1
4. What must I do to enroll in the Plan?.....1

**II
OPERATION**

1. How does this Plan operate?.....1

**III
CONTRIBUTIONS**

1. How much of my pay may the Employer redirect?.....2
2. How much will the Employer contribute each year?.....2
3. What happens to contributions made to the Plan?2
4. When must I decide which accounts I want to use?.....2
5. When is the election period for our Plan?.....2
6. May I change my elections during the Plan Year?.....2
7. May I make new elections in future Plan Years?.....3

**IV
BENEFITS**

1. Health Flexible Spending Account3
2. Dependent Care Flexible Spending Account4
3. Premium Expense Account.....4
4. May I direct Plan contributions to my Health Savings Account?.....5

**V
BENEFIT PAYMENTS**

1. When will I receive payments from my accounts?.....5
2. What happens if I don't spend all Plan contributions during the Plan Year?.....5
3. Family and Medical Leave Act (FMLA).....5
4. Uniformed Services Employment and Reemployment Rights Act (USERRA).....5
5. What happens if I terminate employment?.....5
6. Will my Social Security benefits be affected?.....6

**VI
HIGHLY COMPENSATED AND KEY EMPLOYEES**

1. Do limitations apply to highly compensated employees?6

**VII
PLAN ACCOUNTING**

1. Periodic Statements6

**VIII
GENERAL INFORMATION ABOUT OUR PLAN**

1.	General Plan Information	6
2.	Employer Information	6
3.	Plan Administrator Information	7
4.	Service of Legal Process	7
5.	Type of Administration	7
6.	Claims Submission.....	7

**IX
ADDITIONAL PLAN INFORMATION**

1.	Claims Process	7
----	----------------------	---

**X
CONTINUATION COVERAGE RIGHTS UNDER COBRA**

1.	What is COBRA continuation coverage?	8
2.	Who can become a Qualified Beneficiary?	8
3.	What is a Qualifying Event?.....	8
4.	What factors should be considered when determining to elect COBRA continuation coverage?	9
5.	What is the procedure for obtaining COBRA continuation coverage?	9
6.	What is the election period and how long must it last?.....	9
7.	Is a covered Employee or Qualified Beneficiary responsible for informing the Plan Administrator of the occurrence of a Qualifying Event?.....	10
8.	Is a waiver before the end of the election period effective to end a Qualified Beneficiary's election rights?.....	10
9.	Is COBRA coverage available if a Qualified Beneficiary has other group health plan coverage or Medicare?	11
10.	When may a Qualified Beneficiary's COBRA continuation coverage be terminated?	11
11.	What are the maximum coverage periods for COBRA continuation coverage?.....	11
12.	Under what circumstances can the maximum coverage period be expanded?	12
13.	How does a Qualified Beneficiary become entitled to a disability extension?.....	12
14.	Does the Plan require payment for COBRA continuation coverage?	12
15.	Must the Plan allow payment for COBRA continuation coverage to be made in monthly installments?.....	12
16.	What is Timely Payment for COBRA continuation coverage?.....	12
17.	Must a Qualified Beneficiary be given the right to enroll in a conversion health plan at the end of the maximum coverage period for COBRA continuation coverage?.....	12
18.	How is my participation in the Health Flexible Spending Account affected?	12

**XI
SUMMARY**

PARK CITY FIRE DISTRICT CAFETERIA PLAN

INTRODUCTION

We have amended the "Flexible Benefits Plan" that we previously established for you and other eligible employees. Under this Plan, you will be able to choose among certain benefits that we make available. The benefits that you may choose are outlined in this Summary Plan Description. We will also tell you about other important information concerning the amended Plan, such as the rules you must satisfy before you can join and the laws that protect your rights.

One of the most important features of our Plan is that the benefits being offered are generally ones that you are already paying for, but normally with money that has first been subject to income and Social Security taxes. Under our Plan, these same expenses will be paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save.

Read this Summary Plan Description carefully so that you understand the provisions of our amended Plan and the benefits you will receive. This SPD describes the Plan's benefits and obligations as contained in the legal Plan document, which governs the operation of the Plan. The Plan document is written in much more technical and precise language. If the non-technical language in this SPD and the technical, legal language of the Plan document conflict, the Plan document always governs. Also, if there is a conflict between an insurance contract and either the Plan document or this Summary Plan Description, the insurance contract will control. If you wish to receive a copy of the legal Plan document, please contact the Administrator.

This SPD describes the current provisions of the Plan which are designed to comply with applicable legal requirements. The Plan is subject to federal laws, such as the Internal Revenue Code and other federal and state laws which may affect your rights. The provisions of the Plan are subject to revision due to a change in laws or due to pronouncements by the Internal Revenue Service (IRS) or other federal agencies. We may also amend or terminate this Plan. If the provisions of the Plan that are described in this SPD change, we will notify you.

We have attempted to answer most of the questions you may have regarding your benefits in the Plan. If this SPD does not answer all of your questions, please contact the Administrator (or other plan representative). The name and address of the Administrator can be found in the Article of this SPD entitled "General Information About the Plan."

I ELIGIBILITY

1. When can I become a participant in the Plan?

Before you become a Plan member (referred to in this Summary Plan Description as a "Participant"), there are certain rules which you must satisfy. First, you must meet the eligibility requirements and be an active employee. After that, the next step is to actually join the Plan on the "entry date" that we have established for all employees. The "entry date" is defined in Question 3 below. You will also be required to complete certain application forms before you can enroll in the Health Flexible Spending Account or Dependent Care Flexible Spending Account.

2. What are the eligibility requirements for our Plan?

You will be eligible to join the Plan once you have satisfied the conditions for coverage under our group medical plan. Of course, if you were already a participant before this amendment, you will remain a participant.

3. When is my entry date?

You can join the Plan on the same day you can enter our group medical plan.

4. What must I do to enroll in the Plan?

Before you can join the Plan, you must complete an application to participate in the Plan. The application includes your personal choices for each of the benefits which are being offered under the Plan. You must also authorize us to set some of your earnings aside in order to pay for a portion of the benefits you have elected.

However, if you are already covered under any of the insured benefits, you will automatically participate in this Plan to the extent of your premiums unless you elect not to participate in this Plan.

II OPERATION

1. How does this Plan operate?

Before the start of each Plan Year, you will be able to elect to have some of your upcoming pay contributed to the Plan. These amounts will be used to pay for the benefits you have chosen. The portion of your pay that is paid to the Plan is not subject to Federal income or Social Security taxes. In other words, this allows you to use tax-free dollars to pay for certain kinds of benefits and expenses

which you normally pay for with out-of-pocket, taxable dollars. Also, we will make additional Employer contributions to the Plan that you may use to increase the amounts used to pay benefits. However, if you receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return. (See the Article entitled "General Information About Our Plan" for the definition of "Plan Year.")

III CONTRIBUTIONS

1. How much of my pay may the Employer redirect?

Each year, we will automatically contribute on your behalf enough of your compensation to pay for the coverage provided unless you elect not to receive any or all of such coverage. You may also elect to have us contribute on your behalf enough of your compensation to pay for any other benefits that you elect under the Plan. These amounts will be deducted from your pay over the course of the year.

2. How much will the Employer contribute each year?

If you have other group medical coverage and opt out of our group medical coverage, we will contribute a discretionary amount which we will determine prior to the beginning of each Plan Year.

3. What happens to contributions made to the Plan?

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year. Later, they will be used to pay for the expenses as they arise during the Plan Year.

4. When must I decide which accounts I want to use?

You are required by Federal law to decide before the Plan Year begins, during the election period (defined below). You must decide two things. First, which benefits you want and, second, how much should go toward each benefit.

If you are already covered by any of the insured benefits offered by this Plan, you will automatically become a Participant to the extent of the premiums for such insurance unless you elect, during the election period (defined below), not to participate in the Plan.

5. When is the election period for our Plan?

You will make your initial election on or before your entry date. (You should review Section I on Eligibility to better understand the eligibility requirements and entry date.) Then, for each following Plan Year, the election period is established by the Administrator and applied uniformly to all Participants. It will normally be a period of time prior to the beginning of each Plan Year. The Administrator will inform you each year about the election period. (See the Article entitled "General Information About Our Plan" for the definition of Plan Year.)

6. May I change my elections during the Plan Year?

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections. You are permitted to change elections if you have a "change in status" and you make an election change that is consistent with the change in status. Currently, Federal law considers the following events to be a change in status:

- Marriage, divorce, death of a spouse, legal separation or annulment;
- Change in the number of dependents, including birth, adoption, placement for adoption, or death of a dependent;
- Any of the following events for you, your spouse or dependent: termination or commencement of employment, a strike or lockout, commencement or return from an unpaid leave of absence, a change in worksite, or any other change in employment status that affects eligibility for benefits;
- One of your dependents satisfies or ceases to satisfy the requirements for coverage due to change in age, student status, or any similar circumstance; and
- A change in the place of residence of you, your spouse or dependent that would lead to a change in status, such as moving out of a coverage area for insurance.

In addition, if you are participating in the Dependent Care Flexible Spending Account, then there is a change in status if your dependent no longer meets the qualifications to be eligible for dependent care.

However, with respect to the Health Savings Account, you may modify or revoke your elections without having to have a change in status.

There are detailed rules on when a change in election is deemed to be consistent with a change in status. In addition, there are laws that give you rights to change health coverage for you, your spouse, or your dependents. If you change coverage due to rights you have under the law, then you can make a corresponding change in your elections under the Plan. If any of these conditions apply to you, you should contact the Administrator.

If the cost of a benefit provided under the Plan increases or decreases during a Plan Year, then we will automatically increase or decrease, as the case may be, your salary redirection election. If the cost increases significantly, you will be permitted to either make corresponding changes in your payments or revoke your election and obtain coverage under another benefit package option with similar coverage, or revoke your election entirely.

If the coverage under a Benefit is significantly curtailed or ceases during a Plan Year, then you may revoke your elections and elect to receive on a prospective basis coverage under another plan with similar coverage. In addition, if we add a new coverage option or eliminate an existing option, you may elect the newly-added option (or elect another option if an option has been eliminated) and make corresponding election changes to other options providing similar coverage. If you are not a Participant, you may elect to join the Plan. There are also certain situations when you may be able to change your elections on account of a change under the plan of your spouse's, former spouse's or dependent's employer.

These rules on change due to cost or coverage do not apply to the Health Flexible Spending Account, and you may not change your election to the Health Flexible Spending Account if you make a change due to cost or coverage for insurance or if you decide to participate in the Health Savings Account.

You may not change your election under the Dependent Care Flexible Spending Account if the cost change is imposed by a dependent care provider who is your relative.

7. May I make new elections in future Plan Years?

Yes, you may. For each new Plan Year, you may change the elections that you previously made. You may also choose not to participate in the Plan for the upcoming Plan Year. If you do not make new elections during the election period before a new Plan Year begins, we will assume you want your elections for insured or self-funded benefits only to remain the same and you will not be considered a Participant for the non-insured benefit options under the Plan for the upcoming Plan Year.

IV BENEFITS

1. Health Flexible Spending Account

The Health Flexible Spending Account enables you to pay for expenses allowed under Sections 105 and 213(d) of the Internal Revenue Code which are not covered by our medical plan and save taxes at the same time. The Health Flexible Spending Account allows you to be reimbursed by the Employer for expenses incurred by you and your dependents.

However, if you participate in a HSA, you can only be reimbursed by the Employer for out-of-pocket dental or vision expenses incurred by you and your dependents; however, once you satisfy the statutory deductible, you may be reimbursed for medical expenses incurred by you and your dependents. For 2024, this amount is \$1,600 for individual coverage and \$3,200 for family coverage. After 2024, the dollar limit may increase for cost-of-living adjustments.

Once you have satisfied the deductible if you are a HSA participant, drug costs, including insulin, may be reimbursed.

You may not be reimbursed for the cost of other health care coverage maintained outside of the Plan, or for long-term care expenses. A list of covered expenses is available from the Administrator.

For 2024, the most you can contribute is \$3,200. After 2024, the dollar limit may increase for cost of living adjustments. If you enter the Plan after the first day of the Plan Year, the most that you can contribute to your Health Flexible Spending Account each Plan Year is pro-rated.

In order to be reimbursed for a health care expense, you must submit to the Administrator an itemized bill from the service provider. We will also provide you with a debit or credit card to use to pay for medical expenses. The Administrator will provide you with further details. Amounts reimbursed from the Plan may not be claimed as a deduction on your personal income tax return. Reimbursement from the fund shall be paid at least once a month. Expenses under this Plan are treated as being "incurred" when you are provided with the care that gives rise to the expenses, not when you are formally billed or charged, or you pay for the medical care.

You may be reimbursed for expenses for any tax dependent child until the end of the calendar year in which the child reaches age 26. A child is a natural child, stepchild, foster child, adopted child, or a child placed with you for adoption. If a child gains or regains eligibility due to these new rules, that qualifies as a change in status to change coverage.

Newborns' and Mothers' Health Protection Act: Group health plans generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In

any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act: This plan, as required by the Women's Health and Cancer Rights Act of 1998, will reimburse up to plan limits for benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Contact your Plan Administrator for more information.

2. Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account enables you to pay for out-of-pocket, work-related dependent day-care cost with pre-tax dollars. If you are married, you can use the account if you and your spouse both work or, in some situations, if your spouse goes to school full-time. Single employees can also use the account.

An eligible dependent is someone for whom you can claim expenses on Federal Income Tax Form 2441 "Credit for Child and Dependent Care Expenses." Children must be under age 13. Other dependents must be physically or mentally unable to care for themselves. Dependent Care arrangements which qualify include:

- (a) A Dependent (Day) Care Center, provided that if care is provided by the facility for more than six individuals, the facility complies with applicable state and local laws;
- (b) An Educational Institution for pre-school children. For older children, only expenses for non-school care are eligible; and
- (c) An "Individual" who provides care inside or outside your home: The "Individual" may not be a child of yours under age 19 or anyone you claim as a dependent for Federal tax purposes.

You should make sure that the dependent care expenses you are currently paying for qualify under our Plan. We will also provide you with a debit or credit card to use to pay for dependent care expenses. The Administrator will provide you with further details.

The law places limits on the amount of money that can be paid to you in a calendar year from your Dependent Care Flexible Spending Account. Generally, your reimbursements may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns); (b) your taxable compensation; (c) your spouse's actual or deemed earned income (a spouse who is a full time student or incapable of caring for himself/herself has a monthly earned income of \$250 for one dependent or \$500 for two or more dependents). However, if you enter the Plan after the first day of the Plan Year, the maximum amount you may contribute to the Dependent Care Flexible Spending Account is pro-rated.

Also, in order to have the reimbursements made to you from this account be excludable from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider on your tax form for the year, as well as the amount of such expense as proof that the expense has been incurred. In addition, Federal tax laws permit a tax credit for certain dependent care expenses you may be paying for even if you are not a Participant in this Plan. You may save more money if you take advantage of this tax credit rather than using the Dependent Care Flexible Spending Account under our Plan. Ask your tax adviser which is better for you.

3. Premium Expense Account

A Premium Expense Account allows you to use tax-free dollars to pay for certain premium expenses under various insurance programs that we offer you. These premium expenses include:

- Health care premiums under our self-funded medical plan.
- Dental insurance premiums.
- Vision insurance premiums.

Under our Plan, we will establish sub-accounts for you for each different type of coverage that is available. Also, certain limits on the amount of coverage may apply.

The Administrator may terminate or modify Plan benefits at any time, subject to the provisions of any contracts providing benefits described above. Also, your coverage will end when you leave employment, are no longer eligible under the terms of any coverage, or when coverage terminates.

Any benefits to be provided by insurance will be provided only after (1) you have provided the Administrator the necessary information to apply for insurance, and (2) the insurance is in effect for you.

If you cover your tax dependent children up to age 26 under your insurance, you can pay for that coverage through the Plan.

4. May I direct Plan contributions to my Health Savings Account?

Yes. Any monies that you do not apply toward available benefits can be contributed to your Health Savings Account, which enables you to pay for expenses which are not covered by our medical plan and save taxes at the same time. Please see your Plan Administrator for further details.

V BENEFIT PAYMENTS

1. When will I receive payments from my accounts?

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. The Administrator will provide you with acceptable forms for submitting these requests for reimbursement. If the request qualifies as a benefit or expense that the Plan has agreed to pay, you will receive a reimbursement payment soon thereafter. Remember, these reimbursements which are made from the Plan are generally not subject to federal income tax or withholding. Nor are they subject to Social Security taxes. The provisions of the insurance contracts will control what benefits will be paid and when. You will only be reimbursed from the Dependent Care Flexible Spending Account to the extent that there are sufficient funds in the Account to cover your request.

2. What happens if I don't spend all Plan contributions during the Plan Year?

If you have not spent all the amounts in your Health Flexible Spending Account by the end of the Plan Year, you may continue to incur claims for expenses during the "Grace Period." The "Grace Period" extends 2 1/2 months after the end of the Plan Year, during which time you can continue to incur claims and use up all amounts remaining in your Health Flexible Spending Account.

Any monies left at the end of the Plan Year and the Grace Period will be forfeited, except for amounts contributed to your Health Savings Account. Obviously, qualifying expenses that you incur late in the Plan Year or during the Grace Period for which you seek reimbursement after the end of such Plan Year and Grace Period will be paid first before any amount is forfeited. For the Health Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. For the Dependent Care Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. Because it is possible that you might forfeit amounts in the Plan if you do not fully use the contributions that have been made, it is important that you decide how much to place in each account carefully and conservatively. Remember, you must decide which benefits you want to contribute to and how much to place in each account before the Plan Year begins. You want to be as certain as you can that the amount you decide to place in each account will be used up entirely.

3. Family and Medical Leave Act (FMLA)

If you take leave under the Family and Medical Leave Act, you may revoke or change your existing elections for health insurance and the Health Flexible Spending Account. If your coverage in these benefits terminates, due to your revocation of the benefit while on leave or due to your non-payment of contributions, you will be permitted to reinstate coverage for the remaining part of the Plan Year upon your return. For the Health Flexible Spending Account, you may continue your coverage or you may revoke your coverage and resume it when you return. You can resume your coverage at its original level and make payments for the time that you are on leave. For example, if you elect \$1,200 for the year and are out on leave for 3 months, then return and elect to resume your coverage at that level, your remaining payments will be increased to cover the difference - from \$100 per month to \$150 per month. Alternatively your maximum amount will be reduced proportionately for the time that you were gone. For example, if you elect \$1,200 for the year and are out on leave for 3 months, your amount will be reduced to \$900. The expenses you incur during the time you are not in the Health Flexible Spending Account are not reimbursable.

If you continue your coverage during your unpaid leave, you may pre-pay for the coverage, you may pay for your coverage on an after-tax basis while you are on leave, or you and your Employer may arrange a schedule for you to "catch up" your payments when you return.

4. Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you are going into or returning from military service, you may have special rights to health care coverage under your Health Flexible Spending Account under the Uniformed Services Employment and Reemployment Rights Act of 1994. These rights can include extended health care coverage. If you may be affected by this law, ask your Administrator for further details.

5. What happens if I terminate employment?

If you terminate employment during the Plan Year, your right to benefits will be determined in the following manner:

- (a) You will remain covered by insurance, but only for the period for which premiums have been paid prior to your termination of employment.
- (b) You will still be able to request reimbursement for qualifying dependent care expenses incurred during the remainder of the Plan Year from the balance remaining in your dependent care account at the time of termination of employment. However, no further salary redirection and contributions will be made on your behalf after you terminate. You must submit claims within 90 days after the end of the Plan Year in which termination occurs.

(c) Your Health Savings Account amounts will remain yours even after your termination of employment.

(d) For health benefit coverage and Health Flexible Spending Account coverage on termination of employment, please see the Article entitled "Continuation Coverage Rights Under COBRA." Upon your termination of employment, your participation in the Health Flexible Spending Account will cease, and no further salary redirection and contributions will be contributed on your behalf. However, you will be able to submit claims for health care expenses that were incurred before the end of the period for which payments to the Health Flexible Spending Account have already been made. Your further participation will be governed by "Continuation Coverage Rights Under COBRA."

6. Will my Social Security benefits be affected?

Your Social Security benefits may be slightly reduced because when you receive tax-free benefits under our Plan, it reduces the amount of contributions that you make to the Federal Social Security system as well as our contribution to Social Security on your behalf.

**VI
HIGHLY COMPENSATED AND KEY EMPLOYEES**

1. Do limitations apply to highly compensated employees?

Under the Internal Revenue Code, highly compensated employees and key employees generally are Participants who are officers, shareholders or highly paid. You will be notified by the Administrator each Plan Year whether you are a highly compensated employee or a key employee.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Federal tax laws state that a plan will be considered to unfairly favor the key employees if they as a group receive more than 25% of all of the nontaxable benefits provided for under our Plan.

Plan experience will dictate whether contribution limitations on highly compensated employees or key employees will apply. You will be notified of these limitations if you are affected.

**VII
PLAN ACCOUNTING**

1. Periodic Statements

The Administrator will provide you with a statement of your account periodically during the Plan Year that shows your account balance. It is important to read these statements carefully so you understand the balance remaining to pay for a benefit. Remember, you want to spend all the money you have designated for a particular benefit by the end of the Plan Year.

**VIII
GENERAL INFORMATION ABOUT OUR PLAN**

This Section contains certain general information which you may need to know about the Plan.

1. General Plan Information

Park City Fire District Cafeteria Plan is the name of the Plan.

Your Employer has assigned Plan Number 501 to your Plan.

The provisions of your amended Plan become effective on 01/01/2024. Your Plan was originally effective on 01/01/2020.

Your Plan's records are maintained on a twelve-month period of time. This is known as the Plan Year. The Plan Year begins on 01/01 and ends on 12/31.

2. Employer Information

Your Employer's name, address, and identification number are:

Park City Fire Service District
736 W. Bitner Rd. PO Box 980010
Park City, Utah 84098
87-6176221

3. Plan Administrator Information

The name, address and business telephone number of your Plan's Administrator are:

Park City Fire Service District
736 W. Bitner Rd. PO Box 980010
Park City, Utah 84098
435-940-2500

The Administrator keeps the records for the Plan and is responsible for the administration of the Plan. The Administrator will also answer any questions you may have about our Plan. You may contact the Administrator for any further information about the Plan.

4. Service of Legal Process

The name and address of the Plan's agent for service of legal process are:

Park City Fire Service District
736 W. Bitner Rd. PO Box 980010
Park City, Utah 84098

5. Type of Administration

The type of Administration is Employer Administration.

6. Claims Submission

Claims for expenses should be submitted to:

HealthEquity Attn: Reimbursement Accounts
15 W Scenic Point Dr. Ste 100
Draper, Utah 84020

**IX
ADDITIONAL PLAN INFORMATION**

1. Claims Process

You should submit all reimbursement claims during the Plan Year. For the Health Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. For the Dependent Care Flexible Spending Account, you must submit claims no later than 90 days after the end of the Plan Year. Any claims submitted after that time will not be considered.

Claims that are insured or self-funded will be handled in accordance with procedures contained in the insurance policies or contracts. All other general requests should be directed to the Administrator of our Plan. If a dependent care or medical expense claim under the Plan is denied in whole or in part, you or your beneficiary will receive written notification. The notification will include the reasons for the denial, with reference to the specific provisions of the Plan on which the denial was based, a description of any additional information needed to process the claim and an explanation of the claims review procedure. Within 60 days after denial, you or your beneficiary may submit a written request for reconsideration of the denial to the Administrator.

Any such request should be accompanied by documents or records in support of your appeal. You or your beneficiary may review pertinent documents and submit issues and comments in writing. The Administrator will review the claim and provide, within 60 days, a written response to the appeal. (This period may be extended an additional 60 days under certain circumstances.) In this response, the Administrator will explain the reason for the decision, with specific reference to the provisions of the Plan on which the decision is based. The Administrator has the exclusive right to interpret the appropriate plan provisions. Decisions of the Administrator are conclusive and binding.

**X
CONTINUATION COVERAGE RIGHTS UNDER COBRA**

Under federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), certain employees and their families covered under health benefits under this Plan will be entitled to the opportunity to elect a temporary extension of health coverage (called "COBRA continuation coverage") where coverage under the Plan would otherwise end. This notice is intended to inform Plan Participants and beneficiaries, in summary fashion, of their rights and obligations under the continuation coverage provisions of COBRA, as amended and reflected in final and proposed regulations published by the Department of the Treasury. This notice is intended to reflect the law and does not grant or take away any rights under the law.

The Plan Administrator or its designee is responsible for administering COBRA continuation coverage. Complete instructions on COBRA, as well as election forms and other information, will be provided by the Plan Administrator or its designee to Plan Participants who become Qualified Beneficiaries under COBRA. While the Plan itself is not a group health plan, it does provide health benefits.

Whenever "Plan" is used in this section, it means any of the health benefits under this Plan including the Health Flexible Spending Account.

1. What is COBRA continuation coverage?

COBRA continuation coverage is the temporary extension of group health plan coverage that must be offered to certain Plan Participants and their eligible family members (called "Qualified Beneficiaries") at group rates. The right to COBRA continuation coverage is triggered by the occurrence of a life event that results in the loss of coverage under the terms of the Plan (the "Qualifying Event"). The coverage must be identical to the coverage that the Qualified Beneficiary had immediately before the Qualifying Event, or if the coverage has been changed, the coverage must be identical to the coverage provided to similarly situated active employees who have not experienced a Qualifying Event (in other words, similarly situated non-COBRA beneficiaries).

There may be other options available when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

2. Who can become a Qualified Beneficiary?

In general, a Qualified Beneficiary can be:

- (a) Any individual who, on the day before a Qualifying Event, is covered under a Plan by virtue of being on that day either a covered Employee, the Spouse of a covered Employee, or a Dependent child of a covered Employee. If, however, an individual who otherwise qualifies as a Qualified Beneficiary is denied or not offered coverage under the Plan under circumstances in which the denial or failure to offer constitutes a violation of applicable law, then the individual will be considered to have had the coverage and will be considered a Qualified Beneficiary if that individual experiences a Qualifying Event.
- (b) Any child who is born to or placed for adoption with a covered Employee during a period of COBRA continuation coverage, and any individual who is covered by the Plan as an alternate recipient under a qualified medical support order. If, however, an individual who otherwise qualifies as a Qualified Beneficiary is denied or not offered coverage under the Plan under circumstances in which the denial or failure to offer constitutes a violation of applicable law, then the individual will be considered to have had the coverage and will be considered a Qualified Beneficiary if that individual experiences a Qualifying Event.

The term "covered Employee" includes any individual who is provided coverage under the Plan due to his or her performance of services for the employer sponsoring the Plan. However, this provision does not establish eligibility of these individuals. Eligibility for Plan coverage shall be determined in accordance with Plan Eligibility provisions.

An individual is not a Qualified Beneficiary if the individual's status as a covered Employee is attributable to a period in which the individual was a nonresident alien who received from the individual's Employer no earned income that constituted income from sources within the United States. If, on account of the preceding reason, an individual is not a Qualified Beneficiary, then a Spouse or Dependent child of the individual will also not be considered a Qualified Beneficiary by virtue of the relationship to the individual. A domestic partner is not a Qualified Beneficiary.

Each Qualified Beneficiary (including a child who is born to or placed for adoption with a covered Employee during a period of COBRA continuation coverage) must be offered the opportunity to make an independent election to receive COBRA continuation coverage.

3. What is a Qualifying Event?

A Qualifying Event is any of the following if the Plan provided that the Plan participant would lose coverage (i.e., cease to be covered under the same terms and conditions as in effect immediately before the Qualifying Event) in the absence of COBRA continuation coverage:

- (a) The death of a covered Employee.
- (b) The termination (other than by reason of the Employee's gross misconduct), or reduction of hours, of a covered Employee's employment.
- (c) The divorce or legal separation of a covered Employee from the Employee's Spouse. If the Employee reduces or eliminates the Employee's Spouse's Plan coverage in anticipation of a divorce or legal separation, and a divorce or legal separation later occurs, then the divorce or legal separation may be considered a Qualifying Event even though the Spouse's coverage was reduced or eliminated before the divorce or legal separation.
- (d) A covered Employee's enrollment in any part of the Medicare program.
- (e) A Dependent child's ceasing to satisfy the Plan's requirements for a Dependent child (for example, attainment of the maximum age for dependency under the Plan).

If the Qualifying Event causes the covered Employee, or the covered Spouse or a Dependent child of the covered Employee, to cease to be covered under the Plan under the same terms and conditions as in effect immediately before the Qualifying Event, the persons losing such coverage become Qualified Beneficiaries under COBRA if all the other conditions of COBRA are also met. For example, any increase in contribution that must be paid by a covered Employee, or the Spouse, or a Dependent child of the covered Employee, for coverage under the Plan that results from the occurrence of one of the events listed above is a loss of coverage.

The taking of leave under the Family and Medical Leave Act of 1993, as amended ("FMLA") does not constitute a Qualifying Event. A Qualifying Event will occur, however, if an Employee does not return to employment at the end of the FMLA leave and all other COBRA continuation coverage conditions are present. If a Qualifying Event occurs, it occurs on the last day of FMLA leave and the applicable maximum coverage period is measured from this date (unless coverage is lost at a later date and the Plan provides for the extension of the required periods, in which case the maximum coverage date is measured from the date when the coverage is lost.) Note that the covered Employee and family members will be entitled to COBRA continuation coverage even if they failed to pay the employee portion of premiums for coverage under the Plan during the FMLA leave.

4. What factors should be considered when determining to elect COBRA continuation coverage?

When considering options for health coverage, Qualified Beneficiaries should consider:

- **Premiums:** This plan can charge up to 102% of total plan premiums for COBRA coverage. Other options, like coverage on a spouse's plan or through the Marketplace, may be less expensive. Qualified Beneficiaries have special enrollment rights under federal law (HIPAA). They have the right to request special enrollment in another group health plan for which they are otherwise eligible (such as a plan sponsored by a spouse's employer) within 30 days after Plan coverage ends due to one of the Qualifying Events listed above.
- **Provider Networks:** If a Qualified Beneficiary is currently getting care or treatment for a condition, a change in health coverage may affect access to a particular health care provider. You may want to check to see if your current health care providers participate in a network in considering options for health coverage.
- **Drug Formularies:** For Qualified Beneficiaries taking medication, a change in health coverage may affect costs for medication – and in some cases, the medication may not be covered by another plan. Qualified beneficiaries should check to see if current medications are listed in drug formularies for other health coverage.
- **Severance payments:** If COBRA rights arise because the Employee has lost his job and there is a severance package available from the employer, the former employer may have offered to pay some or all of the Employee's COBRA payments for a period of time. This can affect the timing of coverage available in the Marketplace. In this scenario, the Employee may want to contact the Department of Labor at 1-866-444-3272 to discuss options.
- **Medicare Eligibility:** You should be aware of how COBRA coverage coordinates with Medicare eligibility. If you are eligible for Medicare at the time of the Qualifying Event, or if you will become eligible soon after the Qualifying Event, you should know that you have 8 months to enroll in Medicare after your employment –related health coverage ends. Electing COBRA coverage does not extend this 8-month period. For more information, see medicare.gov/sign-up-change-plan.
- **Service Areas:** If benefits under the Plan are limited to specific service or coverage areas, benefits may not be available to a Qualified Beneficiary who moves out of the area.
- **Other Cost-Sharing:** In addition to premiums or contributions for health coverage, the Plan requires participants to pay copayments, deductibles, coinsurance, or other amounts as benefits are used. Qualified beneficiaries should check to see what the cost-sharing requirements are for other health coverage options. For example, one option may have much lower monthly premiums, but a much higher deductible and higher copayments.

Are there other coverage options besides COBRA Continuation Coverage? Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for Qualified Beneficiaries through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

5. What is the procedure for obtaining COBRA continuation coverage?

The Plan has conditioned the availability of COBRA continuation coverage upon the timely election of such coverage. An election is timely if it is made during the election period.

6. What is the election period and how long must it last?

The election period is the time period within which the Qualified Beneficiary must elect COBRA continuation coverage under the Plan. The election period must begin no later than the date the Qualified Beneficiary would lose coverage on account of the Qualifying Event and ends 60 days after the later of the date the Qualified Beneficiary would lose coverage on account of the Qualifying Event or the date notice is provided to the Qualified Beneficiary of her or his right to elect COBRA continuation coverage. If coverage is not elected within the 60 day period, all rights to elect COBRA continuation coverage are forfeited.

Note: If a covered Employee who has been terminated or experienced a reduction of hours qualifies for a trade readjustment allowance or alternative trade adjustment assistance under a federal law called the Trade Act of 2002, as extended by the Trade Preferences Extension Act of 2015, and the employee and his or her covered dependents have not elected COBRA coverage within the normal election period, a second opportunity to elect COBRA coverage will be made available for themselves and certain family members, but only within a limited period of 60 days or less and only during the six months immediately after their group health plan coverage ended. Any person who qualifies or thinks that he or she and/or his or her family members may qualify for assistance under this special provision should contact the Plan Administrator or its designee for further information about the special second election period. If continuation coverage is elected under this extension, it will not become effective prior to the beginning of this special second election period.

7. Is a covered Employee or Qualified Beneficiary responsible for informing the Plan Administrator of the occurrence of a Qualifying Event?

The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator or its designee has been timely notified that a Qualifying Event has occurred. The Employer (if the Employer is not the Plan Administrator) will notify the Plan Administrator or its designee of the Qualifying Event within 30 days following the date coverage ends when the Qualifying Event is:

- (a) the end of employment or reduction of hours of employment,
- (b) death of the employee,
- (c) commencement of a proceeding in bankruptcy with respect to the Employer, or
- (d) entitlement of the employee to any part of Medicare.

IMPORTANT:

For the other Qualifying Events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you or someone on your behalf must notify the Plan Administrator or its designee in writing within 30 days after the Qualifying Event occurs, using the procedures specified below. If these procedures are not followed or if the notice is not provided in writing to the Plan Administrator or its designee during the 30-day notice period, any spouse or dependent child who loses coverage will not be offered the option to elect continuation coverage. You must send this notice to the Plan Administrator or its designee.

NOTICE PROCEDURES:

Any notice that you provide must be *in writing*. Oral notice, including notice by telephone, is not acceptable. You must mail, fax or hand-deliver your notice to the person, department or firm listed below, at the following address:

Park City Fire Service District
736 W. Bitner Rd. PO Box 980010
Park City, Utah 84098

If mailed, your notice must be postmarked no later than the last day of the required notice period. Any notice you provide must state:

- the **name of the plan or plans** under which you lost or are losing coverage,
- the **name and address of the employee** covered under the plan,
- the **name(s) and address(es) of the Qualified Beneficiary(ies)**, and
- the **Qualifying Event** and the **date** it happened.

If the Qualifying Event is a **divorce or legal separation**, your notice must include **a copy of the divorce decree or the legal separation agreement**.

Be aware that there are other notice requirements in other contexts, for example, in order to qualify for a disability extension.

Once the Plan Administrator or its designee receives *timely notice* that a Qualifying Event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each Qualified Beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage for their spouses, and parents may elect COBRA continuation coverage on behalf of their children. For each Qualified Beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that plan coverage would otherwise have been lost. If you or your spouse or dependent children do not elect continuation coverage within the 60-day election period described above, the right to elect continuation coverage will be lost.

8. Is a waiver before the end of the election period effective to end a Qualified Beneficiary's election rights?

If, during the election period, a Qualified Beneficiary waives COBRA continuation coverage, the waiver can be revoked at any time before the end of the election period. Revocation of the waiver is an election of COBRA continuation coverage. However, if a waiver is

later revoked, coverage need not be provided retroactively (that is, from the date of the loss of coverage until the waiver is revoked). Waivers and revocations of waivers are considered made on the date they are sent to the Plan Administrator or its designee, as applicable.

9. Is COBRA coverage available if a Qualified Beneficiary has other group health plan coverage or Medicare?

Qualified Beneficiaries who are entitled to elect COBRA continuation coverage may do so even if they are covered under another group health plan or are entitled to Medicare benefits on or before the date on which COBRA is elected. However, a Qualified Beneficiary's COBRA coverage will terminate automatically if, after electing COBRA, he or she becomes entitled to Medicare or becomes covered under other group health plan coverage.

10. When may a Qualified Beneficiary's COBRA continuation coverage be terminated?

During the election period, a Qualified Beneficiary may waive COBRA continuation coverage. Except for an interruption of coverage in connection with a waiver, COBRA continuation coverage that has been elected for a Qualified Beneficiary must extend for at least the period beginning on the date of the Qualifying Event and ending not before the earliest of the following dates:

- (a) The last day of the applicable maximum coverage period.
- (b) The first day for which Timely Payment is not made to the Plan with respect to the Qualified Beneficiary.
- (c) The date upon which the Employer ceases to provide any group health plan (including a successor plan) to any employee.
- (d) The date, after the date of the election, that the Qualified Beneficiary first becomes entitled to Medicare (either part A or part B, whichever occurs earlier).
- (e) In the case of a Qualified Beneficiary entitled to a disability extension, the later of:
 - (1) (i) 29 months after the date of the Qualifying Event, or (ii) the first day of the month that is more than 30 days after the date of a final determination under Title II or XVI of the Social Security Act that the disabled Qualified Beneficiary whose disability resulted in the Qualified Beneficiary's entitlement to the disability extension is no longer disabled, whichever is earlier; or
 - (2) the end of the maximum coverage period that applies to the Qualified Beneficiary without regard to the disability extension.

The Plan can terminate for cause the coverage of a Qualified Beneficiary on the same basis that the Plan terminates for cause the coverage of similarly situated non-COBRA beneficiaries, for example, for the submission of a fraudulent claim.

In the case of an individual who is not a Qualified Beneficiary and who is receiving coverage under the Plan solely because of the individual's relationship to a Qualified Beneficiary, if the Plan's obligation to make COBRA continuation coverage available to the Qualified Beneficiary ceases, the Plan is not obligated to make coverage available to the individual who is not a Qualified Beneficiary.

11. What are the maximum coverage periods for COBRA continuation coverage?

The maximum coverage periods are based on the type of the Qualifying Event and the status of the Qualified Beneficiary, as shown below.

- (a) In the case of a Qualifying Event that is a termination of employment or reduction of hours of employment, the maximum coverage period ends 18 months after the Qualifying Event if there is not a disability extension and 29 months after the Qualifying Event if there is a disability extension.
- (b) In the case of a covered Employee's enrollment in the Medicare program before experiencing a Qualifying Event that is a termination of employment or reduction of hours of employment, the maximum coverage period for Qualified Beneficiaries ends on the later of:
 - (1) 36 months after the date the covered Employee becomes enrolled in the Medicare program. This extension does not apply to the covered Employee; or
 - (2) 18 months (or 29 months, if there is a disability extension) after the date of the covered Employee's termination of employment or reduction of hours of employment.
- (c) In the case of a Qualified Beneficiary who is a child born to or placed for adoption with a covered Employee during a period of COBRA continuation coverage, the maximum coverage period is the maximum coverage period applicable to the Qualifying Event giving rise to the period of COBRA continuation coverage during which the child was born or placed for adoption.
- (d) In the case of any other Qualifying Event than that described above, the maximum coverage period ends 36 months after the Qualifying Event.

12. Under what circumstances can the maximum coverage period be expanded?

If a Qualifying Event that gives rise to an 18-month or 29-month maximum coverage period is followed, within that 18- or 29-month period, by a second Qualifying Event that gives rise to a 36-month maximum coverage period, the original period is expanded to 36 months, but only for individuals who are Qualified Beneficiaries at the time of and with respect to both Qualifying Events. In no circumstance can the COBRA maximum coverage period be expanded to more than 36 months after the date of the first Qualifying Event. The Plan Administrator must be notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to the Plan Administrator or its designee in accordance with the procedures above.

13. How does a Qualified Beneficiary become entitled to a disability extension?

A disability extension will be granted if an individual (whether or not the covered Employee) who is a Qualified Beneficiary in connection with the Qualifying Event that is a termination or reduction of hours of a covered Employee's employment, is determined under Title II or XVI of the Social Security Act to have been disabled at any time during the first 60 days of COBRA continuation coverage. To qualify for the disability extension, the Qualified Beneficiary must also provide the Plan Administrator with notice of the disability determination on a date that is both within 60 days after the date of the determination and before the end of the original 18-month maximum coverage. This notice must be sent to the Plan Administrator or its designee in accordance with the procedures above.

14. Does the Plan require payment for COBRA continuation coverage?

For any period of COBRA continuation coverage under the Plan, Qualified Beneficiaries who elect COBRA continuation coverage may be required to pay up to 102% of the applicable premium and up to 150% of the applicable premium for any expanded period of COBRA continuation coverage covering a disabled Qualified Beneficiary due to a disability extension. Your Plan Administrator will inform you of the cost. The Plan will terminate a Qualified Beneficiary's COBRA continuation coverage as of the first day of any period for which timely payment is not made.

15. Must the Plan allow payment for COBRA continuation coverage to be made in monthly installments?

Yes. The Plan is also permitted to allow for payment at other intervals.

16. What is Timely Payment for COBRA continuation coverage?

Timely Payment means a payment made no later than 30 days after the first day of the coverage period. Payment that is made to the Plan by a later date is also considered Timely Payment if either under the terms of the Plan, covered Employees or Qualified Beneficiaries are allowed until that later date to pay for their coverage for the period or under the terms of an arrangement between the Employer and the entity that provides Plan benefits on the Employer's behalf, the Employer is allowed until that later date to pay for coverage of similarly situated non-COBRA beneficiaries for the period.

Notwithstanding the above paragraph, the Plan does not require payment for any period of COBRA continuation coverage for a Qualified Beneficiary earlier than 45 days after the date on which the election of COBRA continuation coverage is made for that Qualified Beneficiary. Payment is considered made on the date on which it is postmarked to the Plan.

If Timely Payment is made to the Plan in an amount that is not significantly less than the amount the Plan requires to be paid for a period of coverage, then the amount paid will be deemed to satisfy the Plan's requirement for the amount to be paid, unless the Plan notifies the Qualified Beneficiary of the amount of the deficiency and grants a reasonable period of time for payment of the deficiency to be made. A "reasonable period of time" is 30 days after the notice is provided. A shortfall in a Timely Payment is not significant if it is no greater than the lesser of \$50 or 10% of the required amount.

17. Must a Qualified Beneficiary be given the right to enroll in a conversion health plan at the end of the maximum coverage period for COBRA continuation coverage?

If a Qualified Beneficiary's COBRA continuation coverage under a group health plan ends as a result of the expiration of the applicable maximum coverage period, the Plan will, during the 180-day period that ends on that expiration date, provide the Qualified Beneficiary with the option of enrolling under a conversion health plan if such an option is otherwise generally available to similarly situated non-COBRA beneficiaries under the Plan. If such a conversion option is not otherwise generally available, it need not be made available to Qualified Beneficiaries.

18. How is my participation in the Health Flexible Spending Account affected?

You can elect to continue your participation in the Health Flexible Spending Account for the remainder of the Plan Year, subject to the following conditions. You may only continue to participate in the Health Flexible Spending Account if you have elected to contribute more money than you have taken out in claims. For example, if you elected to contribute an annual amount of \$500 and, at the time you terminate employment, you have contributed \$300 but only claimed \$150, you may elect to continue coverage under the Health Flexible Spending Account. If you elect to continue coverage, then you would be able to continue to receive your health reimbursements up to the \$500. However, you must continue to pay for the coverage, just as the money has been taken out of your paycheck, but on an after-tax basis. The Plan can also charge you an extra amount (as explained above for other health benefits) to provide this benefit.

IF YOU HAVE QUESTIONS

If you have questions about your COBRA continuation coverage, you should contact the Plan Administrator or its designee. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.

KEEP YOUR PLAN ADMINISTRATOR INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator or its designee.

XI SUMMARY

The money you earn is important to you and your family. You need it to pay your bills, enjoy recreational activities and save for the future. Our flexible benefits plan will help you keep more of the money you earn by lowering the amount of taxes you pay. The Plan is the result of our continuing efforts to find ways to help you get the most for your earnings.

If you have any questions, please contact the Administrator.

**PARK CITY FIRE DISTRICT CAFETERIA PLAN
AND ALL SUPPORTING FORMS HAVE BEEN PRODUCED FOR
HRPRO**

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PARK CITY FIRE DISTRICT CAFETERIA PLAN

TABLE OF CONTENTS

**ARTICLE I
DEFINITIONS**

**ARTICLE II
PARTICIPATION**

2.1 ELIGIBILITY2
2.2 EFFECTIVE DATE OF PARTICIPATION3
2.3 APPLICATION TO PARTICIPATE.....3
2.4 TERMINATION OF PARTICIPATION.....3
2.5 TERMINATION OF EMPLOYMENT3
2.6 DEATH3

**ARTICLE III
CONTRIBUTIONS TO THE PLAN**

3.1 EMPLOYER CONTRIBUTION.....3
3.2 SALARY REDIRECTION.....4
3.3 APPLICATION OF CONTRIBUTIONS4
3.4 PERIODIC CONTRIBUTIONS4

**ARTICLE IV
BENEFITS**

4.1 BENEFIT OPTIONS4
4.2 HEALTH FLEXIBLE SPENDING ACCOUNT BENEFIT4
4.3 DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT BENEFIT4
4.4 HEALTH INSURANCE BENEFIT4
4.5 DENTAL INSURANCE BENEFIT.....5
4.6 VISION INSURANCE BENEFIT5
4.7 HEALTH SAVINGS ACCOUNT BENEFIT.....5
4.8 NONDISCRIMINATION REQUIREMENTS.....5

**ARTICLE V
PARTICIPANT ELECTIONS**

5.1 INITIAL ELECTIONS5
5.2 SUBSEQUENT ANNUAL ELECTIONS6
5.3 FAILURE TO ELECT6
5.4 CHANGE IN STATUS6

**ARTICLE VI
HEALTH FLEXIBLE SPENDING ACCOUNT**

6.1 ESTABLISHMENT OF PLAN.....8
6.2 DEFINITIONS8
6.3 FORFEITURES9
6.4 LIMITATION ON ALLOCATIONS.....9
6.5 NONDISCRIMINATION REQUIREMENTS.....9
6.6 COORDINATION WITH CAFETERIA PLAN9

6.7	HEALTH FLEXIBLE SPENDING ACCOUNT CLAIMS	9
6.8	DEBIT AND CREDIT CARDS	10

**ARTICLE VII
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT**

7.1	ESTABLISHMENT OF ACCOUNT.....	11
7.2	DEFINITIONS	11
7.3	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS	12
7.4	INCREASES IN DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS	12
7.5	DECREASES IN DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS	12
7.6	ALLOWABLE DEPENDENT CARE REIMBURSEMENT.....	12
7.7	ANNUAL STATEMENT OF BENEFITS.....	12
7.8	FORFEITURES	12
7.9	LIMITATION ON PAYMENTS	12
7.10	NONDISCRIMINATION REQUIREMENTS.....	12
7.11	COORDINATION WITH CAFETERIA PLAN	13
7.12	DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT CLAIMS	13
7.13	DEBIT AND CREDIT CARDS	13

**ARTICLE VIII
BENEFITS AND RIGHTS**

8.1	CLAIM FOR BENEFITS.....	14
8.2	APPLICATION OF BENEFIT PLAN SURPLUS.....	15

**ARTICLE IX
ADMINISTRATION**

9.1	PLAN ADMINISTRATION.....	15
9.2	EXAMINATION OF RECORDS.....	16
9.3	PAYMENT OF EXPENSES.....	16
9.4	INSURANCE CONTROL CLAUSE.....	16
9.5	INDEMNIFICATION OF ADMINISTRATOR.....	16

**ARTICLE X
AMENDMENT OR TERMINATION OF PLAN**

10.1	AMENDMENT	16
10.2	TERMINATION.....	16

**ARTICLE XI
MISCELLANEOUS**

11.1	PLAN INTERPRETATION	16
11.2	GENDER, NUMBER AND TENSE.....	17
11.3	WRITTEN DOCUMENT.....	17
11.4	EXCLUSIVE BENEFIT.....	17
11.5	PARTICIPANT'S RIGHTS.....	17
11.6	ACTION BY THE EMPLOYER	17
11.7	NO GUARANTEE OF TAX CONSEQUENCES	17

11.8	INDEMNIFICATION OF EMPLOYER BY PARTICIPANTS.....	17
11.9	FUNDING.....	17
11.10	GOVERNING LAW.....	17
11.11	SEVERABILITY.....	17
11.12	CAPTIONS.....	18
11.13	CONTINUATION OF COVERAGE (COBRA).....	18
11.14	FAMILY AND MEDICAL LEAVE ACT (FMLA).....	18
11.15	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).....	18
11.16	UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA).....	18
11.17	COMPLIANCE WITH HIPAA PRIVACY STANDARDS.....	18
11.18	COMPLIANCE WITH HIPAA ELECTRONIC SECURITY STANDARDS.....	19
11.19	MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT.....	19
11.20	GENETIC INFORMATION NONDISCRIMINATION ACT (GINA).....	19
11.21	WOMEN'S HEALTH AND CANCER RIGHTS ACT.....	20
11.22	NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT.....	20

PARK CITY FIRE DISTRICT CAFETERIA PLAN

INTRODUCTION

The Employer has amended this Plan effective 01/01/2024, to recognize the contribution made to the Employer by its Employees. Its purpose is to reward them by providing benefits for those Employees who shall qualify hereunder and their Dependents and beneficiaries. The concept of this Plan is to allow Employees to choose among different types of benefits based on their own particular goals, desires and needs. This Plan is a restatement of a Plan which was originally effective on 01/01/2020. The Plan shall be known as Park City Fire District Cafeteria Plan (the "Plan").

The intention of the Employer is that the Plan qualify as a "Cafeteria Plan" within the meaning of Section 125 of the Internal Revenue Code of 1986, as amended, and that the benefits which an Employee elects to receive under the Plan be excludable from the Employee's income under Section 125(a) and other applicable sections of the Internal Revenue Code of 1986, as amended.

The Employer also intends that, for purposes of the annual report requirement (Form 5500), this document is considered a "wrap" plan and the terms of the underlying plans for which Participants are making contributions through this Plan are hereby incorporated by reference.

ARTICLE I DEFINITIONS

1.1 **"Administrator"** means the Employer unless another person or entity has been designated by the Employer pursuant to Section 9.1 to administer the Plan on behalf of the Employer. If the Employer is the Administrator, the Employer may appoint any person, including, but not limited to, the Employees of the Employer, to perform the duties of the Administrator. Any person so appointed shall signify acceptance by filing written acceptance with the Employer. Upon the resignation or removal of any individual performing the duties of the Administrator, the Employer may designate a successor.

1.2 **"Affiliated Employer"** means the Employer and any corporation which is a member of a controlled group of corporations (as defined in Code Section 414(b)) which includes the Employer; any trade or business (whether or not incorporated) which is under common control (as defined in Code Section 414(c)) with the Employer; any organization (whether or not incorporated) which is a member of an affiliated service group (as defined in Code Section 414(m)) which includes the Employer; and any other entity required to be aggregated with the Employer pursuant to Treasury regulations under Code Section 414(o).

1.3 **"Benefit" or "Benefit Options"** means any of the optional benefit choices available to a Participant as outlined in Section 4.1.

1.4 **"Cafeteria Plan Benefit Dollars"** means the amount available to Participants to purchase Benefit Options as provided under Section 4.1. Each dollar contributed to this Plan shall be converted into one Cafeteria Plan Benefit Dollar.

1.5 **"Code"** means the Internal Revenue Code of 1986, as amended or replaced from time to time.

1.6 **"Compensation"** means the amounts received by the Participant from the Employer during a Plan Year.

1.7 **"Dependent"** means any individual who qualifies as a dependent under the self-funded plan for purposes of that plan or under Code Section 152 (as modified by Code Section 105(b)).

"Dependent" shall include any tax dependent Child of a Participant who is covered under an Insurance Contract, as defined in the Contract, or under the Health Flexible Spending Account or as allowed by reason of the Affordable Care Act.

For purposes of the Health Flexible Spending Account, a Participant's "Child" includes his/her natural child, stepchild, foster child, adopted child, or a child placed with the Participant for adoption. A Participant's tax dependent Child will be an eligible Dependent until reaching the limiting age of 26, without regard to student status, marital status, financial dependency or residency status with the Employee or any other person. When the child reaches the applicable limiting age, coverage will end at the end of the calendar year.

The phrase "placed for adoption" refers to a child whom the Participant intends to adopt, whether or not the adoption has become final, who has not attained the age of 18 as of the date of such placement for adoption. The term "placed" means the assumption and retention by such Employee of a legal obligation for total or partial support of the child in anticipation of adoption of the child. The child must be available for adoption and the legal process must have commenced.

1.8 **"Effective Date"** means 01/01/2020.

1.9 **"Election Period"** means the period immediately preceding the beginning of each Plan Year established by the Administrator, such period to be applied on a uniform and nondiscriminatory basis for all Employees and Participants. However, an Employee's initial Election Period shall be determined pursuant to Section 5.1.

1.10 **"Eligible Employee"** means any Employee who has satisfied the provisions of Section 2.1.

An individual shall not be an "Eligible Employee" if such individual is not reported on the payroll records of the Employer as a common law employee. In particular, it is expressly intended that individuals not treated as common law employees by the Employer on its payroll records are not "Eligible Employees" and are excluded from Plan participation even if a court or administrative agency determines that such individuals are common law employees and not independent contractors.

1.11 **"Employee"** means any person who is employed by the Employer. The term Employee shall include leased employees within the meaning of Code Section 414(n)(2).

1.12 **"Employer"** means Park City Fire Service District and any successor which shall maintain this Plan; and any predecessor which has maintained this Plan. In addition, where appropriate, the term Employer shall include any Participating, Affiliated or Adopting Employer.

1.13 **"Employer Contribution"** means the contributions made by the Employer pursuant to Section 3.1 to enable a Participant to purchase Benefits. These contributions shall be converted to Cafeteria Plan Benefit Dollars and allocated to the funds or accounts established under the Plan pursuant to the Participants' elections made under Article V and as set forth in Section 3.1.

1.14 **"Grace Period"** means, with respect to any Plan Year, the time period ending on the fifteenth day of the third calendar month after the end of such Plan Year, during which Medical Expenses incurred by a Participant will be deemed to have been incurred during such Plan Year.

1.15 **"Insurance Contract"** means any contract issued by an Insurer underwriting a Benefit.

1.16 **"Insurer"** means any insurance company that underwrites a Benefit under this Plan or, with respect to any self-funded benefits, the Employer.

1.17 **"Key Employee"** means an Employee described in Code Section 416(i)(1) and the Treasury regulations thereunder.

1.18 **"Participant"** means any Eligible Employee who elects to become a Participant pursuant to Section 2.3 and has not for any reason become ineligible to participate further in the Plan.

1.19 **"Plan"** means this instrument, including all amendments thereto.

1.20 **"Plan Year"** means the 12-month period beginning 01/01 and ending 12/31. The Plan Year shall be the coverage period for the Benefits provided for under this Plan. In the event a Participant commences participation during a Plan Year, then the initial coverage period shall be that portion of the Plan Year commencing on such Participant's date of entry and ending on the last day of such Plan Year.

1.21 **"Premium Expenses" or "Premiums"** mean the Participant's cost for the self-funded Benefits described in Section 4.1.

1.22 **"Premium Expense Reimbursement Account"** means the account established for a Participant pursuant to this Plan to which part of his Cafeteria Plan Benefit Dollars may be allocated and from which Premiums of the Participant shall be paid or reimbursed. If more than one type of insured or self-funded Benefit is elected, sub-accounts shall be established for each type of insured or self-funded Benefit.

1.23 **"Salary Redirection"** means the contributions made by the Employer on behalf of Participants pursuant to Section 3.2. These contributions shall be converted to Cafeteria Plan Benefit Dollars and allocated to the funds or accounts established under the Plan pursuant to the Participants' elections made under Article V.

1.24 **"Salary Redirection Agreement"** means an agreement between the Participant and the Employer under which the Participant agrees to reduce his Compensation or to forego all or part of the increases in such Compensation and to have such amounts contributed by the Employer to the Plan on the Participant's behalf. The Salary Redirection Agreement shall apply only to Compensation that has not been actually or constructively received by the Participant as of the date of the agreement (after taking this Plan and Code Section 125 into account) and, subsequently does not become currently available to the Participant.

1.25 **"Spouse"** means spouse as determined under Federal law.

ARTICLE II PARTICIPATION

2.1 ELIGIBILITY

Any Eligible Employee shall be eligible to participate hereunder as of the date he satisfies the eligibility conditions for the Employer's group medical plan, the provisions of which are specifically incorporated herein by reference. However, any Eligible Employee who was a Participant in the Plan on the effective date of this amendment shall continue to be eligible to participate in the Plan.

2.2 EFFECTIVE DATE OF PARTICIPATION

An Eligible Employee shall become a Participant effective as of the entry date under the Employer's group medical plan, the provisions of which are specifically incorporated herein by reference.

2.3 APPLICATION TO PARTICIPATE

An Employee who is eligible to participate in this Plan shall, during the applicable Election Period, complete an application to participate in a manner set forth by the Administrator. The election shall be irrevocable until the end of the applicable Plan Year unless the Participant is entitled to change his Benefit elections pursuant to Section 5.4 hereof.

An Eligible Employee shall also be required to complete a Salary Redirection Agreement during the Election Period for the Plan Year during which he wishes to participate in this Plan. Any such Salary Redirection Agreement shall be effective for the first pay period beginning on or after the Employee's effective date of participation pursuant to Section 2.2.

Notwithstanding the foregoing, an Employee who is eligible to participate in this Plan and who is covered by the Employer's insured or self-funded Benefits under this Plan shall automatically become a Participant to the extent of the Premiums for such insurance unless the Employee elects, during the Election Period, not to participate in the Plan.

2.4 TERMINATION OF PARTICIPATION

A Participant shall no longer participate in this Plan upon the occurrence of any of the following events:

- (a) **Termination of employment.** The Participant's termination of employment, subject to the provisions of Section 2.5;
- (b) **Death.** The Participant's death, subject to the provisions of Section 2.6; or
- (c) **Termination of the plan.** The termination of this Plan, subject to the provisions of Section 10.2.

2.5 TERMINATION OF EMPLOYMENT

If a Participant's employment with the Employer is terminated for any reason other than death, his participation in the Benefit Options provided under Section 4.1 shall be governed in accordance with the following:

- (a) **Insurance Benefit.** With regard to Benefits provided under Section 4.1, the Participant's participation in the Plan shall cease, subject to the Participant's right to continue coverage under any Insurance Contract or self-funded benefit for which premiums have already been paid.
- (b) **Dependent Care FSA.** With regard to the Dependent Care Flexible Spending Account, the Participant's participation in the Plan shall cease and no further Salary Redirection contributions shall be made. However, such Participant may submit claims for employment related Dependent Care Expense reimbursements for claims incurred through the remainder of the Plan Year in which such termination occurs and submitted within 90 days after the end of the Plan Year, based on the level of the Participant's Dependent Care Flexible Spending Account as of the date of termination.
- (c) **COBRA applicability.** With regard to the Health Flexible Spending Account, the Participant may submit claims for expenses that were incurred during the portion of the Plan Year before the end of the period for which payments to the Health Flexible Spending Account have already been made. Thereafter, the health benefits under this Plan including the Health Flexible Spending Account shall be applied and administered consistent with such further rights a Participant and his Dependents may be entitled to pursuant to Code Section 4980B and Section 11.13 of the Plan.

2.6 DEATH

If a Participant dies, his participation in the Plan shall cease. However, such Participant's spouse or Dependents may submit claims for expenses or benefits for the remainder of the Plan Year or until the Cafeteria Plan Benefit Dollars allocated to each specific benefit are exhausted. In no event may reimbursements be paid to someone who is not a spouse or Dependent. If the Plan is subject to the provisions of Code Section 4980B, then those provisions and related regulations shall apply for purposes of the Health Flexible Spending Account.

ARTICLE III CONTRIBUTIONS TO THE PLAN

3.1 EMPLOYER CONTRIBUTION

The Employer shall make available to each Participant who has other group medical coverage and who opts out of the Employer's group medical plan an Employer Contribution in an amount to be determined by the Employer prior to the beginning of each Plan Year.

3.2 SALARY REDIRECTION

Any Salary Redirection shall be determined prior to the beginning of a Plan Year (subject to initial elections pursuant to Section 5.1) and prior to the end of the Election Period and shall be irrevocable for such Plan Year. However, a Participant may revoke a Benefit election or a Salary Redirection Agreement after the Plan Year has commenced and make a new election with respect to the remainder of the Plan Year, if both the revocation and the new election are on account of and consistent with a change in status and such other permitted events as determined under Article V of the Plan and consistent with the rules and regulations of the Department of the Treasury. Salary Redirection amounts shall be contributed on a pro rata basis for each pay period during the Plan Year. All individual Salary Redirection Agreements are deemed to be part of this Plan and incorporated by reference hereunder.

3.3 APPLICATION OF CONTRIBUTIONS

As soon as reasonably practical after each payroll period, the Employer shall apply the Employer Contribution and Salary Redirection to provide the Benefits elected by the affected Participants. Any contribution made or withheld for the Health Flexible Spending Account or Dependent Care Flexible Spending Account shall be credited to such fund or account. Amounts designated for the Participant's Premium Expense Reimbursement Account shall likewise be credited to such account for the purpose of paying Premium Expenses.

3.4 PERIODIC CONTRIBUTIONS

Notwithstanding the requirement provided above and in other Articles of this Plan that Salary Redirections be contributed to the Plan by the Employer on behalf of an Employee on a level and pro rata basis for each payroll period, the Employer and Administrator may implement a procedure in which Salary Redirections are contributed throughout the Plan Year on a periodic basis that is not pro rata for each payroll period. However, with regard to the Health Flexible Spending Account, the payment schedule for the required contributions may not be based on the rate or amount of reimbursements during the Plan Year.

ARTICLE IV BENEFITS

4.1 BENEFIT OPTIONS

Each Participant may elect any one or more of the following optional Benefits:

- (1) Health Flexible Spending Account
- (2) Dependent Care Flexible Spending Account
- (3) Health Savings Account Benefit

In addition, except for the Health Savings Account Benefit, each Participant shall have a sufficient portion of his Employer Contributions and Salary Redirections applied to the following Benefits unless the Participant elects not to receive such Benefits:

- (4) Health Insurance Benefit
- (5) Dental Insurance Benefit
- (6) Vision Insurance Benefit

4.2 HEALTH FLEXIBLE SPENDING ACCOUNT BENEFIT

Each Participant may elect to participate in the Health Flexible Spending Account option, in which case Article VI shall apply.

4.3 DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT BENEFIT

Each Participant may elect to participate in the Dependent Care Flexible Spending Account option, in which case Article VII shall apply.

4.4 HEALTH INSURANCE BENEFIT

(a) **Coverage for Participant and Dependents.** Each Participant may elect to be covered under a health Contract for the Participant, his or her Spouse, and his or her Dependents.

(b) **Employer selects contracts.** The Employer may select suitable health Contracts for use in providing this health insurance benefit, which policies will provide uniform benefits for all Participants electing this Benefit.

(c) **Contract incorporated by reference.** The rights and conditions with respect to the benefits payable from such health Contract shall be determined therefrom, and such Contract shall be incorporated herein by reference.

4.5 DENTAL INSURANCE BENEFIT

(a) **Coverage for Participant and/or Dependents.** Each Participant may elect to be covered under the Employer's dental Insurance Contract. In addition, the Participant may elect either individual or family coverage under such Insurance Contract.

(b) **Employer selects contracts.** The Employer may select suitable dental Insurance Contracts for use in providing this dental insurance benefit, which policies will provide uniform benefits for all Participants electing this Benefit.

(c) **Contract incorporated by reference.** The rights and conditions with respect to the benefits payable from such dental Insurance Contract shall be determined therefrom, and such dental Insurance Contract shall be incorporated herein by reference.

4.6 VISION INSURANCE BENEFIT

(a) **Coverage for Participant and/or Dependents.** Each Participant may elect to be covered under the Employer's vision Insurance Contract. In addition, the Participant may elect either individual or family coverage.

(b) **Employer selects contracts.** The Employer may select suitable vision Insurance Contracts for use in providing this vision insurance benefit, which policies will provide uniform benefits for all Participants electing this Benefit.

(c) **Contract incorporated by reference.** The rights and conditions with respect to the benefits payable from such vision Insurance Contract shall be determined therefrom, and such vision Insurance Contract shall be incorporated herein by reference.

4.7 HEALTH SAVINGS ACCOUNT BENEFIT

Each Participant may elect to have a portion of his Salary Redirections contributed to a Health Savings Account, as defined in Code Section 223. The amounts contributed shall be subject to the terms of the Health Savings Account as established.

4.8 NONDISCRIMINATION REQUIREMENTS

(a) **Intent to be nondiscriminatory.** It is the intent of this Plan to provide benefits to a classification of employees which the Secretary of the Treasury finds not to be discriminatory in favor of the group in whose favor discrimination may not occur under Code Section 125.

(b) **25% concentration test.** It is the intent of this Plan not to provide qualified benefits as defined under Code Section 125 to Key Employees in amounts that exceed 25% of the aggregate of such Benefits provided for all Eligible Employees under the Plan. For purposes of the preceding sentence, qualified benefits shall not include benefits which (without regard to this paragraph) are includible in gross income.

(c) **Adjustment to avoid test failure.** If the Administrator deems it necessary to avoid discrimination or possible taxation to Key Employees or a group of employees in whose favor discrimination may not occur in violation of Code Section 125, it may, but shall not be required to, reduce contributions or non-taxable Benefits in order to assure compliance with the Code and regulations. Any act taken by the Administrator shall be carried out in a uniform and nondiscriminatory manner. With respect to any affected Participant who has had Benefits reduced pursuant to this Section, the reduction shall be made proportionately among Health Flexible Spending Account Benefits and Dependent Care Flexible Spending Account Benefits, and once all these Benefits are expended, proportionately among self-funded Benefits. Contributions which are not utilized to provide Benefits to any Participant by virtue of any administrative act under this paragraph shall be forfeited and deposited into the benefit plan surplus.

ARTICLE V PARTICIPANT ELECTIONS

5.1 INITIAL ELECTIONS

An Employee who meets the eligibility requirements of Section 2.1 on the first day of, or during, a Plan Year may elect to participate in this Plan for all or the remainder of such Plan Year, provided he elects to do so on or before his effective date of participation pursuant to Section 2.2.

Notwithstanding the foregoing, an Employee who is eligible to participate in this Plan and who is covered by the Employer's insured or self-funded benefits under this Plan shall automatically become a Participant to the extent of the Premiums for such insurance unless the Employee elects, during the Election Period, not to participate in the Plan.

5.2 SUBSEQUENT ANNUAL ELECTIONS

During the Election Period prior to each subsequent Plan Year, each Participant shall be given the opportunity to elect, on an election of benefits form to be provided by the Administrator, which spending account Benefit options he wishes to select. Any such election shall be effective for any Benefit expenses incurred during the Plan Year which follows the end of the Election Period. With regard to subsequent annual elections, the following options shall apply:

- (a) A Participant or Employee who failed to initially elect to participate may elect different or new Benefits under the Plan during the Election Period;
- (b) A Participant may terminate his participation in the Plan by notifying the Administrator in writing during the Election Period that he does not want to participate in the Plan for the next Plan Year;
- (c) An Employee who elects not to participate for the Plan Year following the Election Period will have to wait until the next Election Period before again electing to participate in the Plan, except as provided for in Section 5.4.

5.3 FAILURE TO ELECT

With regard to Benefits available under the Plan for which no Premium Expenses apply, any Participant who fails to complete a new benefit election form pursuant to Section 5.2 by the end of the applicable Election Period shall be deemed to have elected not to participate in the Plan for the upcoming Plan Year. No further Salary Redirections shall therefore be authorized or made for the subsequent Plan Year for such Benefits.

With regard to Benefits available under the Plan for which Premium Expenses apply, any Participant who fails to complete a new benefit election form pursuant to Section 5.2 by the end of the applicable Election Period shall be deemed to have made the same Benefit elections as are then in effect for the current Plan Year. The Participant shall also be deemed to have elected Salary Redirection in an amount necessary to purchase such Benefit options.

5.4 CHANGE IN STATUS

(a) **Change in status defined.** Any Participant may change a Benefit election after the Plan Year (to which such election relates) has commenced and make new elections with respect to the remainder of such Plan Year if, under the facts and circumstances, the changes are necessitated by and are consistent with a change in status which is acceptable under rules and regulations adopted by the Department of the Treasury, the provisions of which are incorporated by reference. Notwithstanding anything herein to the contrary, if the rules and regulations conflict, then such rules and regulations shall control.

In general, a change in election is not consistent if the change in status is the Participant's divorce, annulment or legal separation from a Spouse, the death of a Spouse or Dependent, or a Dependent ceasing to satisfy the eligibility requirements for coverage, and the Participant's election under the Plan is to cancel accident or health insurance coverage for any individual other than the one involved in such event. In addition, if the Participant, Spouse or Dependent gains or loses eligibility for coverage, then a Participant's election under the Plan to cease or decrease coverage for that individual under the Plan corresponds with that change in status only if coverage for that individual becomes applicable or is increased under the family member plan.

Regardless of the consistency requirement, if the individual, the individual's Spouse, or Dependent becomes eligible for continuation coverage under the Employer's group health plan as provided in Code Section 4980B or any similar state law, then the individual may elect to increase payments under this Plan in order to pay for the continuation coverage. However, this does not apply for COBRA eligibility due to divorce, annulment or legal separation.

Any new election shall be effective at such time as the Administrator shall prescribe, but not earlier than the first pay period beginning after the election form is completed and returned to the Administrator. For the purposes of this subsection, a change in status shall only include the following events or other events permitted by Treasury regulations:

- (1) **Legal Marital Status:** events that change a Participant's legal marital status, including marriage, divorce, death of a Spouse, legal separation or annulment;
- (2) **Number of Dependents:** Events that change a Participant's number of Dependents, including birth, adoption, placement for adoption, or death of a Dependent;
- (3) **Employment Status:** Any of the following events that change the employment status of the Participant, Spouse, or Dependent: termination or commencement of employment, a strike or lockout, commencement or return from an unpaid leave of absence, or a change in worksite. In addition, if the eligibility conditions of this Plan or other employee benefit plan of the Employer of the Participant, Spouse, or Dependent depend on the employment status of that individual and there is a change in that individual's employment status with the consequence that the individual becomes (or ceases to be) eligible under the plan, then that change constitutes a change in employment under this subsection;
- (4) **Dependent satisfies or ceases to satisfy the eligibility requirements:** An event that causes the Participant's Dependent to satisfy or cease to satisfy the requirements for coverage due to attainment of age, student status, or any similar circumstance; and

- (5) **Residency:** A change in the place of residence of the Participant, Spouse or Dependent, that would lead to a change in status (such as a loss of HMO coverage).

For the Dependent Care Flexible Spending Account, a Dependent becoming or ceasing to be a "Qualifying Dependent" as defined under Code Section 21(b) shall also qualify as a change in status.

Notwithstanding anything in this Section to the contrary, the gain of eligibility or change in eligibility of a child, as allowed under Code Sections 105(b) and 106, and guidance thereunder, shall qualify as a change in status.

(b) **Special enrollment rights.** Notwithstanding subsection (a), the Participants may change an election for group health coverage during a Plan Year and make a new election that corresponds with the special enrollment rights provided in Code Section 9801(f), including those authorized under the provisions of the Children's Health Insurance Program Reauthorization Act of 2009 (SCHIP); provided that such Participant meets the sixty (60) day notice requirement imposed by Code Section 9801(f) (or such longer period as may be permitted by the Plan and communicated to Participants). Such change shall take place on a prospective basis, unless otherwise required by Code Section 9801(f) to be retroactive.

(c) **Qualified Medical Support Order.** Notwithstanding subsection (a), in the event of a judgment, decree, or order (including approval of a property settlement) ("order") resulting from a divorce, legal separation, annulment, or change in legal custody which requires accident or health coverage for a Participant's child (including a foster child who is a Dependent of the Participant):

- (1) The Plan may change an election to provide coverage for the child if the order requires coverage under the Participant's plan; or
- (2) The Participant shall be permitted to change an election to cancel coverage for the child if the order requires the former Spouse to provide coverage for such child, under that individual's plan and such coverage is actually provided.

(d) **Medicare or Medicaid.** Notwithstanding subsection (a), a Participant may change elections to cancel or reduce accident or health coverage for the Participant or the Participant's Spouse or Dependent if the Participant or the Participant's Spouse or Dependent is enrolled in the accident or health coverage of the Employer and becomes entitled to coverage (i.e., enrolled) under Part A or Part B of the Title XVIII of the Social Security Act (Medicare) or Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of benefits under Section 1928 of the Social Security Act (the program for distribution of pediatric vaccines). If the Participant or the Participant's Spouse or Dependent who has been entitled to Medicaid or Medicare coverage loses eligibility, that individual may prospectively elect coverage under the Plan if a benefit package option under the Plan provides similar coverage.

(e) **Cost increase or decrease.** If the cost of a Benefit provided under the Plan increases or decreases during a Plan Year, then the Plan shall automatically increase or decrease, as the case may be, the Salary Redirections of all affected Participants for such Benefit. Alternatively, if the cost of a benefit package option increases significantly, the Administrator shall permit the affected Participants to either make corresponding changes in their payments or revoke their elections and, in lieu thereof, receive on a prospective basis coverage under another benefit package option with similar coverage, or drop coverage prospectively if there is no benefit package option with similar coverage.

A cost increase or decrease refers to an increase or decrease in the amount of elective contributions under the Plan, whether resulting from an action taken by the Participants or an action taken by the Employer.

(f) **Loss of coverage.** If the coverage under a Benefit is significantly curtailed or ceases during a Plan Year, affected Participants may revoke their elections of such Benefit and, in lieu thereof, elect to receive on a prospective basis coverage under another plan with similar coverage, or drop coverage prospectively if no similar coverage is offered.

(g) **Addition of a new benefit.** If, during the period of coverage, a new benefit package option or other coverage option is added, an existing benefit package option is significantly improved, or an existing benefit package option or other coverage option is eliminated, then the affected Participants may elect the newly-added option, or elect another option if an option has been eliminated prospectively and make corresponding election changes with respect to other benefit package options providing similar coverage. In addition, those Eligible Employees who are not participating in the Plan may opt to become Participants and elect the new or newly improved benefit package option.

(h) **Loss of coverage under certain other plans.** A Participant may make a prospective election change to add group health coverage for the Participant, the Participant's Spouse or Dependent if such individual loses group health coverage sponsored by a governmental or educational institution, including a state children's health insurance program under the Social Security Act, the Indian Health Service or a health program offered by an Indian tribal government, a state health benefits risk pool, or a foreign government group health plan.

(i) **Change of coverage due to change under certain other plans.** A Participant may make a prospective election change that is on account of and corresponds with a change made under the plan of a Spouse's, former Spouse's or Dependent's employer if (1) the cafeteria plan or other benefits plan of the Spouse's, former Spouse's or Dependent's employer

permits its participants to make a change; or (2) the cafeteria plan permits participants to make an election for a period of coverage that is different from the period of coverage under the cafeteria plan of a Spouse's, former Spouse's or Dependent's employer.

(j) **Change in dependent care provider.** A Participant may make a prospective election change that is on account of and corresponds with a change by the Participant in the dependent care provider. The availability of dependent care services from a new childcare provider is similar to a new benefit package option becoming available. A cost change is allowable in the Dependent Care Flexible Spending Account only if the cost change is imposed by a dependent care provider who is not related to the Participant, as defined in Code Section 152(a)(1) through (8).

(k) **Health FSA cannot change due to insurance change.** A Participant shall not be permitted to change an election to the Health Flexible Spending Account as a result of a cost or coverage change under any health insurance benefits.

(l) **Health Savings Account changes.** With regard to the Health Savings Account Benefit specified in Section 4.7, a Participant who has elected to make elective contributions under such arrangement may modify or revoke the election prospectively, provided such change is consistent with Code Section 223 and the Treasury regulations thereunder.

ARTICLE VI HEALTH FLEXIBLE SPENDING ACCOUNT

6.1 ESTABLISHMENT OF PLAN

This Health Flexible Spending Account is intended to qualify as a medical reimbursement plan under Code Section 105 and shall be interpreted in a manner consistent with such Code Section and the Treasury regulations thereunder. Participants who elect to participate in this Health Flexible Spending Account may submit claims for the reimbursement of Medical Expenses. All amounts reimbursed shall be periodically paid from amounts allocated to the Health Flexible Spending Account. Periodic payments reimbursing Participants from the Health Flexible Spending Account shall in no event occur less frequently than monthly. There is an additional "limited FSA" designed to coordinate with a Health Savings Account and high deductible health plan.

6.2 DEFINITIONS

For the purposes of this Article and the Cafeteria Plan, the terms below have the following meaning:

(a) **"Health Flexible Spending Account"** means the account established for Participants pursuant to this Plan to which part of their Cafeteria Plan Benefit Dollars may be allocated and from which all allowable Medical Expenses incurred by a Participant, his or her Spouse and his or her Dependents may be reimbursed.

(b) **"Highly Compensated Participant"** means, for the purposes of this Article and determining discrimination under Code Section 105(h), a participant who is:

(1) one of the 5 highest paid officers;

(2) a shareholder who owns (or is considered to own applying the rules of Code Section 318) more than 10 percent in value of the stock of the Employer; or

(3) among the highest paid 25 percent of all Employees (other than exclusions permitted by Code Section 105(h)(3)(B) for those individuals who are not Participants).

(c) **"Medical Expenses"** means any expense for medical care within the meaning of the term "medical care" as defined in Code Section 213(d) and the rulings and Treasury regulations thereunder, and not otherwise used by the Participant as a deduction in determining his tax liability under the Code. "Medical Expenses" can be incurred by the Participant, his or her Spouse and his or her Dependents. "Incurred" means, with regard to Medical Expenses, when the Participant is provided with the medical care that gives rise to the Medical Expense and not when the Participant is formally billed or charged for, or pays for, the medical care.

A Participant who elects to contribute to a Health Savings Account may only be reimbursed for medical expenses that are considered to be for dental or vision expenses as allowed under Code Section 223; however, once such Participant has satisfied the minimum annual deductible under Code Section 223, all medical expenses may be reimbursed.

A Participant may not be reimbursed for the cost of other health coverage such as premiums paid under plans maintained by the employer of the Participant's Spouse or individual policies maintained by the Participant or his Spouse or Dependent.

A Participant may not be reimbursed for "qualified long-term care services" as defined in Code Section 7702B(c).

(d) The definitions of Article I are hereby incorporated by reference to the extent necessary to interpret and apply the provisions of this Health Flexible Spending Account.

6.3 FORFEITURES

The amount in the Health Flexible Spending Account as of the end of any Plan Year (and after the processing of all claims for such Plan Year pursuant to Section 6.7 hereof) shall be forfeited and credited to the benefit plan surplus. In such event, the Participant shall have no further claim to such amount for any reason, subject to Section 8.2.

6.4 LIMITATION ON ALLOCATIONS

(a) Notwithstanding any provision contained in this Health Flexible Spending Account to the contrary, the maximum amount of salary reductions that may be allocated to the Health Flexible Spending Account by a Participant in or on account of any Plan Year is the statutory amount under Code Section 125(i), as adjusted for increases in the cost of living. The cost of living adjustment in effect for a calendar year applies to any Plan Year beginning with or within such calendar year. The dollar increase in effect on January 1 of any calendar year shall be effective for the Plan Year beginning with or within such calendar year. For any short Plan Year, the limit shall be an amount equal to the limit for the calendar year in which the Plan Year begins multiplied by the ratio obtained by dividing the number of full months in the short Plan Year by twelve (12).

(b) For any Eligible Employee who enters the Plan after the first day of the Plan Year, the maximum amount that may be allocated to Health Flexible Spending Account by a Participant in or on account of any Plan Year is pro-rated.

(c) **Participation in Other Plans.** All employers that are treated as a single employer under Code Sections 414(b), (c), or (m), relating to controlled groups and affiliated service groups, are treated as a single employer for purposes of the statutory limit. If a Participant participates in multiple cafeteria plans offering health flexible spending accounts maintained by members of a controlled group or affiliated service group, the Participant's total Health Flexible Spending Account contributions under all of the cafeteria plans are limited to the statutory limit (as adjusted). However, a Participant employed by two or more employers that are not members of the same controlled group may elect up to the statutory limit (as adjusted) under each Employer's Health Flexible Spending Account.

(d) **Grace Period.** Payment of expenses from a previous year in the first months of the next Plan Year, the limit above applies to the Plan Year including the Grace Period. Amounts carried into the next Plan Year as part of the Grace Period shall not affect the limit for that next Plan Year.

6.5 NONDISCRIMINATION REQUIREMENTS

(a) **Intent to be nondiscriminatory.** It is the intent of this Health Flexible Spending Account not to discriminate in violation of the Code and the Treasury regulations thereunder.

(b) **Adjustment to avoid test failure.** If the Administrator deems it necessary to avoid discrimination under this Health Flexible Spending Account, it may, but shall not be required to, reject any elections or reduce contributions or Benefits in order to assure compliance with this Section. Any act taken by the Administrator under this Section shall be carried out in a uniform and nondiscriminatory manner. If the Administrator decides to reject any elections or reduce contributions or Benefits, it shall be done in the following manner. First, the Benefits designated for the Health Flexible Spending Account by the member of the group in whose favor discrimination may not occur pursuant to Code Section 105 that elected to contribute the highest amount to the fund for the Plan Year shall be reduced until the nondiscrimination tests set forth in this Section or the Code are satisfied, or until the amount designated for the fund equals the amount designated for the fund by the next member of the group in whose favor discrimination may not occur pursuant to Code Section 105 who has elected the second highest contribution to the Health Flexible Spending Account for the Plan Year. This process shall continue until the nondiscrimination tests set forth in this Section or the Code are satisfied. Contributions which are not utilized to provide Benefits to any Participant by virtue of any administrative act under this paragraph shall be forfeited and credited to the benefit plan surplus.

6.6 COORDINATION WITH CAFETERIA PLAN

All Participants under the Cafeteria Plan are eligible to receive Benefits under this Health Flexible Spending Account. The enrollment under the Cafeteria Plan shall constitute enrollment under this Health Flexible Spending Account. In addition, other matters concerning contributions, elections and the like shall be governed by the general provisions of the Cafeteria Plan.

6.7 HEALTH FLEXIBLE SPENDING ACCOUNT CLAIMS

(a) **Expenses must be incurred during Plan Year.** All Medical Expenses incurred by a Participant, his or her Spouse and his or her Dependents during the Plan Year including the Grace Period shall be reimbursed during the Plan Year subject to Section 2.5, even though the submission of such a claim occurs after his participation hereunder ceases; but provided that the Medical Expenses were incurred during the applicable Plan Year. Medical Expenses are treated as having been incurred when the Participant is provided with the medical care that gives rise to the medical expenses, not when the Participant is formally billed or charged for, or pays for the medical care.

(b) **Reimbursement available throughout Plan Year.** The Administrator shall direct the reimbursement to each eligible Participant for all allowable Medical Expenses, up to a maximum of the amount designated by the Participant for the Health Flexible Spending Account for the Plan Year. Reimbursements shall be made available to the Participant throughout the

year without regard to the level of Cafeteria Plan Benefit Dollars which have been allocated to the fund at any given point in time. Furthermore, a Participant shall be entitled to reimbursements only for amounts in excess of any payments or other reimbursements under any health care plan covering the Participant and/or his Spouse or Dependents.

(c) **Payments.** Reimbursement payments under this Plan shall be made directly to the Participant. However, in the Administrator's discretion, payments may be made directly to the service provider. The application for payment or reimbursement shall be made to the Administrator on an acceptable form within a reasonable time of incurring the debt or paying for the service. The application shall include a written statement from an independent third party stating that the Medical Expense has been incurred and the amount of such expense. Furthermore, the Participant shall provide a written statement that the Medical Expense has not been reimbursed or is not reimbursable under any other health plan coverage and, if reimbursed from the Health Flexible Spending Account, such amount will not be claimed as a tax deduction. The Administrator shall retain a file of all such applications.

(d) **Grace Period.** Notwithstanding anything in this Section to the contrary, Medical Expenses incurred during the Grace Period, up to the remaining account balance, shall also be deemed to have been incurred during the Plan Year to which the Grace Period relates.

(e) **Claims for reimbursement.** Claims for the reimbursement of Medical Expenses incurred in any Plan Year shall be paid as soon after a claim has been filed as is administratively practicable; provided however, that if a Participant fails to submit a claim within 90 days after the end of the Plan Year, those Medical Expense claims shall not be considered for reimbursement by the Administrator.

6.8 DEBIT AND CREDIT CARDS

Participants may, subject to a procedure established by the Administrator and applied in a uniform nondiscriminatory manner, use debit and/or credit (stored value) cards ("cards") provided by the Administrator and the Plan for payment of Medical Expenses, subject to the following terms:

(a) **Card only for medical expenses.** Each Participant issued a card shall certify that such card shall only be used for Medical Expenses. The Participant shall also certify that any Medical Expense paid with the card has not already been reimbursed by any other plan covering health benefits and that the Participant will not seek reimbursement from any other plan covering health benefits.

(b) **Card issuance.** Such card shall be issued upon the Participant's Effective Date of Participation and reissued for each Plan Year the Participant remains a Participant in the Health Flexible Spending Account. Such card shall be automatically cancelled upon the Participant's death or termination of employment, or if such Participant has a change in status that results in the Participant's withdrawal from the Health Flexible Spending Account.

(c) **Maximum dollar amount available.** The dollar amount of coverage available on the card shall be the amount elected by the Participant for the Plan Year. The maximum dollar amount of coverage available shall be the maximum amount for the Plan Year as set forth in Section 6.4.

(d) **Only available for use with certain service providers.** The cards shall only be accepted by such merchants and service providers as have been approved by the Administrator following IRS guidelines.

(e) **Card use.** The cards shall only be used for Medical Expense purchases at these providers, including, but not limited to, the following:

- (1) Co-payments for doctor and other medical care;
- (2) Purchase of drugs as allowed under law or IRS regulations;
- (3) Purchase of medical items such as eyeglasses, syringes, crutches, etc.

(f) **Substantiation.** Such purchases by the cards shall be subject to substantiation by the Administrator, usually by submission of a receipt from a service provider describing the service, the date and the amount. The Administrator shall also follow the requirements set forth in Revenue Ruling 2003-43 and Notice 2006-69. All charges shall be conditional pending confirmation and substantiation.

(g) **Correction methods.** If such purchase is later determined by the Administrator to not qualify as a Medical Expense, the Administrator, in its discretion, shall use one of the following correction methods to make the Plan whole. Until the amount is repaid, the Administrator shall take further action to ensure that further violations of the terms of the card do not occur, up to and including denial of access to the card.

- (1) Repayment of the improper amount by the Participant;
- (2) Withholding the improper payment from the Participant's wages or other compensation to the extent consistent with applicable federal or state law;

- (3) Claims substitution or offset of future claims until the amount is repaid; and
- (4) if subsections (1) through (3) fail to recover the amount, consistent with the Employer's business practices, the Employer may treat the amount as any other business indebtedness.

ARTICLE VII DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

7.1 ESTABLISHMENT OF ACCOUNT

This Dependent Care Flexible Spending Account is intended to qualify as a program under Code Section 129 and shall be interpreted in a manner consistent with such Code Section. Participants who elect to participate in this program may submit claims for the reimbursement of Employment-Related Dependent Care Expenses. All amounts reimbursed shall be paid from amounts allocated to the Participant's Dependent Care Flexible Spending Account.

7.2 DEFINITIONS

For the purposes of this Article and the Cafeteria Plan the terms below shall have the following meaning:

(a) **"Dependent Care Flexible Spending Account"** means the account established for a Participant pursuant to this Article to which part of his Cafeteria Plan Benefit Dollars may be allocated and from which Employment-Related Dependent Care Expenses of the Participant may be reimbursed for the care of the Qualifying Dependents of Participants.

(b) **"Earned Income"** means earned income as defined under Code Section 32(c)(2), but excluding such amounts paid or incurred by the Employer for dependent care assistance to the Participant.

(c) **"Employment-Related Dependent Care Expenses"** means the amounts paid for expenses of a Participant for those services which if paid by the Participant would be considered employment related expenses under Code Section 21(b)(2). Generally, they shall include expenses for household services and for the care of a Qualifying Dependent, to the extent that such expenses are incurred to enable the Participant to be gainfully employed for any period for which there are one or more Qualifying Dependents with respect to such Participant. Employment-Related Dependent Care Expenses are treated as having been incurred when the Participant's Qualifying Dependents are provided with the dependent care that gives rise to the Employment-Related Dependent Care Expenses, not when the Participant is formally billed or charged for, or pays for the dependent care. The determination of whether an amount qualifies as an Employment-Related Dependent Care Expense shall be made subject to the following rules:

- (1) If such amounts are paid for expenses incurred outside the Participant's household, they shall constitute Employment-Related Dependent Care Expenses only if incurred for a Qualifying Dependent as defined in Section 7.2(d)(1) (or deemed to be, as described in Section 7.2(d)(1) pursuant to Section 7.2(d)(3)), or for a Qualifying Dependent as defined in Section 7.2(d)(2) (or deemed to be, as described in Section 7.2(d)(2) pursuant to Section 7.2(d)(3)) who regularly spends at least 8 hours per day in the Participant's household;
- (2) If the expense is incurred outside the Participant's home at a facility that provides care for a fee, payment, or grant for more than 6 individuals who do not regularly reside at the facility, the facility must comply with all applicable state and local laws and regulations, including licensing requirements, if any; and
- (3) Employment-Related Dependent Care Expenses of a Participant shall not include amounts paid or incurred to a child of such Participant who is under the age of 19 or to an individual who is a Dependent of such Participant or such Participant's Spouse.
- (d) **"Qualifying Dependent"** means, for Dependent Care Flexible Spending Account purposes,
 - (1) a Participant's Dependent (as defined in Code Section 152(a)(1)) who has not attained age 13;
 - (2) a Dependent or the Spouse of a Participant who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as the Participant for more than one-half of such taxable year; or
 - (3) a child that is deemed to be a Qualifying Dependent described in paragraph (1) or (2) above, whichever is appropriate, pursuant to Code Section 21(e)(5).

(e) The definitions of Article I are hereby incorporated by reference to the extent necessary to interpret and apply the provisions of this Dependent Care Flexible Spending Account.

7.3 DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

The Administrator shall establish a Dependent Care Flexible Spending Account for each Participant who elects to apply Cafeteria Plan Benefit Dollars to Dependent Care Flexible Spending Account benefits.

7.4 INCREASES IN DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

A Participant's Dependent Care Flexible Spending Account shall be increased each pay period by the portion of Cafeteria Plan Benefit Dollars that he has elected to apply toward his Dependent Care Flexible Spending Account pursuant to elections made under Article V hereof.

7.5 DECREASES IN DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

A Participant's Dependent Care Flexible Spending Account shall be reduced by the amount of any Employment-Related Dependent Care Expense reimbursements paid or incurred on behalf of a Participant pursuant to Section 7.12 hereof.

7.6 ALLOWABLE DEPENDENT CARE REIMBURSEMENT

Subject to limitations contained in Section 7.9 of this Program, and to the extent of the amount contained in the Participant's Dependent Care Flexible Spending Account, a Participant who incurs Employment-Related Dependent Care Expenses shall be entitled to receive from the Employer full reimbursement for the entire amount of such expenses incurred during the Plan Year or portion thereof during which he is a Participant.

7.7 ANNUAL STATEMENT OF BENEFITS

On or before January 31st of each calendar year, the Employer shall furnish to each Employee who was a Participant and received benefits under Section 7.6 during the prior calendar year, a statement of all such benefits paid to or on behalf of such Participant during the prior calendar year. This statement is set forth on the Participant's Form W-2.

7.8 FORFEITURES

The amount in a Participant's Dependent Care Flexible Spending Account as of the end of any Plan Year (and after the processing of all claims for such Plan Year pursuant to Section 7.12 hereof) shall be forfeited and credited to the benefit plan surplus. In such event, the Participant shall have no further claim to such amount for any reason.

7.9 LIMITATION ON PAYMENTS

(a) **Plan limits.** Notwithstanding any provision contained in this Dependent Care Flexible Spending Account to the contrary, the following limits apply in addition to the Code limits. For any Eligible Employee who enters the Plan after the first day of the Plan Year, the maximum amount that may be allocated to Dependent Care Flexible Spending Account by a Participant in or on account of any Plan Year is pro-rated.

(b) **Code limits.** Notwithstanding any provision contained in this Article to the contrary, amounts paid from a Participant's Dependent Care Flexible Spending Account in or on account of any taxable year of the Participant shall not exceed the lesser of the Earned Income limitation described in Code Section 129(b) or \$5,000 (\$2,500 if a separate tax return is filed by a Participant who is married as determined under the rules of paragraphs (3) and (4) of Code Section 21(e)).

7.10 NONDISCRIMINATION REQUIREMENTS

(a) **Intent to be nondiscriminatory.** It is the intent of this Dependent Care Flexible Spending Account that contributions or benefits not discriminate in favor of the group of employees in whose favor discrimination may not occur under Code Section 129(d).

(b) **25% test for shareholders.** It is the intent of this Dependent Care Flexible Spending Account that not more than 25 percent of the amounts paid by the Employer for dependent care assistance during the Plan Year will be provided for the class of individuals who are shareholders or owners (or their Spouses or Dependents), each of whom (on any day of the Plan Year) owns more than 5 percent of the stock or of the capital or profits interest in the Employer.

(c) **Adjustment to avoid test failure.** If the Administrator deems it necessary to avoid discrimination or possible taxation to a group of employees in whose favor discrimination may not occur in violation of Code Section 129 it may, but shall not be required to, reject any elections or reduce contributions or non-taxable benefits in order to assure compliance with this Section. Any act taken by the Administrator under this Section shall be carried out in a uniform and nondiscriminatory manner. If the Administrator decides to reject any elections or reduce contributions or Benefits, it shall be done in the following manner. First, the Benefits designated for the Dependent Care Flexible Spending Account by the affected Participant that elected to contribute the highest amount to such account for the Plan Year shall be reduced until the nondiscrimination tests set forth in this Section are satisfied, or until the amount designated for the account equals the amount designated for the account of the affected Participant who has elected the second highest contribution to the Dependent Care Flexible Spending Account for the Plan Year.

This process shall continue until the nondiscrimination tests set forth in this Section are satisfied. Contributions which are not utilized to provide Benefits to any Participant by virtue of any administrative act under this paragraph shall be forfeited.

7.11 COORDINATION WITH CAFETERIA PLAN

All Participants under the Cafeteria Plan are eligible to receive Benefits under this Dependent Care Flexible Spending Account. The enrollment and termination of participation under the Cafeteria Plan shall constitute enrollment and termination of participation under this Dependent Care Flexible Spending Account. In addition, other matters concerning contributions, elections and the like shall be governed by the general provisions of the Cafeteria Plan.

7.12 DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT CLAIMS

The Administrator shall direct the payment of all such Dependent Care claims to the Participant upon the presentation to the Administrator of documentation of such expenses in a form satisfactory to the Administrator. However, in the Administrator's discretion, payments may be made directly to the service provider. In its discretion in administering the Plan, the Administrator may utilize forms and require documentation of costs as may be necessary to verify the claims submitted. At a minimum, the form shall include a statement from an independent third party as proof that the expense has been incurred during the Plan Year and the amount of such expense. In addition, the Administrator may require that each Participant who desires to receive reimbursement under this Program for Employment-Related Dependent Care Expenses submit a statement which may contain some or all of the following information:

- (a) The Dependent or Dependents for whom the services were performed;
- (b) The nature of the services performed for the Participant, the cost of which he wishes reimbursement;
- (c) The relationship, if any, of the person performing the services to the Participant;
- (d) If the services are being performed by a child of the Participant, the age of the child;
- (e) A statement as to where the services were performed;
- (f) If any of the services were performed outside the home, a statement as to whether the Dependent for whom such services were performed spends at least 8 hours a day in the Participant's household;
- (g) If the services were being performed in a day care center, a statement:
 - (1) that the day care center complies with all applicable laws and regulations of the state of residence,
 - (2) that the day care center provides care for more than 6 individuals (other than individuals residing at the center), and
 - (3) of the amount of fee paid to the provider.
- (h) If the Participant is married, a statement containing the following:
 - (1) the Spouse's salary or wages if he or she is employed, or
 - (2) if the Participant's Spouse is not employed, that
 - (i) he or she is incapacitated, or
 - (ii) he or she is a full-time student attending an educational institution and the months during the year which he or she attended such institution.
- (i) **Claims for reimbursement.** If a Participant fails to submit a claim within 90 days after the end of the Plan Year, those claims shall not be considered for reimbursement by the Administrator.

7.13 DEBIT AND CREDIT CARDS

Participants may, subject to a procedure established by the Administrator and applied in a uniform nondiscriminatory manner, use debit and/or credit (stored value) cards ("cards") provided by the Administrator and the Plan for payment of Employment-Related Dependent Care Expenses, subject to the following terms:

- (a) **Card only for dependent care expenses.** Each Participant issued a card shall certify that such card shall only be used for Employment-Related Dependent Care Expenses. The Participant shall also certify that any Employment-Related Dependent Care Expense paid with the card has not already been reimbursed by any other plan covering dependent care benefits and that the Participant will not seek reimbursement from any other plan covering dependent care benefits.

(b) **Card issuance.** Such card shall be issued upon the Participant's Effective Date of Participation and reissued for each Plan Year the Participant remains a Participant in the Dependent Care Flexible Spending Account. Such card shall be automatically cancelled upon the Participant's death or termination of employment, or if such Participant has a change in status that results in the Participant's withdrawal from the Dependent Care Flexible Spending Account.

(c) **Only available for use with certain service providers.** The cards shall only be accepted by such service providers as have been approved by the Administrator. The cards shall only be used for Employment-Related Dependent Care Expenses from these providers.

(d) **Substantiation.** Such purchases by the cards shall be subject to substantiation by the Administrator, usually by submission of a receipt from a service provider describing the service, the date and the amount. The Administrator shall also follow the requirements set forth in Revenue Ruling 2003-43 and Notice 2006-69. All charges shall be conditional pending confirmation and substantiation.

(e) **Correction methods.** If such purchase is later determined by the Administrator to not qualify as an Employment-Related Dependent Care Expense, the Administrator, in its discretion, shall use one of the following correction methods to make the Plan whole. Until the amount is repaid, the Administrator shall take further action to ensure that further violations of the terms of the card do not occur, up to and including denial of access to the card.

- (1) Repayment of the improper amount by the Participant;
- (2) Withholding the improper payment from the Participant's wages or other compensation to the extent consistent with applicable federal or state law;
- (3) Claims substitution or offset of future claims until the amount is repaid; and
- (4) if subsections (1) through (3) fail to recover the amount, consistent with the Employer's business practices, the Employer may treat the amount as any other business indebtedness.

ARTICLE VIII BENEFITS AND RIGHTS

8.1 CLAIM FOR BENEFITS

(a) **Insurance claims.** Any claim for Benefits underwritten by the self-funded plan shall be made to the Employer. If the Employer denies any claim, the Participant or beneficiary shall follow the Employer's claims review procedure.

(b) **Dependent Care Flexible Spending Account or Health Flexible Spending Account claims.** Any claim for Dependent Care Flexible Spending Account or Health Flexible Spending Account Benefits shall be made to the Administrator. For the Health Flexible Spending Account, if a Participant fails to submit a claim within 90 days after the end of the Plan Year, those claims shall not be considered for reimbursement by the Administrator. For the Dependent Care Flexible Spending Account, if a Participant fails to submit a claim within 90 days after the end of the Plan Year, those claims shall not be considered for reimbursement by the Administrator. If the Administrator denies a claim, the Administrator may provide notice to the Participant or beneficiary, in writing, within 90 days after the claim is filed unless special circumstances require an extension of time for processing the claim. The notice of a denial of a claim shall be written in a manner calculated to be understood by the claimant and shall set forth:

- (1) specific references to the pertinent Plan provisions on which the denial is based;
- (2) a description of any additional material or information necessary for the claimant to perfect the claim and an explanation as to why such information is necessary; and
- (3) an explanation of the Plan's claim procedure.

(c) **Appeal.** Within 60 days after receipt of the above material, the claimant shall have a reasonable opportunity to appeal the claim denial to the Administrator for a full and fair review. The claimant or his duly authorized representative may:

- (1) request a review upon written notice to the Administrator;
- (2) review pertinent documents; and
- (3) submit issues and comments in writing.

(d) **Review of appeal.** A decision on the review by the Administrator will be made not later than 60 days after receipt of a request for review, unless special circumstances require an extension of time for processing (such as the need to hold a hearing), in which event a decision should be rendered as soon as possible, but in no event later than 120 days after such receipt. The decision of the Administrator shall be written and shall include specific reasons for the decision, written in a manner

calculated to be understood by the claimant, with specific references to the pertinent Plan provisions on which the decision is based.

(e) **Forfeitures.** Any balance remaining in the Participant's Health Flexible Spending Account or Dependent Care Flexible Spending Account as of the end of the time for claims reimbursement for each Plan Year and Grace Period (if applicable) shall be forfeited and deposited in the benefit plan surplus of the Employer pursuant to Section 6.3 or Section 7.8, whichever is applicable, unless the Participant had made a claim for such Plan Year, in writing, which has been denied or is pending; in which event the amount of the claim shall be held in his account until the claim appeal procedures set forth above have been satisfied or the claim is paid. If any such claim is denied on appeal, the amount held beyond the end of the Plan Year shall be forfeited and credited to the benefit plan surplus.

8.2 APPLICATION OF BENEFIT PLAN SURPLUS

Any forfeited amounts credited to the benefit plan surplus by virtue of the failure of a Participant to incur a qualified expense or seek reimbursement in a timely manner may, but need not be, separately accounted for after the close of the Plan Year (or after such further time specified herein for the filing of claims) in which such forfeitures arose. In no event shall such amounts be carried over to reimburse a Participant for expenses incurred during a subsequent Plan Year for the same or any other Benefit available under the Plan; nor shall amounts forfeited by a particular Participant be made available to such Participant in any other form or manner, except as permitted by Treasury regulations. Amounts in the benefit plan surplus shall be used to defray any administrative costs and experience losses or used to provide additional benefits under the Plan. No amounts attributable to the Health Savings Account shall be subject to the benefit plan surplus.

ARTICLE IX ADMINISTRATION

9.1 PLAN ADMINISTRATION

The Employer shall be the Administrator, unless the Employer elects otherwise. The Employer may appoint any person, including, but not limited to, the Employees of the Employer, to perform the duties of the Administrator. Any person so appointed shall signify acceptance by filing acceptance in writing (or such other form as acceptable to both parties) with the Employer. Upon the resignation or removal of any individual performing the duties of the Administrator, the Employer may designate a successor.

If the Employer elects, the Employer shall appoint one or more Administrators. Any person, including, but not limited to, the Employees of the Employer, shall be eligible to serve as an Administrator. Any person so appointed shall signify acceptance by filing acceptance in writing (or such other form as acceptable to both parties) with the Employer. An Administrator may resign by delivering a resignation in writing (or such other form as acceptable to both parties) to the Employer or be removed by the Employer by delivery of notice of removal (in writing or such other form as acceptable to both parties), to take effect at a date specified therein, or upon delivery to the Administrator if no date is specified. The Employer shall be empowered to appoint and remove the Administrator from time to time as it deems necessary for the proper administration of the Plan to ensure that the Plan is being operated for the exclusive benefit of the Employees entitled to participate in the Plan in accordance with the terms of the Plan and the Code.

The operation of the Plan shall be under the supervision of the Administrator. It shall be a principal duty of the Administrator to see that the Plan is carried out in accordance with its terms, and for the exclusive benefit of Employees entitled to participate in the Plan. The Administrator shall have full power and discretion to administer the Plan in all of its details and determine all questions arising in connection with the administration, interpretation, and application of the Plan. The Administrator may establish procedures, correct any defect, supply any information, or reconcile any inconsistency in such manner and to such extent as shall be deemed necessary or advisable to carry out the purpose of the Plan. The Administrator shall have all powers necessary or appropriate to accomplish the Administrator's duties under the Plan. The Administrator shall be charged with the duties of the general administration of the Plan as set forth under the Plan, including, but not limited to, in addition to all other powers provided by this Plan:

- (a) To make and enforce such procedures, rules and regulations as the Administrator deems necessary or proper for the efficient administration of the Plan;
- (b) To interpret the provisions of the Plan, the Administrator's interpretations thereof in good faith to be final and conclusive on all persons claiming benefits by operation of the Plan;
- (c) To decide all questions concerning the Plan and the eligibility of any person to participate in the Plan and to receive benefits provided by operation of the Plan;
- (d) To reject elections or to limit contributions or Benefits for certain highly compensated participants if it deems such to be desirable in order to avoid discrimination under the Plan in violation of applicable provisions of the Code;
- (e) To provide Employees with a reasonable notification of their benefits available by operation of the Plan and to assist any Participant regarding the Participant's rights, benefits or elections under the Plan;
- (f) To keep and maintain the Plan documents and all other records pertaining to and necessary for the administration of the Plan;

(g) To review and settle all claims against the Plan, to approve reimbursement requests, and to authorize the payment of benefits if the Administrator determines such shall be paid if the Administrator decides in its discretion that the applicant is entitled to them. This authority specifically permits the Administrator to settle disputed claims for benefits and any other disputed claims made against the Plan;

(h) To appoint such agents, counsel, accountants, consultants, and other persons or entities as may be required to assist in administering the Plan.

Any procedure, discretionary act, interpretation or construction taken by the Administrator shall be done in a nondiscriminatory manner based upon uniform principles consistently applied and shall be consistent with the intent that the Plan shall continue to comply with the terms of Code Section 125 and the Treasury regulations thereunder.

9.2 EXAMINATION OF RECORDS

The Administrator shall make available to each Participant, Eligible Employee and any other Employee of the Employer such records as pertain to their interest under the Plan for examination at reasonable times during normal business hours.

9.3 PAYMENT OF EXPENSES

Any reasonable administrative expenses shall be paid by the Employer unless the Employer determines that administrative costs shall be borne by the Participants under the Plan or by any Trust Fund which may be established hereunder. The Administrator may impose reasonable conditions for payments, provided that such conditions shall not discriminate in favor of highly compensated employees.

9.4 INSURANCE CONTROL CLAUSE

In the event of a conflict between the terms of this Plan and the terms of an Insurance Contract of an independent third party Insurer whose product is then being used in conjunction with this Plan, the terms of the Insurance Contract shall control as to those Participants receiving coverage under such Insurance Contract. For this purpose, the Insurance Contract shall control in defining the persons eligible for insurance, the dates of their eligibility, the conditions which must be satisfied to become insured, if any, the benefits Participants are entitled to and the circumstances under which insurance terminates.

9.5 INDEMNIFICATION OF ADMINISTRATOR

The Employer agrees to indemnify and to defend to the fullest extent permitted by law any Employee serving as the Administrator or as a member of a committee designated as Administrator (including any Employee or former Employee who previously served as Administrator or as a member of such committee) against all liabilities, damages, costs and expenses (including attorney's fees and amounts paid in settlement of any claims approved by the Employer) occasioned by any act or omission to act in connection with the Plan, if such act or omission is in good faith.

ARTICLE X AMENDMENT OR TERMINATION OF PLAN

10.1 AMENDMENT

The Employer, at any time or from time to time, may amend any or all of the provisions of the Plan without the consent of any Employee or Participant. No amendment shall have the effect of modifying any benefit election of any Participant in effect at the time of such amendment, unless such amendment is made to comply with Federal, state or local laws, statutes or regulations.

10.2 TERMINATION

The Employer reserves the right to terminate this Plan, in whole or in part, at any time. In the event the Plan is terminated, no further contributions shall be made. Benefits under any Contract shall be paid in accordance with the terms of the Contract.

No further additions shall be made to the Health Flexible Spending Account or Dependent Care Flexible Spending Account, but all payments from such fund shall continue to be made according to the elections in effect until 90 days after the termination date of the Plan. Any amounts remaining in any such fund or account as of the end of such period shall be forfeited and deposited in the benefit plan surplus after the expiration of the filing period.

ARTICLE XI MISCELLANEOUS

11.1 PLAN INTERPRETATION

All provisions of this Plan shall be interpreted and applied in a uniform, nondiscriminatory manner. This Plan shall be read in its entirety and not severed except as provided in Section 11.11.

11.2 GENDER, NUMBER AND TENSE

Wherever any words are used herein in one gender, they shall be construed as though they were also used in all genders in all cases where they would so apply; whenever any words are used herein in the singular or plural form, they shall be construed as though they were also used in the other form in all cases where they would so apply; and whenever any words are used herein in the past or present tense, they shall be construed as though they were also used in the other form in all cases where they would so apply.

11.3 WRITTEN DOCUMENT

This Plan, in conjunction with any separate written document which may be required by law, is intended to satisfy the written Plan requirement of Code Section 125 and any Treasury regulations thereunder relating to cafeteria plans.

11.4 EXCLUSIVE BENEFIT

This Plan shall be maintained for the exclusive benefit of the Employees who participate in the Plan.

11.5 PARTICIPANT'S RIGHTS

This Plan shall not be deemed to constitute an employment contract between the Employer and any Participant or to be a consideration or an inducement for the employment of any Participant or Employee. Nothing contained in this Plan shall be deemed to give any Participant or Employee the right to be retained in the service of the Employer or to interfere with the right of the Employer to discharge any Participant or Employee at any time regardless of the effect which such discharge shall have upon him as a Participant of this Plan.

11.6 ACTION BY THE EMPLOYER

Whenever the Employer under the terms of the Plan is permitted or required to do or perform any act or matter or thing, it shall be done and performed by a person duly authorized by its legally constituted authority.

11.7 NO GUARANTEE OF TAX CONSEQUENCES

Neither the Administrator nor the Employer makes any commitment or guarantee that any amounts paid to or for the benefit of a Participant under the Plan will be excludable from the Participant's gross income for federal or state income tax purposes, or that any other federal or state tax treatment will apply to or be available to any Participant. It shall be the obligation of each Participant to determine whether each payment under the Plan is excludable from the Participant's gross income for federal and state income tax purposes, and to notify the Employer if the Participant has reason to believe that any such payment is not so excludable. Notwithstanding the foregoing, the rights of Participants under this Plan shall be legally enforceable.

11.8 INDEMNIFICATION OF EMPLOYER BY PARTICIPANTS

If any Participant receives one or more payments or reimbursements under the Plan that are not for a permitted Benefit, such Participant shall indemnify and reimburse the Employer for any liability it may incur for failure to withhold federal or state income tax or Social Security tax from such payments or reimbursements. However, such indemnification and reimbursement shall not exceed the amount of additional federal and state income tax (plus any penalties) that the Participant would have owed if the payments or reimbursements had been made to the Participant as regular cash compensation, plus the Participant's share of any Social Security tax that would have been paid on such compensation, less any such additional income and Social Security tax actually paid by the Participant.

11.9 FUNDING

Unless otherwise required by law, contributions to the Plan need not be placed in trust or dedicated to a specific Benefit, but may instead be considered general assets of the Employer. Furthermore, and unless otherwise required by law, nothing herein shall be construed to require the Employer or the Administrator to maintain any fund or segregate any amount for the benefit of any Participant, and no Participant or other person shall have any claim against, right to, or security or other interest in, any fund, account or asset of the Employer from which any payment under the Plan may be made.

11.10 GOVERNING LAW

This Plan is governed by the Code and the Treasury regulations issued thereunder (as they might be amended from time to time). In no event shall the Employer guarantee the favorable tax treatment sought by this Plan. To the extent not preempted by Federal law, the provisions of this Plan shall be construed, enforced and administered according to the laws of the State of Utah.

11.11 SEVERABILITY

If any provision of the Plan is held invalid or unenforceable, its invalidity or unenforceability shall not affect any other provisions of the Plan, and the Plan shall be construed and enforced as if such provision had not been included herein.

11.12 CAPTIONS

The captions contained herein are inserted only as a matter of convenience and for reference, and in no way define, limit, enlarge or describe the scope or intent of the Plan, nor in any way shall affect the Plan or the construction of any provision thereof.

11.13 CONTINUATION OF COVERAGE (COBRA)

Notwithstanding anything in the Plan to the contrary, in the event any benefit under this Plan subject to the continuation coverage requirement of Code Section 4980B becomes unavailable, each Participant will be entitled to continuation coverage as prescribed in Code Section 4980B, and related regulations. This Section shall only apply if the Employer employs at least twenty (20) employees on more than 50% of its typical business days in the previous calendar year.

11.14 FAMILY AND MEDICAL LEAVE ACT (FMLA)

Notwithstanding anything in the Plan to the contrary, in the event any benefit under this Plan becomes subject to the requirements of the Family and Medical Leave Act and regulations thereunder, this Plan shall be operated in accordance with Regulation 1.125-3.

11.15 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Notwithstanding anything in this Plan to the contrary, this Plan shall be operated in accordance with HIPAA and regulations thereunder.

11.16 UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT (USERRA)

Notwithstanding any provision of this Plan to the contrary, contributions, benefits and service credit with respect to qualified military service shall be provided in accordance with the Uniform Services Employment And Reemployment Rights Act (USERRA) and the regulations thereunder.

11.17 COMPLIANCE WITH HIPAA PRIVACY STANDARDS

(a) **Application.** If any benefits under this Cafeteria Plan are subject to the Standards for Privacy of Individually Identifiable Health Information (45 CFR Part 164, the "Privacy Standards"), then this Section shall apply.

(b) **Disclosure of PHI.** The Plan shall not disclose Protected Health Information to any member of the Employer's workforce unless each of the conditions set out in this Section are met. "Protected Health Information" shall have the same definition as set forth in the Privacy Standards but generally shall mean individually identifiable information about the past, present or future physical or mental health or condition of an individual, including genetic information and information about treatment or payment for treatment.

(c) **PHI disclosed for administrative purposes.** Protected Health Information disclosed to members of the Employer's workforce shall be used or disclosed by them only for purposes of Plan administrative functions. The Plan's administrative functions shall include all Plan payment functions and health care operations. The terms "payment" and "health care operations" shall have the same definitions as set out in the Privacy Standards, but the term "payment" generally shall mean activities taken to determine or fulfill Plan responsibilities with respect to eligibility, coverage, provision of benefits, or reimbursement for health care. Protected Health Information that consists of genetic information will not be used or disclosed for underwriting purposes.

(d) **PHI disclosed to certain workforce members.** The Plan shall disclose Protected Health Information only to members of the Employer's workforce who are designated and authorized to receive such Protected Health Information, and only to the extent and in the minimum amount necessary for that person to perform his or her duties with respect to the Plan. "Members of the Employer's workforce" shall refer to all employees and other persons under the control of the Employer. The Employer shall keep an updated list of those authorized to receive Protected Health Information.

(1) An authorized member of the Employer's workforce who receives Protected Health Information shall use or disclose the Protected Health Information only to the extent necessary to perform his or her duties with respect to the Plan.

(2) In the event that any member of the Employer's workforce uses or discloses Protected Health Information other than as permitted by this Section and the Privacy Standards, the incident shall be reported to the Plan's privacy official. The privacy official shall take appropriate action, including:

(i) investigation of the incident to determine whether the breach occurred inadvertently, through negligence or deliberately; whether there is a pattern of breaches; and the degree of harm caused by the breach;

(ii) appropriate sanctions against the persons causing the breach which, depending upon the nature of the breach, may include oral or written reprimand, additional training, or termination of employment;

- (iii) mitigation of any harm caused by the breach, to the extent practicable; and
 - (iv) documentation of the incident and all actions taken to resolve the issue and mitigate any damages.
- (e) **Certification.** The Employer must provide certification to the Plan that it agrees to:
- (1) Not use or further disclose the information other than as permitted or required by the Plan documents or as required by law;
 - (2) Ensure that any agent or subcontractor, to whom it provides Protected Health Information received from the Plan, agrees to the same restrictions and conditions that apply to the Employer with respect to such information;
 - (3) Not use or disclose Protected Health Information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Employer;
 - (4) Report to the Plan any use or disclosure of the Protected Health Information of which it becomes aware that is inconsistent with the uses or disclosures permitted by this Section, or required by law;
 - (5) Make available Protected Health Information to individual Plan members in accordance with Section 164.524 of the Privacy Standards;
 - (6) Make available Protected Health Information for amendment by individual Plan members and incorporate any amendments to Protected Health Information in accordance with Section 164.526 of the Privacy Standards;
 - (7) Make available the Protected Health Information required to provide an accounting of disclosures to individual Plan members in accordance with Section 164.528 of the Privacy Standards;
 - (8) Make its internal practices, books and records relating to the use and disclosure of Protected Health Information received from the Plan available to the Department of Health and Human Services for purposes of determining compliance by the Plan with the Privacy Standards;
 - (9) If feasible, return or destroy all Protected Health Information received from the Plan that the Employer still maintains in any form, and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
 - (10) Ensure the adequate separation between the Plan and members of the Employer's workforce, as required by Section 164.504(f)(2)(iii) of the Privacy Standards and set out in (d) above.

11.18 COMPLIANCE WITH HIPAA ELECTRONIC SECURITY STANDARDS

Under the Security Standards for the Protection of Electronic Protected Health Information (45 CFR Part 164.300 et. seq., the "Security Standards"):

- (a) **Implementation.** The Employer agrees to implement reasonable and appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of Electronic Protected Health Information that the Employer creates, maintains or transmits on behalf of the Plan. "Electronic Protected Health Information" shall have the same definition as set out in the Security Standards, but generally shall mean Protected Health Information that is transmitted by or maintained in electronic media.
- (b) **Agents or subcontractors shall meet security standards.** The Employer shall ensure that any agent or subcontractor to whom it provides Electronic Protected Health Information shall agree, in writing, to implement reasonable and appropriate security measures to protect the Electronic Protected Health Information.
- (c) **Employer shall ensure security standards.** The Employer shall ensure that reasonable and appropriate security measures are implemented to comply with the conditions and requirements set forth in Section 11.17.

11.19 MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Mental Health Parity and Addiction Equity Act.

11.20 GENETIC INFORMATION NONDISCRIMINATION ACT (GINA)

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Genetic Information Nondiscrimination Act.

11.21 WOMEN'S HEALTH AND CANCER RIGHTS ACT

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Women's Health and Cancer Rights Act of 1998.

11.22 NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Notwithstanding anything in the Plan to the contrary, the Plan will comply with the Newborns' and Mothers' Health Protection Act.

IN WITNESS WHEREOF, this Plan document is hereby executed this _____ day of _____.

Park City Fire Service District

By _____
EMPLOYER

Park City Fire District



FINANCIAL STATEMENTS AND INDEPENDENT AUDITOR'S REPORT

For the Year Ended December 31, 2023



DRAFT

PARK CITY FIRE SERVICE DISTRICT
TABLE OF CONTENTS
December 31, 2023

	Starting on <u>Page</u>
INDEPENDENT AUDITOR’S REPORT	1
MANAGEMENT’S DISCUSSION AND ANALYSIS (unaudited)	4
BASIC FINANCIAL STATEMENTS:	
Government-wide Financial Statements	
Statement of Net Position	12
Statement of Activities	13
Fund Financial Statements	
Balance Sheet – Governmental Funds	14
Reconciliation of the Governmental Fund Balance Sheet to the Government-wide Statement of Net Position	15
Statement of Revenues, Expenditures, and Changes in Fund Balance Governmental Funds	16
Reconciliation of the Governmental Fund Statement of Revenues, Expenditures, and Changes in Net Position to the Government-wide Statement of Activities	17
Notes to the Financial Statements	18
REQUIRED SUPPLEMENTARY INFORMATION (unaudited)	
Notes to Required Supplementary Information	40
Statement of Revenues, Expenditures, and Changes in Fund Balance Budget and Actual – General Fund	41
Schedule of the Proportionate Share of the Net Pension Liability	42
Schedule of Contributions	43
SUPPLEMENTARY INFORMATION	
Combining Balance Sheet – Nonmajor Governmental Funds	46
Combining Statement of Revenues, Expenditures, and Changes in Fund Balances Nonmajor Governmental Funds	47
ADDITIONAL AUDITOR’S REPORTS	
Independent Auditor’s Report on Compliance and on Internal Control Over Financial Reporting Based on an Audit of Basic Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	51
Independent Auditor’s Report on Compliance and Report on Internal Control over Compliance as Required by the State Compliance Audit Guide	52

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INDEPENDENT AUDITOR'S REPORT

The Administrative Control Board
Park City Fire District
Park City, Utah

Report on the Audit of the Financial Statements

We have audited the accompanying financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Park City Fire District (the "District") as of and for the year ended December 31, 2023, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of Park City Fire District, as of December 31, 2023, the respective changes in financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Park City Fire District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirement relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibility of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Park City Fire District's ability to continue as a going concern for twelve months beyond the financial statement date, including currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Park City Fire District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting principles used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate that raise substantial doubt about Park City Fire District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, and other required supplementary information, as listed in the table of contents, be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements.

We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Park City Fire District's basic financial statements. The combining and individual nonmajor fund financial statements are presented for purposes of additional analysis and are not a required part of the basic financial statements. The combining and individual nonmajor fund financial statements are the responsibility of management and were derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements.

Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining and individual nonmajor fund financial statements are fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated March 28, 2024, on our consideration of Park City Fire District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Park City Fire District's internal control over financial reporting and compliance.

Larson & Company, PC

Spanish Fork, Utah
March 28, 2024

MANAGEMENT'S DISCUSSION & ANALYSIS

INTRODUCTION

The following is a discussion and analysis of Park City Fire Service District's (the District) financial performance and activities for the year ended December 31, 2023. Since the Management's Discussion and Analysis (MD&A) is designed to focus on the current year's activities, resulting changes and currently known facts, we encourage readers to consider the information presented in conjunction with the District's financial Statements.

FINANCIAL HIGHLIGHTS

Government-Wide

- The assets of Park City Fire Service District exceeded its liabilities at December 31, 2023 by \$51,315,293 (net position). Of this amount, \$34,092,066 (unrestricted net position) may be used to meet the District's ongoing obligations.

Fund Level

- The District's governmental funds reported combined ending fund balances of \$28,072,090 at December 31, 2023, a decrease of \$211,922 from the previous year. Of the ending fund balances, \$14,067,621 is available for spending at the District's discretion (unassigned fund balance). The key factors for the increase in fund balances were as follows:
 - Revenue from property taxes increased \$612,583;
 - Revenue from all sources other than property taxes increased \$3,062,013;
 - Expenditures for all categories increased \$3,656,346, which includes an increase in salaries and wages and fringe benefits of \$1,765,388;
 - Capital outlay expenditures increased \$1,945,718;
 - Debt service expenditures decreased \$17,397;
- At December 31, 2023, unassigned fund balance of the general fund was roughly 74% of total general fund expenditures for the year.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis is an introduction to Park City Fire Service District's basic financial statements. The District's basic financial statements comprise three components: 1) government-wide financial statements, 2) fund financial statements, and 3) notes to the financial statements. In addition to the basic financial statements, this report also contains other supplementary information including the combining statements of nonmajor funds.

Government-Wide Financial Statements - Reporting the District as a Whole

The Statement of Net Position and the Statement of Activities comprise the government-wide financial statements. These statements distinguish functions of the District that are principally supported by charges for services, grants, or contributions. These statements provide a broad overview with a long-term focus of the District's finances as a whole and are prepared using the full-accrual basis of accounting, similar to private-sector companies. This means all revenues and expenses are recognized regardless of when cash is received or spent; and all assets and liabilities, including capital assets and long-term debt, are reported at the entity level.

The *statement of net position* presents information on all of the District's assets plus deferred outflows and liabilities plus deferred inflows, with the difference between the two reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of changes in financial position of the District. In evaluating the government's overall condition, additional non-financial factors should be considered such as the District's economic outlook, changes in its demographics, and the condition of its capital assets.

The *statement of activities* presents information showing how the net position of the District changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported in this statement for some items that will only result in cash flows in future fiscal periods (e.g., uncollected taxes, and earned but unused vacation leave).

Fund Financial Statements - Reporting the District's Most Significant Funds

The fund financial statements provide detailed information about individual major funds, and not the District as a whole. A fund is a group of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance related laws and regulations. All of the funds of the District are governmental funds.

Governmental funds - Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. Governmental funds use the modified accrual basis of accounting, which measures the flow of current financial resources that can be converted to cash and the balances left at year-end that are available for future spending. This short-term view of the District's financial position helps determine whether the District has sufficient resources to cover expenditures for its basic services in the near future.

The District maintains five individual governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures, and changes in fund balances for the general and capital projects funds, both of which are considered major funds. Data from the other three funds are combined into a single aggregate presentation. Individual fund data for each governmental fund is provided in the form of individual and combining statements elsewhere in this report.

Reconciliation between Government-Wide and Fund Statements

The financial statements include schedules that reconcile the amounts reported for governmental activities on the government-wide statements (full-accrual accounting, long-term focus) with amounts reported on the governmental fund statements (modified accrual accounting, short-term focus). Following are some of the major differences between the two statements:

- Capital assets and long-term debt are included on the government-wide statements but are not reported on the governmental fund statements.
- Capital outlays result in capital assets on the government-wide statements but are expenditures on the governmental fund statements.
- Proceeds/expenditures from capital leases result in liabilities on the government-wide statements but are other financing sources/uses on the governmental fund statements.

Notes to the Financial Statements

The notes provide additional schedules and information that is essential to a complete understanding of the financial statements. The notes apply to both the government-wide financial statements and the fund financial statements.

Required Supplementary Information

Park City Fire Service District adopts an annual budget for all of its governmental funds. A budgetary comparison statement has been provided for the general fund to demonstrate compliance with its budget.

Supplementary and Other Information

In addition to the basic financial statements and the accompanying notes, this report also presents combining and individual schedules referred to previously in connection with the non-major governmental funds. They are presented immediately following the notes to the financial statements. Auditor's reports on compliance are also included at the end of the document.

Financial Analysis of the District as a Whole

As noted previously, net positions are an indicator of a government's financial position. In the case of Park City Fire District, assets exceeded liabilities by \$51,315,293 at December 31, 2023.

A large portion of the District's net position (32%) reflects its investment in capital assets including land, buildings and improvements, vehicles and furniture and equipment (net of accumulated depreciation), less any related debt used to acquire those assets that is still outstanding. The District uses these capital assets to provide services to the citizens; consequently, these assets are not available for future spending. Although the District's investment in its capital assets is reported net of related debt, it should be noted that the resources needed to repay this debt must be provided from other sources; since capital assets themselves cannot be used to liquidate these liabilities.

Net Position as of December 31, 2023 and 2022

	Governmental Activities	
	2023	2022
Current and other assets	\$ 38,150,706	\$ 44,593,965
Capital assets	17,693,415	17,349,388
Total assets	55,844,121	61,943,353
Other liabilities	3,329,601	10,951,925
Long-term liabilities outstanding	1,241,897	2,109,372
Total liabilities	4,571,498	13,061,297
Net assets:		
Invested in capital assets, net of related debt	16,451,518	15,240,016
Restricted	771,709	2,380,307
Unrestricted	34,049,396	31,261,733
Total net assets	\$ 51,272,623	\$ 48,882,056

At December 31, 2023 the District's net investment in capital assets, amounts to \$16,451,518 or 32% of total net position. The net investment in capital assets includes land, buildings and improvements, vehicles, and furniture and equipment. Of the remaining portion of the District's net position, 2% represents resources that are subject to external restrictions on how they may be utilized. The remaining balance of \$34,092,066 may be used to meet the ongoing obligations to citizens and creditors.

At December 31, 2023, the District was able to report positive balances in all three categories of net position for the government-wide activities as a whole.

As noted in the subsequent table, governmental activities increased net position by \$2,433,237.

Changes in Net Position
Years Ended December 31, 2023 and 2022

	Governmental Activities	
	2023	2022
Revenues:		
Program revenues:		
Charges for services	\$ 6,683,187	4,023,062
Operating grants and contribs	72,739	433,486
General revenues:		
Property taxes and fee-in-lieu taxes	14,809,924	14,197,341
Gain (loss) on sale of capital assets	65,241	9,828
Other	1,121,957	556,922
Total revenues	22,753,048	19,220,639
Expenses:		
Fire protection and ambulance services	20,339,894	16,341,700
Interest on long-term liabilities	22,587	-
Total expenses	20,362,481	16,341,700
Increase in net assets	2,390,567	2,878,939
Net assets - beginning	48,882,056	46,003,117
Net assets - ending	51,272,623	48,882,056

FINANCIAL ANALYSIS OF THE DISTRICT'S FUNDS

As noted earlier, the District uses fund accounting to ensure and demonstrate compliance with finance related legal requirements.

Fund Balances

At December 31, 2023 the District's governmental funds reported a combined ending fund balance of \$28,072,090, representing a decrease of approximately 1% or \$211,922. Approximately 50% of the total amount, or \$14,067,621 is an unreserved fund balance, which is available for spending at the District's discretion. The reserved fund balance is not available for spending as it has already been committed for a specific purpose. The key factor for the increase in unassigned fund balance was an increase in revenues from property tax and other income.

General Fund

The general fund is the primary operating fund of the District. At December 31, 2023, the fund balance of the general fund was \$14,067,621. All of the fund balance was unassigned and uncommitted. The unassigned fund balance was equal to 74% of total general fund expenditures for the year ended December 31, 2023. The general fund balance increased 6.4% or \$844,328 from the prior year. The key factor contributing to the increase in the unreserved fund balance was the increase property taxes and fees and permits.

General Fund Budgetary Highlights

During the year, the general fund budget for expenditures was at \$20,310,391 for the original and the final budget. Budgeted revenue was at \$19,294,810 for the original and at \$19,415,310 for the final budget.

CAPITAL ASSETS AND LONG-TERM DEBT ADMINISTRATION

Capital Assets

Park City Fire Service District's investment in capital assets for governmental activities at December 31, 2023 was \$17,693,413 net of depreciation. The investment in capital assets includes land, buildings and improvements, vehicles, and furniture and equipment. The District's total investment in capital assets increased \$344,027 or 2%.

	Capital Assets, Net of Depreciation	
	2023	2022
Land	\$ 3,070,943	\$ 3,070,943
Buildings and improvement	\$ 11,819,939	\$ 12,303,700
Vehicles	\$ 1,570,710	\$ 1,320,306
Furniture and Equipment	\$ 1,231,821	\$ 654,437
	<u>\$ 17,693,413</u>	<u>\$ 17,349,386</u>

Additional information on the District's capital assets is available in the notes to the financial statements.

Long-Term Debt

On December 31, 2023, long-term debt of the District was \$3,331,543. Of the total, \$1,241,897 has been classified as revenue bonds and long-term notes and \$2,089,686 as accrued compensated absences.

More information about long-term debt is included in the notes to the financial statements.

REQUESTS FOR INFORMATION

This financial report is designed to provide a general overview of Park City Fire Service District's finances for all those with an interest in the government's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to Park City Fire Service District, P.O. Box 980010, Park City, Utah 84098-0010.

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BASIC FINANCIAL STATEMENTS

PARK CITY FIRE SERVICE DISTRICT
Government-Wide Statement of Net Position
December 31, 2023

	<u>Governmental Activities</u>
ASSETS AND DEFERRED OUTFLOWS OF RESOURCES:	
Assets:	
Current assets:	
Cash and cash equivalents	\$ 25,401,651
Receivables:	
Property taxes	2,059,313
Other	1,500
Prepaid expenses	167,297
Total current assets	<u>27,629,761</u>
Non-current assets:	
Restricted cash and cash equivalents	1,538,072
Capital Assets:	
Not being depreciated	3,070,943
Net of accumulated depreciation	14,622,472
Net pension asset	6,075,837
Total non-current assets	<u>25,307,324</u>
Total assets	<u>52,937,085</u>
Deferred outflows of resources - pensions	2,907,036
Total assets and deferred outflows of resources	<u><u>\$ 55,844,121</u></u>
LIABILITIES AND DEFERRED INFLOWS OF RESOURCES:	
Liabilities:	
Current Liabilities:	
Accounts payable	\$ 423,043
Accrued interest	(56,719)
Accrued liabilities	505,403
Current portion of long-term debt	681,897
Total current liabilities	<u>1,553,624</u>
Noncurrent liabilities:	
Compensated absences	2,089,685
Bonds and notes payable	560,000
Net pension liability	218,971
Total non-current liabilities	<u>2,868,656</u>
Total liabilities	<u>4,422,280</u>
Deferred inflows of resources - pensions	149,218
Total liabilities and deferred inflow of resources	<u><u>4,571,498</u></u>
NET POSITION	
Net investment in capital assets	16,451,518
Restricted for:	
Debt service	275,373
Impact fees	329,039
Other purposes	167,297
Unrestricted	34,049,396
Total net position	<u><u>\$ 51,272,623</u></u>

PARK CITY FIRE SERVICE DISTRICT
Government-Wide Statement of Activities
For the Year Ended December 31, 2023

Functions	<u>Expenses</u>	<u>Program Revenues</u>		Net (Expense)
		Charges for	Operating Grants and	Revenues and Changes in Net Position
		Services	Contributions	
Governmental activities				
Fire protection and ambulance services	\$ 20,339,894	\$ 6,683,187	\$ 72,739	\$ (13,583,968)
Interest on long-term liabilities	22,587	-	-	(22,587)
Total governmental activities	<u>\$ 20,362,481</u>	<u>\$ 6,683,187</u>	<u>\$ 72,739</u>	<u>\$ (13,606,555)</u>
General revenues:				
Property taxes				14,809,924
Interest income				1,120,741
Gain/(Loss) on sale of assets				65,241
Other income				1,216
Total general revenues and special items				<u>15,997,122</u>
Change in net position				2,390,567
Net position - beginning				48,882,056
Net position - ending				<u>\$ 51,272,623</u>

PARK CITY FIRE SERVICE DISTRICT
Balance Sheet – Governmental Funds
December 31, 2023

	General	Capital Projects	Other Non-Major Governmental Funds	Total Governmental Funds
ASSETS				
Cash and cash equivalents	\$ 11,697,955	\$ 13,698,621	\$ 5,075	\$ 25,401,651
Receivables:				
Accounts receivable	1,500	-	-	1,500
Taxes	2,059,313	-	-	2,059,313
Restricted Assets:				
Cash and cash equivalents	190,515	-	275,323	465,838
Cash deposited in public treasurer's investment fund	743,195	-	329,039	1,072,234
Total Assets	<u>\$ 14,692,478</u>	<u>\$ 13,698,621</u>	<u>\$ 609,437</u>	<u>\$ 29,000,536</u>
LIABILITIES AND FUND BALANCE				
Liabilities:				
Accounts payable	\$ 119,454	\$ 303,589	\$ -	\$ 423,043
Accrued liabilities	505,403	-	-	505,403
Total liabilities	<u>624,857</u>	<u>303,589</u>	<u>-</u>	<u>928,446</u>
Fund balance:				
Restricted for:				
Debt service	-	-	275,373	275,373
Impact fees	-	-	329,039	329,039
Assigned for:				
Building construction and equipment purchases	-	13,395,032	5,025	13,400,057
Unassigned	14,067,621	-	-	14,067,621
Total fund balance	<u>14,067,621</u>	<u>13,395,032</u>	<u>609,437</u>	<u>28,072,090</u>
Total liabilities and fund balance	<u>\$ 14,692,478</u>	<u>\$ 13,698,621</u>	<u>\$ 609,437</u>	<u>\$ 29,000,536</u>

PARK CITY FIRE SERVICE DISTRICT
Reconciliation of the Governmental Fund Balance Sheet to the
Government-Wide Statement of Net Position
December 31, 2023

Total fund balances - governmental fund:	<u>\$ 28,072,090</u>
Amounts reported for the governmental activities in the Government-wide statement of Net Position are different due to the following:	
Capital assets used in governmental activities are not financial resources and, therefore, are not reported in the funds.	17,693,415
Prepaid expenses are reported as expenditures in the governmental funds.	167,297
Net pension assets are not financial resources and, therefore, are not reported in the funds.	6,075,837
Deferred outflows of resources, a consumption of net position that applies to future periods, is not shown in the fund statements.	2,907,036
Long-term liabilities are recorded in the government-wide statements but not in the fund statements.	
General long-term debt	(1,241,897)
Interest accrued but not yet paid on long-term debt	56,719
Compensated absences	(2,089,685)
Pension related assets and liabilities	(368,189)
Net assets of government activities	<u>\$ 51,272,623</u>

PARK CITY FIRE SERVICE DISTRICT
Statement of Revenues, Expenditures, and
Changes in Fund Balance
For the Year Ended December 31, 2023

	General	Capital Projects	Other Non-Major Governmental Funds	Total Governmental Funds
REVENUES				
Property taxes	\$ 14,579,256	\$ -	\$ -	\$ 14,579,256
Fee-in-lieu	230,668	-	-	230,668
Interest income	414,394	668,087	38,260	1,120,741
Charges for services	6,080,160	-	-	6,080,160
Grants and donations	72,739	-	-	72,739
Fees and permits	359,800	-	243,227	603,027
Miscellaneous revenue	1,216	-	-	1,216
Total revenues	<u>21,738,233</u>	<u>668,087</u>	<u>281,487</u>	<u>22,687,807</u>
EXPENDITURES				
Current:				
Personnel				
Salaries and wages	10,988,695	-	-	10,988,695
Fringe benefits	4,633,483	-	-	4,633,483
Operations				
General and administrative	2,265,413	-	-	2,265,413
Capital outlay	269,976	399,402	2,535	671,913
Debt service:				
Principal retirement	-	-	867,475	867,475
Interest and fiscal charges	-	-	22,587	22,587
Total expenditures	<u>19,104,010</u>	<u>\$ 3,113,872</u>	<u>\$ 892,597</u>	<u>23,110,479</u>
Excess revenues over (under) expenditures	<u>2,634,223</u>	<u>\$ (2,445,785)</u>	<u>\$ (611,110)</u>	<u>(422,672)</u>
Other financing sources (uses):				
Proceeds from sale of assets	210,750	\$ -	\$ -	210,750
Operating transfers	(2,000,645)	\$ 3,057,251	\$ (1,056,606)	-
Total other financing sources (uses)	<u>(1,789,895)</u>	<u>\$ 3,057,251</u>	<u>\$ (1,056,606)</u>	<u>210,750</u>
Net change in fund balances	844,328	\$ 611,466	\$ (1,667,716)	(211,922)
Fund balances - beginning of year	<u>13,223,293</u>	<u>\$ 12,783,566</u>	<u>\$ 2,277,153</u>	<u>28,284,012</u>
Fund balances - end of year	<u>\$ 14,067,621</u>	<u>\$ 13,395,032</u>	<u>\$ 609,437</u>	<u>\$ 28,072,090</u>

PARK CITY FIRE SERVICE DISTRICT
Reconciliation of the Statement of Revenues, Expenditures, and Changes
In Fund Balances of Governmental Funds to the Statement of Activities
December 31, 2023

Net changes in fund balances - total governmental funds \$ (211,922)

Amounts reported for the governmental activities in the Government-wide Statement of Activities are different due to the following:

Governmental funds report capital outlays as expenditures. However, in the statement of activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation expense. This is the amount by which depreciation exceeded capital outlays in the current period. 2,511,522

Governmental funds report prepaid expenses as expenditures. However, in the statement of activities, prepaid expenses are reported as an asset.

Change in prepaid expenses 58,248

The Statement of Activities show pension benefits and pension expenses related to long-term pension costs that are not shown in the fund statements. 1,521,962

Repayment of debt principal is an expenditure in the governmental funds, but the repayment reduces long-term liabilities in the statement of net position. Likewise, the issuance of debt is a revenue in the governmental funds, but the issuance increases long-term liabilities in the statement of net position.

Long-term debt principal issuance and repayments (net) 867,475

Accrued interest for long-term debt is not reported as an expenditure for the current period, while it is recorded in the statement of activities.

Change in accrued interest -

Compensated absences expenses reported in the statement of activities do not require the use of current financial resources and are not reported as expenditures in governmental activities.

Change in compensated absences liability (189,223)

Change in net assets of governmental activities \$ 4,412,553

Note 1 - Summary of Significant Accounting Policies

The financial statements of Park City Fire Service District (the District) have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applicable to governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard setting body for establishing accounting and financial reporting principles. Financial reporting is based upon accounting guidance codified by GASB.

A. Reporting Entity

Park City Fire Service District (the District) is an independent special service district created in 1984 by Summit County to provide fire protection services to Park City and one hundred ten square miles of western Summit County. The financial statements and notes are the representations of Park City Fire Service District's management, which is responsible for their integrity and objectivity. This summary of significant accounting policies of the District is presented to assist in understanding the financial statements.

The District is governed by a five-member administrative control board, which are appointed by the Summit County Council. The District is a legally separate entity, possesses the powers to set its own budget, incur debt, to sue, be sued, and to own and lease property. The County exercises no significant controlling powers over the District. As such, the District is not a component unit as defined by the Governmental Accounting Standards Board in their Statement Number 61, *The Financial Reporting Entity: Omnibus – An Amendment of GASB Statements No. 14 and No. 34*.

The Local Building Authority (Authority) was created during 2009 and is a legally separate entity from the District. The Authority is combined with the District's financial records as a blended component unit as defined by GASB 61. The Authority was formed to acquire, improve, or extend one or more projects on behalf of the District. The Administrative Control Board of the District serves as the Authority Board of the Local Building Authority.

B. Government-Wide and Fund Financial Statements Basis of Presentation

Government-Wide Financial Statements

The government-wide financial statements (the statement of net position and the statement of activities) report information on all of the activities of the District. The effect of interfund activity has been removed from these statements.

The statement of activities demonstrates the degree to which the direct expenses of a given program are offset by program revenues. Direct expenses are those which are clearly identifiable with a specific program. Program revenues include: 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given program, and 2) operating or capital grants and contributions that are restricted to meeting the operational or capital requirements of a particular program. Taxes and other items not properly included among program revenues are reported as general revenues. Major individual governmental funds are reported as separate columns in the fund financial statements.

Fund Financial Statements

The District segregates transactions related to certain functions or activities in separate funds in order to aid financial management and to demonstrate legal compliance. A statement is presented for governmental activities. This statement presents each major fund as a separate column of the fund financial statements. The District has two major funds: general and capital projects funds, and three non-major funds: special revenue and debt service funds, and the Local Building Authority, a blended component unit.

Governmental funds are those funds through which most of the governmental functions typically are financed. The measurement focus of governmental funds is on the sources, uses and balances of current financial resources. The District has presented the following major governmental funds:

General Fund

The General Fund is the main operating fund of the District. This fund is used to account for all financial resources not accounted for in other funds. All general tax revenues and other receipts that are not restricted by law or contractual agreement to some other funds are accounted for in this fund. General operating expenditures, fixed charges, and capital improvement costs that are not paid through other funds are paid from the General Fund.

Capital Projects Fund

The Capital Projects Fund is used to account for funds received and expended for the acquisition or construction of capital facilities, improvements, and equipment.

The District's remaining nonmajor governmental funds account for specific revenue sources that are legally restricted to expenditures for specific purposes. Funds included are the local building authority, special revenue, and debt service funds.

Local Building Authority

The Local Building Authority (Authority) is a legally separate entity from the District but is part of the District and is blended into the governmental funds. The Authority was formed to acquire, improve, or extend one or more projects on behalf of the District.

C. Measurement Focus, Basis of Accounting, and Financial Statement Presentation

Measurement focus refers to what is being measured; basis of accounting refers to when revenues and expenditures are recognized in the accounts and reporting in the financial statements. Basis of accounting relates to the timing of the measurement made, regardless of the measurement focus applied.

Governmental fund financial statements are reported using the current financial resources measurement focus and are accounted for using the modified accrual basis of accounting. Under the modified accrual basis of accounting, revenues are recognized when susceptible to accrual, i.e., when they become both measurable and available. "Measurable" means the amount of the transaction can be determined and "available" means collectible within the current period or soon enough thereafter to be used to pay liabilities of the current period. The District considers amounts collected within 60 days after year end to be available. Expenditures are recorded when the related fund liability is incurred. However, debt service expenditures, as well as expenditures related to compensated absences, are recorded only when payment is due.

D. Assets, Liabilities, and Net Positions or Equity

The following are the District's significant policies regarding recognition and reporting of certain assets, liabilities, and net positions:

Cash and Investments

Unrestricted and restricted cash balances of all funds are combined to form a pool of cash and investments, which is managed by management of the District. Utah State Statutes allow for investments in the Utah Public Treasurers' Investment Fund and Utah Money Management Act (UMMA) approved financial institutions.

The UMMA provides for a committee to evaluate financial institutions and provide a list of those qualified as depositories for public funds. The District invests cash with the Utah Public Treasurer's Investment Fund and with a financial institution on the approved list. Investments in the pooled cash fund consist primarily of certificates of deposit, repurchase agreements, and time deposits and are carried at cost which approximates market value. Interest income earned as a result of pooling is distributed to the appropriate funds based on month-end balances of cash and investments. Short term investments that are readily convertible to cash and have an original maturity date of three months or less are defined as cash equivalents.

Receivables

As of year-end, the District recorded receivables from Summit and Wasatch Counties for property taxes and reimbursements for ambulance operations. Each year an allowance for uncollectible receivables is evaluated and adjusted to the level deemed necessary. An allowance was not necessary as of year-end.

Restricted Assets

The District imposes impact fees on building construction. Proceeds from impact fees are recorded in the special revenue fund and can only be used for capital facilities to provide fire protection. Restricted assets are also comprised of cash restricted for future payments of principal and interest on debt service.

Prepaid Expense

Prepaid expenses are future expenses that have been paid in advance by Park City Fire District. These are costs that have been paid but are not used up or have not yet expired.

Capital Assets

Capital assets, which include land, buildings and improvements, construction-in-progress, vehicles and furniture and equipment, are reported in the governmental columns in the government-wide financial statements. All capital assets are valued at historical cost or estimated historical cost if actual historical cost is not available. Donated assets are valued at their fair market value on the date of donation. Repairs and maintenance are recorded as expenses. Renewals and betterments are capitalized. The District uses a vehicle, which is owned by Park City and is not reflected in the capital assets.

Assets, having an original cost of \$5,000 or more, are capitalized. Depreciation has been calculated on each class of depreciable property using the straight-line method. Estimated useful lives are as follows:

Buildings and improvements	40 years
Vehicles	5 -10 years
Furniture and equipment	5 -10 years
Building and equipment under capital leases	5 -40 years

Compensated Absences

For governmental funds, amounts of vested or accumulated vacation leave and comp time that are not expected to be liquidated with expendable available resources are reported as liabilities in the government-wide statement of net positions and as expenses in the government-wide statement of activities if it is both probable that it will be paid, and estimable. Employees may accumulate sick leave. Accumulated sick leave is paid to employees upon retirement, with a maximum payment of 1,455 hours for full-time suppression personnel and 960 hours for full-time administrative personnel. Employees that voluntarily terminated employment with the District are paid half of unpaid accumulated sick leave. See *Note 5* for more detail on compensated absence balances.

Long-Term Obligations

In the government-wide financial statements, long-term debt and other long-term obligations are reported as liabilities in the statement of net position. In the fund financial statements, governmental fund types recognize debt issuance costs as expenditures during the current period. Debt issuance costs, whether or not withheld from the actual debt proceeds received, are reported as debt service expenditures.

Net Position/Fund Balances

The difference between assets plus deferred outflows and liabilities plus deferred inflows is reported as net position on the government-wide financial statements and fund balance on the governmental fund statements. When an expenditure is incurred for purposes for which both restricted and unrestricted fund balance is available, it is the policy of the District to spend restricted fund balance first. When applicable, in the accompanying financial statements governmental fund balances are classified as follows:

- **Nonspendable** – Fund balance associated with inventories, prepaids, long-term loans and notes receivable, and property held for resale (unless the proceeds are restricted, committed, or assigned).
- **Restricted** – Fund balance amounts that can be spent only for the specific purposes stipulated by constitution, external resource providers, or through enabling legislation.
- **Committed** – Fund balance amounts that can be used only for the specific purposes determined by a formal action of the Administrative Control Board (the District's highest level of decision-making authority). Such actions must be affirmed by a majority vote of the Administrative Control Board.
- **Assigned** – Fund balance amounts that are intended to be used by the District for specific purposes, but do not meet the criteria to be classified as restricted or committed.
- **Unassigned** – The residual fund balance classification for the District's general fund includes all spendable amounts not included in other classifications.

When an expenditure is incurred for purposes for which committed, assigned, or unassigned fund balance is available, it is the policy of the District to first spend committed fund balance, followed by assigned fund balances and unassigned fund balances, respectively.

E. Revenues and Expenditures

The following are the District's significant policies related to recognition and reporting of certain revenues, expenditures, and interfund activity:

Revenue Availability

Under the modified accrual basis of accounting, revenues are considered to be available when they are collected within the current period or expected to be collected soon enough thereafter to pay liabilities of the current period. Park City Fire Service District considers property tax revenues to be "available" if they are collected within 60 days after the end of the current year. Grants and similar items are recognized as revenue when all eligibility requirements have been met. All other revenues are considered to be available if they are collected within 60 days after year-end.

Expenditure Recognition

In governmental funds, expenditures are generally recorded when the related liability is incurred. However, debt service expenditures, as well as expenditures related to compensated absences, claims and judgments, are recorded only when payment is due. Capital asset acquisitions are reported as expenditures, and proceeds of long-term debt and acquisitions under capital leases are reported as other financing sources.

When an expenditure is incurred for purposes for which both restricted and unrestricted resources are available, the District generally uses restricted resources first, then unrestricted resources.

F. Transactions Between Funds

Legally authorized transfers are treated as interfund transfers and are included in the results of operations in the fund financial statements but are generally excluded from the government-wide financial statements.

G. Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

H. Risk Management

The District is exposed to various risks of loss related to torts, theft of, damage to, and destruction of assets, errors and omissions, and natural disasters for which the District carries commercial insurance. The District also carries commercial workers' compensation insurance. There are no significant reductions in coverage from the prior year, and settlement claims resulting from these risks did not exceed commercial insurance coverage during the past year.

I. Pensions

For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Utah Retirement Systems Pension Plan (URS) and additions to/deductions from URS's fiduciary net position have been determined on the same basis as they are reported by URS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

J. Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position will sometimes include a separate section for deferred outflows of resources. This separate financial statement element, deferred outflows of resources, represents a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. The District reports deferred outflows of resources related to pensions as required by GASB 68.

In addition to liabilities, the statement of net position will sometimes include a separate section for deferred inflows of resources. This separate financial statement element, deferred inflows of resources, represents an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until then. The District reports deferred inflows of resources related to pensions as required by GASB 68.

Note 2 - Stewardship, Budgetary Compliance, and Accountability

Budgetary Information

The District operates within the budget requirements for special service districts as specified by state law. Under state law, an annual budget is required for all governmental fund types. The financial reports reflect the following budgetary standards:

- For the fiscal year beginning January 1, the District prepares a proposed budget for the governmental fund types, which is presented to the Summit County Commission on or before December 15.
- By resolution, the District legally adopts a budget prior to December 15, after a public hearing has been held.
- Once adopted, the budget can be amended to any extent by subsequent District action. Reductions in appropriations can be approved by the District, but increased appropriations require a public hearing prior to amending the budget.
- Any adjustments in estimated revenue and revisions of appropriations due to operational changes in categorical program funding are integrated into the amended budget approved by the District and the Administrative Control Board.
- A final amended budget is legally approved by the District and Administrative Control Board prior to the end of the fiscal year. The Board amended the budget for the current year.
- Total budgeted expenditures may not exceed the revenues expected to be received for the fiscal year plus the fund balance.

Property Taxes

Property taxes attach an enforceable lien on property as of January 1. Taxes are levied and tax notices are sent on November 1. All unpaid taxes are due and become delinquent on November 30. Property tax revenues are recognized by the District when they are received. Property taxes on licensed, motor vehicles are collected on a monthly basis in the month in which the individual motor vehicle license is renewed. Property taxes are billed and collected by Summit and Wasatch Counties on behalf of the District and remitted to the District monthly. At December 31, 2023 only delinquent taxes are uncollected. Property taxes received by the District within 60 days after year end are recorded as revenue as of year-end.

Note 3 - Deposits and Investments

Deposits and investments for the District are governed by the Utah Money Management Act (*Utah Code Annotated, Title 51, Chapter 7, "the Act"*) and by rules of the Utah Money Management Council ("the Council"). Following are the discussions of the District's exposure to various risks related to its cash management activities.

Custodial Credit Risk

Deposits - Custodial credit risk for deposits is the risk that in the event of a bank failure, the District's deposits may not be recovered. The District's policy for managing custodial credit risk is to adhere to the Money Management Act. The Act requires all deposits of the local government to be in a qualified depository, defined as any financial institution whose deposits are insured by an agency of the federal government and which has been certified by the Commissioner of Financial Institutions as meeting requirements of the Act and adhering to the rules of the Utah Money Management Council. As of December 31, 2023, \$1,761,675 of the District's bank balances of \$1,260,570 was uninsured and uncollateralized.

Credit Risk

Credit risk is the risk that the counterparty to an investment will not fulfill its obligations. The District's policy for limiting the credit risk of investments is to comply with the Money Management Act.

Investments

The District measures and records its investments using fair value measurement guidelines established by generally accepted accounting principles. These guidelines recognize a three-tiered fair value hierarchy, as follows: Level 1 – Quoted prices for identical investments in active markets; Level 2 – Observable inputs other than quoted market prices; and Level 3 – Unobservable inputs.

For the year ended December 31, 2023, the District had investments of \$26,051,562 with the Utah PTIF, which uses a Level 2 fair value measurement. The entire balance had a maturity less than one year. The PTIF pool has not been rated.

PARK CITY FIRE SERVICE DISTRICT
Notes to the Financial Statements
December 31, 2023

Interest Rate Risk

Interest rate risk, the risk that changes in interest rates, will adversely affect the fair value of an investment. The District manages its exposure to declines in fair value by investing mainly in the PTIF and by adhering to the Money Management Act. The Act requires that the remaining term to maturity of investments may not exceed the period of availability of the funds to be invested.

Note 4 - Capital Assets

Capital asset activity for the year ended December 31, 2023 was as follows:

	<u>Beginning Balance</u>	<u>Increases</u>	<u>Decreases</u>	<u>Ending Balance</u>
Capital assets, not being depreciated				
Land	\$ 3,070,943	\$ -	\$ -	\$ 3,070,943
Total capital assets, not being depreciated	<u>3,070,943</u>	<u>-</u>	<u>-</u>	<u>3,070,943</u>
Capital assets, being depreciated				
Buildings and improvements	18,989,213	155,000	(155,000)	18,989,213
Vehicles	7,581,159	704,446	(69,887)	8,215,718
Furniture and equipment	<u>3,385,850</u>	<u>779,481</u>	<u>(14,589)</u>	<u>4,150,742</u>
Total capital assets, being depreciated	<u>29,956,222</u>	<u>1,638,927</u>	<u>(239,476)</u>	<u>31,355,673</u>
Accumulated depreciation for:				
Buildings and improvements	6,685,513	487,212	(3,451)	7,169,274
Vehicles	6,260,853	464,981	(80,826)	6,645,008
Furniture and equipment	<u>2,731,413</u>	<u>197,198</u>	<u>(9,690)</u>	<u>2,918,921</u>
Total accumulated depreciation	<u>15,677,779</u>	<u>1,149,391</u>	<u>(93,967)</u>	<u>16,733,203</u>
Total capital assets being depreciated, net	14,278,443	489,536	(145,509)	14,622,470
Governmental activities capital assets, net	<u>\$ 17,349,386</u>	<u>\$ 489,536</u>	<u>\$ (145,509)</u>	<u>\$ 17,693,413</u>

Depreciation expense of governmental activities was charged to fire protection and ambulance services in the amount of \$1,149,391.

Note 5 - Long-Term Obligations

The following summarizes the changes in long-term obligations for the year ended December 31, 2023:

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
Direct borrowings	\$ 1,023,372		\$ (608,475)	\$ 414,897	\$ 414,897
Revenue bonds	1,086,000		(259,000)	827,000	267,000
Accrued compensated absences	1,900,463	189,223	-	2,089,686	-
Total long-term obligations	<u>\$ 4,009,835</u>	<u>\$ 189,223</u>	<u>\$ (867,475)</u>	<u>\$ 3,331,583</u>	<u>\$ 681,897</u>

During 2004, the District entered into a capital lease obligation with a bank to construct four fire stations, a training facility, an administrative office building, and the purchase of fire equipment. The District financed \$6,751,000 over a twenty-five-year period. Interest is calculated at 4.44%. Interest only payments were required through July 31, 2008, and interest and principal payments were required subsequent to July 31, 2008. During 2014, the District refinanced this obligation over a ten-year period. Interest is calculated at 2.71% as a traditional loan payable.

During 2010, the Local Building Authority of the Park City Fire Service District received a \$3,800,000 loan from the Permanent Community Impact Fund Board for the construction of new facilities. The loan is in the form of lease revenue bonds issued by the Local Building Authority of Park City Fire Service District and purchased by the Permanent Community Impact Fund Board. During 2016, the district refinanced the bonds through Zions Bank. In addition to the refinance the District obtained additional funds to construct a fleet services building. The amount issued from Zions (refinanced and additional funds) was \$4,135,000. This was financed over 10 years at 1.33%.

The annual debt service requirements to maturity, including principal and interest, for long-term debt as of December 31, 2023 are as follows:

Years Ending December 31,	Principal	Interest
2024	681,897	13,075
2025	275,000	6,178
2026	285,000	3,249
	<u>\$ 1,241,897</u>	<u>\$ 22,502</u>

The District's outstanding revenue bonds of \$827,000 and direct borrowings of \$414,897 are secured with their respective revenues and/or property and equipment as collateral.

The District is not obligated in any manner for special assessment debt.

Note 6 - Self-Insurance - Claims Liability

The District was self-insured for dental insurance during 2023. A liability has been recorded for estimated claims outstanding at December 31, 2023. Changes in the accrued claims liability in 2023 were:

<u>Beginning Balance</u>	<u>Claims and Changes in Estimates</u>	<u>Claim Payments</u>	<u>Ending Balance</u>
\$ 114,843	\$ 97,067	\$ 83,005	\$ 128,905

Note 7 - Retirement Plan

General Information about the Pension Plan

Plan Description: Eligible plan participants are provided with pensions through the Utah Retirement Systems. The Utah Retirement Systems are comprised of the following pension trust funds:

Defined Benefit Plans

- **Public Employees Noncontributory Retirement System** (Noncontributory System);
- **Firefighters Retirement System** (Firefighters System) are a multiple employer, cost-sharing, public employees, retirement systems;
- **Tier 2 Public Employees Contributory Retirement System** (Tier 2 Public Employees System) is a multiple employer cost-sharing public employee retirement system;
- **Tier 2 Public Safety and Firefighter Contributory Retirement System** (Tier 2 Public Safety and Firefighters System) is a multiple employer, cost-sharing, public employee retirement system.

The Tier 2 public Employees System became effective July 1, 2011. All eligible employees beginning on or after July 1, 2011, who have no previous service credit with any of the Utah Retirement Systems, are members of the Tier 2 Retirement System.

The Utah Retirement Systems (Systems) are established and governed by the respective sections of Title 49 of the Utah Code Annotated 1953, as amended. The System’s defined benefit plans are amended statutorily by the State Legislature. The Utah State Retirement Office Act in Title 49 provides for the administration of the Systems under the direction of the Utah State Retirement Board, whose members are appointed by the Governor. The Systems are fiduciary funds defined as pension (and other employee benefit) trust funds. URS is a component unit of the State of Utah. Title 49 of the Utah Code grants the authority to establish and amend the benefit terms.

URS issues a publicly available report that can be obtained by writing Utah Retirement Systems, 560 E. 200 S, Salt Lake City, Utah 84102 or visiting the website: www.urs.org/general/publications.

PARK CITY FIRE SERVICE DISTRICT
Notes to the Financial Statements
December 31, 2023

Benefits provided: URS provides retirement, disability, and death benefits. Retirement benefits are as follows:

Summary of Benefits by System

System	Final Average Salary	Years of service required and/or age eligible for benefit	Benefit percent per year of service	COLA**
Noncontributory System	Highest 3 years	30 years any age 25 years any age* 20 years age 60* 10 years age 62* 4 years age 65	2.0% per year all years	Up to 4%
Firefighters System	Highest 3 years	20 years, any age 10 years, age 60 4 years, age 65	2.5% per year up to 20 years; 2.0% per year over 20 years	Up to 4%
Tier 2 Public Employees System	Highest 5 years	35 years any age 20 years any age 60* 10 years age 62* 4 years age 65	1.5% per year all years	Up to 2.5%
Tier 2 Public Safety and Firefighter System	Highest 5 years	25 years any age 20 years any age 60* 10 years age 62* 4 years age 65	1.5% per year to June 2020 2.0% per year July 2020 to present	Up to 2.5%

* Actual reductions are applied.

** All post-retirement cost-of-living adjustments are non-compounding and are based on the original benefit except for Judges, which is a compounding benefit. The cost-of-living adjustments are also limited to the actual Consumer Price Index (CPI) increase for the year, although unused CPI increases not met may be carried forward to subsequent years.

Contribution Rate Summary

As a condition of participation in the Systems, employers and/or employees are required to contribute certain percentages of salary and wages as authorized by statute and specified by the Utah State Retirement Board. Contributions are actuarially determined as an amount that, when combined with employee contributions (where applicable), is expected to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded actuarial accrued liability. Contribution rates as of December 31, 2023 are as follows:

Utah Retirement Systems

	Employee	Employer	Employer 401(k)
Contributory System			
111-Local Government Division Tier 2	N/A	16.01	0.18
Noncontributory System			
15-Local Government Division Tier 1	N/A	17.97	N/A
Firefighters Retirement System			
32 - Other Division B	16.71	6.34	N/A
132 - Tier 2 DB Hybrid Firefighters	2.59	14.08	N/A
Tier 2 DC Only			
211-Local Government	N/A	6.19	10.00
232-Firefighters	N/A	0.08	14.00

PARK CITY FIRE SERVICE DISTRICT
Notes to the Financial Statements
December 31, 2023

Tier 2 rates include a statutory required contribution to finance the unfunded actuarial accrued liability of the Tier 1 plans.

For fiscal year ended December 31, 2023, the employer and employee contributions to the Systems were as follows:

<u>System</u>	<u>Employer Contributions</u>	<u>Employee Contributions</u>
Noncontributory System	\$ 80,778	N/A
Firefighters System	261,336	694,287
Tier 2 Public Employees System	147,672	-
Tier 2 Public Safety and Firefighter	304,475	56,008
Tier 2 DC Only System	13,229	N/A
Tier 2 DC Public Safety and Firefighter System	1,406	N/A
Total Contributions	\$ 808,896	\$ 750,295

Contributions reported are the URS Board-approved required contributions by System. Contributions in the Tier 2 Systems are used to finance the unfunded liabilities in the Tier 1 Systems.

Combined Pension Assets, Liabilities, Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Relating to Pensions

At December 31, 2023, the District reported a net pension asset of \$6,075,837 and a net pension liability of \$218,972.

	<u>(Measurement Date): December 31, 2022</u>			
	<u>Net Pension Asset</u>	<u>Net Pension Liability</u>	<u>Proportionate Share</u>	<u>Proportionate Share December 31, 2021</u>
Noncontributory System	\$ -	\$ 126,546	0.0738850%	0.0544020%
Firefighters System	6,075,837	-	4.3827098%	4.7351218%
Tier 2 Public Employees System	-	47,451	0.0435770%	0.0195417%
Tier 2 Public Safety and Firefighter System	-	44,975	0.5391050%	0.5373535%
Total Net Pension Asset / Liability	\$ 6,075,837	\$ 218,972		

The net pension asset and liability was measured as of **December 31, 2022**, and the total pension liability used to calculate the net pension asset and liability was determined by an actuarial valuation as of **January 01, 2022** and rolled-forward using generally accepted actuarial procedures. The proportion of the net pension asset and liability is equal to the ratio of the employer's actual contributions to the Systems during the plan year over the total of all employer contributions to the System during the year.

For the year ended December 31, 2023 the District recognized pension expense of \$716,559.

PARK CITY FIRE SERVICE DISTRICT
Notes to the Financial Statements
December 31, 2023

At December 31, 2023, the District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

\$808,896 reported as deferred outflows of resources related to pensions results from contributions made by us prior to our fiscal year end, but subsequent to the measurement date of **December 31, 2022**.

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 373,261	\$ 24,593
Changes in assumptions	484,840	5,131
Net difference between projected and actual earnings on pension plan investments	1,185,692	-
Changes in proportion and differences between contributions and proportionate share of contributions	54,348	119,493
Contributions subsequent to the measurement date	808,896	-
Total	<u>\$ 2,907,037</u>	<u>\$ 149,217</u>

These contributions will be recognized as a reduction of the net pension liability in the upcoming fiscal year. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows:

Year Ended December 31,	Deferred Outflows (inflows) of Resources
2023	\$ (543,135)
2024	100,817
2025	490,413
2026	1,858,583
2027	6,546
Thereafter	35,700

Noncontributory System Pension Expense, and Deferred Outflows and Inflows of Resources

For the year ended December 31, 2023, we recognized pension expense of \$78,929. At December 31, 2023, we reported deferred outflows of resources and deferred inflows of resources relating to pensions from the following:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 42,922	\$ -
Changes in assumptions	20,739	505
Net difference between projected and actual earnings on pension plan investments	83,471	-
Changes in proportion and differences between contributions and proportionate share of contributions	22,810	-
Contributions subsequent to the measurement date	80,776	-
	<u>\$ 250,718</u>	<u>\$ 505</u>

PARK CITY FIRE SERVICE DISTRICT
Notes to the Financial Statements
December 31, 2023

\$80,778 reported as deferred outflows of resources related to pensions results from contributions made by us prior to our fiscal year end, but subsequent to the measurement date of **December 31, 2022**.

These contributions will be recognized as a reduction of the net pension liability in the upcoming fiscal year. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions, will be recognized in pension expense as follows:

Year ended December 31,	Net Deferred Outflows (Inflows) of Resources
2023	\$ (2,233)
2024	\$ 9,957
2025	\$ 33,527
2026	\$ 128,185
2027	\$ -
Thereafter	\$ -

Firefighters Pension Expense, and Deferred Outflows and Inflows of Resources

For the year ended December 31, 2023, we recognized pension expenses of (\$1,081,267). At December 31, 2023, we reported deferred outflows of resources and deferred inflows of resources relating to pensions from the following:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 292,617	\$ 7,796
Changes in assumptions	420,253	-
Net difference between projected and actual earnings on pension plan investments	1,036,427	-
Changes in proportion and differences between contributions and proportionate share of contributions	9,200	104,519
Contributions subsequent to the measurement date	261,336	-
	\$ 2,019,833	\$ 112,315

\$261,336 reported as deferred outflows of resources related to pensions results from contributions made by us prior to our fiscal year end, but subsequent to the measurement date of **December 31, 2022**.

These contributions will be recognized as a reduction of the net pension liability in the upcoming fiscal year. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions, will be recognized in pension expense as follows:

Year ended December 31,	Net Deferred Outflows (Inflows) of Resources
2023	\$ (547,469)
2024	\$ 76,370
2025	\$ 433,583
2026	\$ 1,683,697
2027	\$ -
Thereafter	\$ -

PARK CITY FIRE SERVICE DISTRICT
Notes to the Financial Statements
December 31, 2023

Tier 2 Public Employees System Pension Expense, and Deferred Outflow and Inflows of Resources

For the year ended December 31, 2023, we recognized pension expense of \$90,504. At December 31, 2023, we reported deferred outflows of resources and deferred inflows of resources relating to pensions from the following:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 16,027	\$ 1,883
Changes in assumptions	15,405	121
Net difference between projected and actual earnings on pension plan investments	19,131	-
Changes in proportion and differences between contributions and proportionate share of contributions	4,779	861
Contributions subsequent to the measurement date	160,900	-
	<u>\$ 216,242</u>	<u>\$ 2,865</u>

\$160,900 reported as deferred outflows of resources related to pensions results from contributions made by us prior to our fiscal year end, but subsequent to the measurement date of **December 31, 2022**.

These contributions will be recognized as a reduction of the net pension liability in the upcoming fiscal year. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions, will be recognized in pension expense as follows:

Year ended December 31,	Net Deferred Outflows (Inflows) of Resources
2023	\$ 2,259
2024	\$ 5,273
2025	\$ 8,651
2026	\$ 16,824
2027	\$ 3,698
Thereafter	\$ 15,773

Tier 2 Public Safety and Firefighter Pension Expense, and Deferred Outflows and Inflows of Resources

For the year ended December 31, 2023, we recognized pension expense of \$195,275. At December 31, 2023, we reported deferred outflows of resources and deferred inflows of resources relating to pensions from the following:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ 21,695	\$ 14,914
Changes in assumptions	28,443	4,505
Net difference between projected and actual earnings on pension plan investments	46,663	-
Changes in proportion and differences between contributions and proportionate share of contributions	17,559	14,113
Contributions subsequent to the measurement date	305,881	-
	<u>\$ 420,241</u>	<u>\$ 33,532</u>

PARK CITY FIRE SERVICE DISTRICT
Notes to the Financial Statements
December 31, 2023

\$305,881 reported as deferred outflows of resources related to pensions results from contributions made by us prior to our fiscal year end, but subsequent to the measurement date of **December 31, 2022**.

These contributions will be recognized as a reduction of the net pension liability in the upcoming fiscal year. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions, will be recognized in pension expense as follows:

Year ended December 31,	Net Deferred Outflows (Inflows) of Resources
2022	\$ 4,308
2023	\$ 9,217
2024	\$ 14,652
2025	\$ 29,878
2026	\$ 2,848
Thereafter	\$ 19,927

Actuarial assumptions

The total pension liability in the **December 31, 2022**, actuarial valuation was determined using the following actuarial assumptions, applied to all period included in the measurement:

Inflation	2.50 percent
Salary increases	3.25 - 9.25 percent, average, including inflation
Investment rate of return	6.85 percent, net of pension plan investment expense including inflation

Mortality rates were adopted from actual experience study dated January 1, 2020. The retired mortality tables are developed using URS retiree experience and are based upon gender, occupation, and age as appropriate with projected improvement using 80% of the ultimate rates from the MP-2019 improvement assumption using a base year of 2020. The mortality assumption for active members is the PUB-2010 Employees Mortality Table for public employees, teachers, and public safety members, respectively.

The actuarial assumptions used in the **January 01, 2022**, valuation were based on the results of an actuarial experience study for the five year period ending December 31, 2019.

PARK CITY FIRE SERVICE DISTRICT
Notes to the Financial Statements
December 31, 2023

The long-term expected rate on pension plan investments was determined using a building-block method, in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investments expense and inflation) are developed for each major asset class and is applied consistently to each defined benefit pension plan. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Expected Return Arithmetic Basis		
	Target Asset Allocation	Real Return Arithmetic Basis	Long-Term expected portfolio real rate of return
Equity securities	35.00%	6.58%	2.30%
Debt securities	20.00%	1.08%	0.22%
Real assets	18.00%	5.72%	1.03%
Private equity	12.00%	9.80%	1.18%
Absolute return	15.00%	2.91%	0.44%
Cash and cash equivalents	0.00%	-0.11%	0.00%
Totals	100.00%		5.17%
	Inflation		2.50%
	Expected arithmetic nominal return		7.67%

The 6.85% assumed investment rate of return is comprised of an inflation rate of 2.50%, a real return of 4.35% that is net of investment expense.

Discount rate: The discount rate used to measure the total pension liability was 6.85 percent. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate, and that contributions from all participating employers will be made at contractually required rates that are actuarially determined and certified by the URS Board. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability. The discount rate does not use the Municipal Bond Index Rate. The discount rate was reduced from 6.95% to 6.85% from the prior measurement date.

Sensitivity of the proportionate share of the net pension asset and liability to changes in the discount rate: The following presents the proportionate share of the net pension liability calculated using the discount rate of 6.85 percent, as well as what the proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (5.85 percent) or 1-percentage-point higher (7.85 percent) than the current rate:

System	Decrease (5.85%)	Rate (6.85%)	Increase (7.85%)
Noncontributory System	\$ 797,534	\$ 126,546	\$ (434,100)
Firefighters System	1,888,144	(6,075,837)	(12,615,583)
Tier 2 Public Employees System	207,336	47,451	(75,719)
Tier 2 Public Safety and Firefighter	360,008	44,975	(205,402)
Total	\$ 3,253,022	\$ (5,856,865)	\$ (13,330,804)

***Pension plan fiduciary net position: Detailed information about the pension plans fiduciary net position is available in the separately issued URS financial report.

Defined Contribution Savings Plans

The Defined Contribution Savings Plans are administered by the Utah Retirements Systems Board and are generally supplemental plans to the basic retirement benefits of the Retirement Systems, but may also be used as a primary retirement plan. These plans are voluntary tax-advantaged retirement savings programs authorized under sections 401(k), 457(b) and 408 of the Internal Revenue Code. Detailed information regarding plan provisions is available in the separately issued URS financial report.

Park City Fire Service participates in the following Defined Contribution Savings Plans with Utah Retirement Systems:

- *401(k) Plan
- *457(b) Plan
- *Roth IRA Plan
- *Traditional IRA Plan

Employee and employer contributions to the Utah Retirement Defined Contribution Savings Plans for fiscal year ended December 31, were as follows:

	2023	2022	2021
401(k) Plan			
Employer Contributions	\$ 732,323	\$ 570,402	\$ 493,344
Employee Contributions	\$ 388,776	\$ 363,023	\$ 335,004
457 Plan			
Employer Contributions	\$ 4,782	\$ 15,034	\$ 26,271
Employee Contributions	\$ 452,849	\$ 399,763	\$ 335,004
Roth IRA Plan			
Employer Contributions	N/A	N/A	N/A
Employee Contributions	\$ 130,283	\$ 102,664	\$ 96,634
Traditional IRA			
Employer Contributions	N/A	N/A	N/A
Employee Contributions	\$ 1,155	\$ 1,155	\$ 755

Note 8 - Defined Contribution Other Postemployment Benefits (OPEB) Plan

The District has a defined contribution Post Employment Health Plan (PEHP) administered by Nationwide Retirement Solutions. The purpose of the PEHP plan is to provide reimbursement of qualifying health care and medical insurance premium expenses upon separation from employment.

Terms for eligibility and contributions are specified under the terms of the plan. Individual employee accounts consist of employer contributions and investment returns. Employer contributions consist of quarterly payments set by the plan and the District. Quarterly contributions are divided equally among the current number of eligible employees when payments are made. For the year ended December 31, 2023, the District's contributions to the plan were \$392,500.

Employees become eligible to participate in the plan after one year of employment. Upon death of the employee, immediate family members may continue to use the plan for medical purposes. If no immediate family exists, funds are returned to the plan and divided equally among remaining eligible participants.

On December 31, 2023, there were no outstanding liabilities to the plan for contributions or administrative expenses.

Note 9 - Interlocal Cooperation Agreement

On June 29, 2011, the District entered into an interlocal cooperation agreement with Summit County to provide emergency medical care in western and a portion of eastern Summit County. The agreement is effective for a period of not less than six years, unless terminated by either party. On August 21, 2013, the District entered into an interlocal cooperation agreement with Summit County to provide emergency medical care for the remaining portion of eastern Summit County. In accordance with the agreement, Park City Fire Service District is responsible for the operation and staffing of the ambulance and emergency medical services in Summit County. Summit County is responsible for the purchase and maintenance of the ambulances.

Note 10 - Interfund Receivables and Payables

Interfund transactions among governmental fund types occurred during the year. These transactions arose principally from debt service requirements. Transactions that have not resulted in the actual transfer of cash as of the end of the year are recorded as amounts due from (fund receivable) and due to (fund liability) other funds. For financial reporting purposes, current amounts due from and to the same fund are offset and, the net amounts are shown in the respective fund balance sheet. At the end of each year, the amount of interfund receivables is equal to the amount of interfund payables.

NOTE 11 – SUBSEQUENT EVENTS

Subsequent events were evaluated through the date of the audit report, which is the date the financial statements were available to be issued. However, there are no subsequent events to disclose.

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REQUIRED SUPPLEMENTARY INFORMATION
(Unaudited)

Budgetary Comparison Schedule

The Budgetary Comparison Schedule presented in this section of the report is for the District's General Fund.

Budgetary and Budgetary Control

Budgets for the General Fund are legally required and adopted on the modified accrual basis of accounting.

Original budgets represent the revenue estimates and spending authority authorized by the Administrative Control Board prior to the beginning of the year. Final budgets represent the original budget amounts plus any amendments made to the budget during the year by the Administrative Control Board through formal resolution. Final budgets do not include unexpended balances from the prior year because such balances automatically lapse to unreserved fund balance at the end of each year.

Current Year Excess of Expenditures over Appropriations

For the year ended December 31, 2023, all expenditures were within the budget appropriations.

Changes in Assumptions Related to Pensions

No changes were made in actuarial assumptions from the prior year's valuation.

PARK CITY FIRE SERVICE DISTRICT
Statement of Revenues, Expenditures and Changes in
Fund Balances – Budget and Actual General Fund
For the Year Ended December 31, 2023

	Budgeted Amounts		Actual Amounts	Variance with Final Budget
	Original	Final		Over(Under)
REVENUES				
Property taxes	14,100,000	14,100,000	\$14,579,256	\$ 479,256
Fee-in-lieu	300,000	300,000	230,668	(69,332)
Licenses and permits	288,960	288,960	359,800	70,840
Charges for services	4,460,350	4,580,850	6,080,160	1,499,310
Interest income	95,000	95,000	414,394	319,394
Intergovernmental (Grants & Wildland Program)	50,000	50,000	72,739	22,739
Miscellaneous revenue	500	500	1,216	716
Total revenues	<u>19,294,810</u>	<u>19,415,310</u>	<u>21,738,233</u>	<u>2,322,923</u>
EXPENDITURES				
Personnel:				
Salaries and wages	11,353,736	11,353,736	10,988,695	(365,041)
Fringe benefits	5,235,536	5,235,536	4,633,483	(602,053)
Operations	2,603,849	2,603,849	2,265,413	(338,436)
General and administrative	408,270	408,270	269,976	(138,294)
Capital outlay	709,000	709,000	946,443	237,443
Total expenditures	<u>20,310,391</u>	<u>20,310,391</u>	<u>19,104,010</u>	<u>(1,206,381)</u>
Excess revenues over (under) expenditures	<u>(1,015,581)</u>	<u>(895,081)</u>	<u>2,634,223</u>	<u>3,529,304</u>
OTHER FINANCING SOURCES (USES):				
Net operating transfers from (to) other funds	(1,900,000)	(1,900,000)	(2,000,645)	(100,645)
Sale of fixed asset	55,000	55,000	210,750	155,750
Total other financial sources (uses)	<u>(1,845,000)</u>	<u>(1,845,000)</u>	<u>(1,789,895)</u>	<u>55,105</u>
Excess of revenues and other sources over (under) expenditures and other uses	<u>\$ (2,860,581)</u>	<u>\$ (2,740,081)</u>	<u>844,328</u>	<u>\$ 3,584,409</u>
Fund balances - beginning of year			13,223,293	
Fund balances - end of year			<u>\$14,067,621</u>	

PARK CITY FIRE SERVICE DISTRICT
Schedule of Required Supplementary Information
Schedule of the Proportionate Share of the Net Pension Liability
Utah Retirement Systems
Measurement Date of December 31, 2022
December 31, 2023
Last 10 Fiscal Years*

	Noncontributory Retirement System	Firefighters Retirement System	Tier 2 Public Employees Retirement System	Tier 2 Public Safety and Firefighters Retirement System
Proportion of the net pension liability (asset)				
2022	0.0738846%	4.8270979%	0.0435774%	0.5391049%
2021	0.0544020%	4.7351218%	0.0195417%	0.5373535%
2020	0.0459951%	4.6475925%	0.0110332%	0.6470564%
2019	0.0449586%	4.7473706%	0.0114662%	0.7205082%
2018	0.0419730%	4.9095708%	0.0115771%	0.8526445%
2017	0.0405122%	5.2986341%	0.0182188%	0.8688494%
2016	0.0425276%	5.3734852%	0.0233449%	0.9085473%
2015	0.0371795%	5.5824400%	0.0202460%	0.9781738%
2014	0.0363947%	5.6748021%	0.0181984%	1.1973177%
Proportionate share of the net pension liability (asset)				
2022	\$ 126,546	\$ (6,075,937)	\$ 47,451	\$ 44,975
2021	\$ (311,566)	\$ (12,808,146)	\$ (8,271)	\$ (27,159)
2020	\$ 23,593	\$ (6,261,931)	\$ 1,587	\$ 58,037
2019	\$ 169,443	\$ (2,968,594)	\$ 2,579	\$ 67,774
2018	\$ 309,078	\$ 1,984,213	\$ 4,958	\$ 21,364
2017	\$ 177,496	\$ (1,188,671)	\$ 1,606	\$ (10,053)
2016	\$ 273,079	\$ 794,832	\$ 2,604	\$ (7,887)
2015	\$ 210,380	\$ 949,898	\$ (44)	\$ (14,291)
2014	\$ 158,034	\$ (624,499)	\$ (551)	\$ (17,712)
Covered Employee Payroll				
2022	\$ 425,152	\$ 3,945,733	\$ 948,241	\$ 1,658,717
2021	\$ 391,083	\$ 4,005,740	\$ 360,762	\$ 1,285,019
2020	\$ 375,535	\$ 4,085,427	\$ 176,317	\$ 1,285,021
2019	\$ 365,865	\$ 4,149,486	\$ 159,484	\$ 1,187,715
2018	\$ 411,939	\$ 4,259,116	\$ 135,317	\$ 1,141,217
2017	\$ 383,585	\$ 4,755,849	\$ 178,392	\$ 916,864
2016	\$ 408,523	\$ 4,964,493	\$ 191,448	\$ 750,666
2015	\$ 367,508	\$ 5,047,353	\$ 130,818	\$ 582,105
2014	\$ 368,753	\$ 5,082,942	\$ 89,391	\$ 494,469
Proportionate share of the net pension liability (asset) as a percentage of its covered-employee payroll				
2022	29.76%	-153.99%	5.00%	2.71%
2021	-79.67%	-319.74%	-2.29%	-2.11%
2020	6.28%	-153.27%	0.90%	4.52%
2019	46.31%	-71.54%	1.62%	5.71%
2018	75.03%	46.59%	3.66%	1.87%
2017	46.27%	-24.99%	0.90%	-1.10%
2016	66.85%	16.01%	1.36%	-1.05%
2015	57.25%	18.82%	-0.03%	-2.46%
2014	42.90%	-12.30%	-0.60%	-3.60%
Plan fiduciary net position as a percentage of the total pension liability.				
2022	97.5%	110.3%	92.3%	96.4%
2021	108.7%	122.9%	103.8%	102.8%
2020	99.2%	112.0%	98.3%	93.1%
2019	93.7%	105.8%	96.5%	89.6%
2018	87.0%	96.1%	90.8%	95.6%
2017	91.9%	102.3%	97.4%	103.0%
2016	87.3%	98.4%	95.1%	103.6%
2015	87.8%	98.1%	100.2%	110.7%
2014	90.2%	101.3%	103.5%	120.5%

* In accordance with paragraph 81.a of GASB 68, employers will need to disclose a 10-year history of their proportionate share of the Net Pension Liability (Asset) in their RSI. The 10-year schedule will need to be built prospectively. The schedule above is only for the last nine years.

PARK CITY FIRE SERVICE DISTRICT
Schedule of Required Supplementary Information
Schedule of Contributions
Utah Retirement Systems
December 31, 2023
Last 10 Fiscal Years*

	As of fiscal year ended December, 31	Actuarial Determined Contributions	Contributions In relation to the contractually required contribution	Contribution deficiency (excess)	Covered Payroll	Contributions as a percentage of covered employee payroll
Noncontributory System						
	2015	\$ 52,521	\$ 52,521	\$ -	\$ 367,508	14.29%
	2016	59,708	59,708	-	413,479	14.44%
	2017	54,655	54,655	-	384,197	14.23%
	2018	57,488	57,448	-	401,860	14.30%
	2019	61,466	61,466	-	358,100	17.16%
	2020	63,811	63,811	-	372,322	17.14%
	2021	67,330	67,330	-	391,083	17.22%
	2022	72,309	72,309	-	425,152	17.01%
	2023	80,778	80,778	-	481,830	16.76%
Firefighters Retirement System						
	2015	\$ 314,263	\$ 314,263	\$ -	\$ 5,047,353	6.23%
	2016	311,575	311,575	-	4,969,265	6.27%
	2017	296,099	296,099	-	4,755,849	6.23%
	2018	279,906	279,906	-	4,259,116	6.57%
	2019	282,698	282,698	-	4,149,486	6.81%
	2020	277,754	277,754	-	4,085,529	6.80%
	2021	280,612	280,612	-	4,005,713	7.01%
	2022	266,465	266,465	-	3,945,733	6.75%
	2023	261,336	261,336	-	4,154,930	6.29%
Tier 2 Public Employees System*						
	2015	\$ 19,522	\$ 19,522	\$ -	\$ 130,818	14.92%
	2016	28,545	28,545	-	191,448	14.91%
	2017	27,348	27,348	-	182,372	15.00%
	2018	20,999	20,999	-	137,032	15.32%
	2019	25,104	25,104	-	160,912	15.60%
	2020	27,746	27,746	-	176,317	15.74%
	2021	58,504	58,504	-	366,681	15.95%
	2022	152,818	152,818	-	953,018	16.04%
	2023	147,672	147,672	-	924,639	15.97%
Tier 2 Public Safety and Firefighters System*						
	2015	\$ 62,706	\$ 62,706	\$ -	\$ 582,105	10.77%
	2016	80,892	80,892	-	752,488	10.75%
	2017	98,990	98,990	-	917,655	10.79%
	2018	127,266	127,266	-	1,147,668	11.09%
	2019	136,152	136,152	-	1,198,416	11.36%
	2020	164,399	164,399	-	1,289,741	12.75%
	2021	184,022	184,022	-	1,306,976	14.08%
	2022	235,818	235,818	-	1,674,853	14.08%
	2023	304,475	304,475	-	2,162,454	14.08%
Tier 2 Public Employees DC Only System*						
	2015	\$ -	\$ -	\$ -	\$ -	0.00%
	2016	688	688	-	10,291	6.69%
	2017	2,864	2,864	-	42,806	6.69%
	2018	7,045	7,045	-	105,302	6.69%
	2019	8,855	8,855	-	132,367	6.69%
	2020	9,099	9,099	-	136,010	6.69%
	2021	10,920	10,920	-	163,229	6.69%
	2022	12,955	12,955	-	200,022	6.48%
	2023	13,229	13,229	-	213,711	6.19%
Tier 2 Public Safety and Firefighter DC Only System*						
	2015	\$ 44	\$ 44	\$ -	\$ 55,077	0.08%
	2016	52	52	-	65,064	0.08%
	2017	94	94	-	117,257	0.08%
	2018	173	173	-	216,502	0.08%
	2019	406	406	-	506,586	0.08%
	2020	570	570	-	711,874	0.08%
	2021	700	700	-	874,657	0.08%
	2022	883	883	-	1,103,999	0.08%
	2023	1,406	1,406	-	1,760,883	0.08%

* Contributions in Tier 2 include an amortization rate to help fund the unfunded liabilities in the Tier 1 systems. Tier 2 systems were created effective July 1, 2011.

Paragraph 81.b of GASB 68 requires employers to disclose a 10-year history of contributions in RSI. The schedule will need to be built prospectively. The schedule above is only for the past nine years. Contributions as a percentage of covered-payroll may be different than the board certified rate due to rounding and other administrative practices.

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SUPPLEMENTARY INFORMATION

PARK CITY FIRE SERVICE DISTRICT
Combining Balance Sheet – Nonmajor Funds
December 31, 2023

	Special Revenue	Debt Service	Local Building Authority	Non-Major Governmental Funds
ASSETS				
Cash and cash equivalents	\$ -	\$ 50	\$ 5,025	\$ 5,075.00
Receivables:				
Restricted Assets				
Cash and cash equivalents	-	275,323	-	\$ 275,323.00
Cash deposited in public treasurer's investment fund	329,039	-	-	\$ 329,039.00
Total Assets	<u>\$ 329,039</u>	<u>\$ 275,373</u>	<u>\$ 5,025</u>	<u>\$ 609,437.00</u>
LIABILITIES AND FUND BALANCE				
Liabilities:				
Accounts payable	\$ -	\$ -	\$ -	\$ -
Accrued liabilities	-	-	-	-
Due to other funds	-	-	-	-
Total liabilities	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Fund balance:				
Restricted for:				
Debt service	-	275,373	-	\$ 275,373.00
Impact fees	329,039	-	-	\$ 329,039.00
Assigned for:				
Building construction and equipment purchases	-	-	5,025	\$ 5,025.00
Total fund balance	<u>329,039</u>	<u>275,373</u>	<u>5,025</u>	<u>\$ 609,437.00</u>
Total liabilities and fund balance	<u>\$ 329,039</u>	<u>\$ 275,373</u>	<u>\$ 5,025</u>	<u>\$ 609,437.00</u>

PARK CITY FIRE SERVICE DISTRICT
Statement of Revenues, Expenditures and Changes in
Fund Balances – Nonmajor Governmental Funds
December 31, 2023

	Special Revenue	Debt Service	Local Building Authority	Non-Major Governmental Funds
REVENUES				
Interest income	\$ 25,213	\$ 13,047	\$ -	\$ 38,260
Fees and permits	243,227	-	-	243,227
Total revenues	<u>268,440</u>	<u>13,047</u>	<u>-</u>	<u>281,487</u>
EXPENDITURES				
Current:				
General and administrative	-	2,500	35	2,535
Debt service:				
Principal retirement	-	867,475	-	867,475
Interest and fiscal charges	-	22,587	-	22,587
Total expenditures	<u>-</u>	<u>892,562</u>	<u>35</u>	<u>892,597</u>
Excess revenues over (under) expenditures	<u>268,440</u>	<u>(879,515)</u>	<u>(35)</u>	<u>(611,110)</u>
Other financing sources (uses):				
Operating transfers from other funds	14,809	910,896	(835)	924,870
Operating transfers to other funds	<u>(1,981,476)</u>	<u>-</u>	<u>-</u>	<u>(1,981,476)</u>
Total other financing sources (uses)	<u>(1,966,667)</u>	<u>910,896</u>	<u>(835)</u>	<u>(1,056,606)</u>
Net change in fund balances	(1,698,227)	31,381	(870)	(1,667,716)
Fund balances - beginning of year	2,027,266	243,992	5,895	2,277,153
Fund balances - end of year	<u>\$ 329,039</u>	<u>\$ 275,373</u>	<u>\$ 5,025</u>	<u>\$ 609,437</u>

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ADDITIONAL AUDITOR'S REPORTS

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**INDEPENDENT AUDITOR’S REPORT ON INTERNAL CONTROL OVER FINANCIAL
REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

The Administrative Control Board
Park City Fire District
Park City, Utah

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Park City Fire District (herein referred to as the “District”), as of and for the year ended December 31, 2023, and the related notes to the financial statements, which collectively comprise the District’s basic financial statements and have issued our report thereon dated March 28, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Trust’s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Trust’s internal control. Accordingly, we do not express an opinion on the effectiveness of the District’s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District’s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Larson & Company, PC

Spanish Fork, Utah
March 28, 2024

**INDEPENDENT AUDITOR’S REPORT ON COMPLIANCE AND ON
INTERNAL CONTROL OVER COMPLIANCE AS REQUIRED BY THE
STATE COMPLIANCE AUDIT GUIDE**

The Administrative Control Board
Park City Fire District
Park City, Utah

Report on Compliance

We have audited Park City Fire District (herein referred to as the “District”) compliance with the applicable general state compliance requirements described in the *State Compliance Audit Guide*, issued by the Office of the Utah State Auditor, that could have a direct and material effect on the District for year ended December 31, 2023.

State compliance requirements were tested for the year ended December 31, 2023 in the following areas:

Budgetary Compliance
Government Fees

Fund Balance
Fraud Risk Assessment

Opinion on Compliance

In our opinion, Park City Fire District complied, in all material respects, with the compliance requirements referred to above for the year ended December 31, 2023.

Basis for Opinion

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States (Government Auditing Standards); and the *State Compliance Audit Guide* (Guide). Our responsibilities under those standards and the *State Compliance Audit Guide* are further described in the Auditor’s Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion. Our audit does not provide a legal determination of the District’s compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the District’s government programs.

Report on Internal Control Over Compliance

Management of the District is responsible for establishing and maintaining effective internal controls over compliance with the compliance requirements referred to above. In planning and performing our audit, we considered the District’s internal control over compliance with the compliance requirements that could have a direct and material effect on the District to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance with general state compliance requirements and to test and report on internal control over compliance in accordance with *State Compliance Audit Guide*, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the District’s internal control over compliance.

Report on Internal Control Over Compliance

Management of the District is responsible for establishing and maintaining effective internal controls over compliance with the compliance requirements referred to above. In planning and performing our audit, we considered the District's internal control over compliance with the compliance requirements that could have a direct and material effect on the District to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance with general state compliance requirements and to test and report on internal control over compliance in accordance with *State Compliance Audit Guide*, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the District's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a general state compliance requirement on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a general state compliance requirement will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a general state compliance requirement that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control and compliance and the results of that testing based on the requirements of the *State Compliance Audit Guide*. Accordingly, this report is not suitable for any other purpose.

Larson & Company, PC

Spanish Fork, Utah
March 28, 2024

Park City Fire Service District Monthly Operations Report March 2024

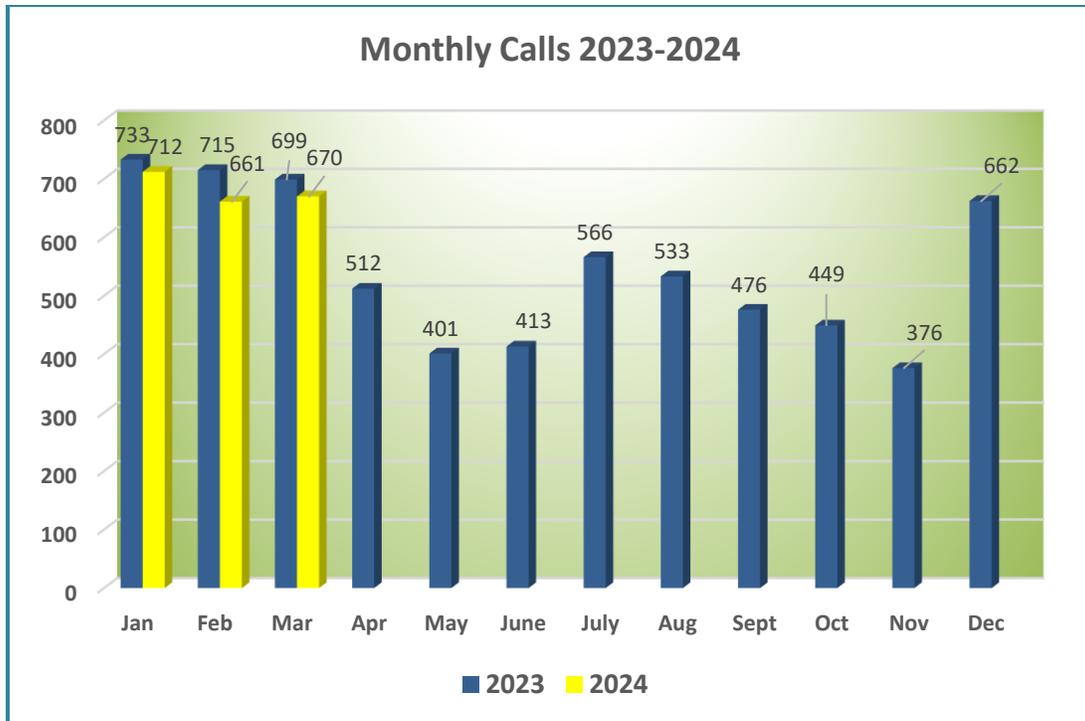


Motor vehicle accident on Bear Hollow Dr. March 30, 2024

Peter Emery, Deputy Fire Chief
Park City Fire Service District
March 2024
Pemery@pcfd.org

Monthly Operations Report

March 2024



EMS and Fire Operations

This month PCFD took delivery of its newest UTV rescue vehicle, a Polaris Defender (Figure 1). This purchase was budgeted for 2024 to replace the TRex UTV. It will be assigned to Station 33 and, like the TRex, has a four-seasons response capability utilizing a trax system in winter months. Special thanks to captains Wes Staples and Matt Provost for researching and procuring this backcountry rescue asset.

PCFD has shut down Ambulance 36 as of April 1, 2024. Ambulance 36 is used during the busiest times of the ski season, and with the 2023/2024 Ski season coming to an end, call volume and EMS transports from the ski resorts fall dramatically. PCFD will begin staffing Ambulance 36 again starting December 1, 2024, for next year's ski season.

Training Summary

PCFD hired a new administrative assistant in the Training Division. Stacy Headrick comes to us from the Kamas area where she was a small business owner for several years prior to working as the executive assistant to the CEO of High Star and the DeJoria Center in Kamas. Stacy brings great experience in administrative roles and is quickly learning medical terminology, medical and fire certification tracking, etc. We are happy to have Stacy as an addition to our administrative team.

Fire: In preparation for summer season, this month's fire training topic was wildland fires. Crews spent this month reviewing wildland gear, hose loads, and hose lays. In addition to practicing tool

Monthly Operations Report March 2024

and hose deployments, all crews participated and passed their annual wildland pack test. Each year, firefighters are required to pass the wildland firefighter pack test to stay certified. This test consists of a 3-mile hike with a 45-lb pack in under 45 minutes. Firefighters are not allowed to run during the test (Park City's elevation does qualify for an additional 60 seconds, for 46 total minutes allowed). Crews also reviewed the state "Field Fire" reporting system required by the State of Utah when working on wildland and urban interface fires in our response area.

This month, PCFD also hosted a lithium-ion battery fire training course. FDNY's Matthew Sabini of HazMat 1 taught the course to all three platoons. Lithium-ion battery fires have become one of the leading causes of fires as well as the leading cause of fire-related deaths in New York City. The use of personal mobility devices (scooters, e-bikes, etc.) as well as EVs is increasing dramatically in our response area. PCFD has been working to update responses to these incidents with updated equipment and SOGs.

Medical: The March medical KSA lesson plan consisted of several topics including airway anatomy and physiology, pharmacology, and toxicology. Crews participated in District-prepared lesson plans covering all KSA topics with crew-based scenarios included.

Training Highlights for March

Mar 4: Jackson Letterman in PKMC Operating Room.

Mar 6: Module 1 "Rook Book" testing. New recruits tested to complete their 1st module of the probationary task book.

Mar 7: Hudson Zwahlen in PKMC Operating Room.

Mar 14: Anna Coles in PKMC Operating Room

Mar 20: Cardiac arrest review, 67-year-old female ECMO candidate with ROSC (weather/no air transport available).

Mar 21: Steve Carroll in PKMC Operating Room.

Mar 27: Trauma run review, 26-year-old male skier vs. tree who then landed in a creek, ultimately flown by AirMed.

Mar 28: Logan Rodriguez in PKMC Operating Room. Cardiac arrest review, PCRM base 64 year-old-female with ROSC flown by AirMed.

Upcoming Training Opportunities

April 1-May 2: PCFD-hosted HazMat Technician course

May 6-10: Engineer I course

Monthly Operations Report

March 2024

Significant Incidents

- 3/13 Full arrest in town – ME38, A36, ME37, E31, and BC3 responded to 1710 Prospector Ave at the Park Regency on a 67-year-old female in full arrest. The patient was in persistent asystole when crews arrived. Crews performed several rounds of ACLS, contacted UMed for a possible extracorporeal membrane oxygenation (ECMO) transfer, and contacted AirMed for a hot load transfer at Bear Cub. Due to the weather, AirMed declined the flight. Crews ground-transported patient to UMed with a critical care paramedic on board and got a return on spontaneous circulation enroute.
- 3/13 Critical care paramedic transport – PKMC transferred a 73-year-old male on paralytics and intubated with significant a head injury and multiple rib fractures to IMC. Critical care medics used our Hamilton vent on custom setting to compensate for chest injuries. This call highlights the success of our critical care program. Due to the weather no air ambulances could fly. Our CCPMs were able to transport an intubated patient with lung and respiratory compromise using their skill set and an advanced vent.
- 3/30 Motor vehicle accident – 18-year-old male put his car through the guard rail on Bear Hollow Drive (cover photo). Patient was still in the car when we arrived, patient was alert and talking but not making much sense. Patient was eventually turned over to police, at which time the patient was given a field sobriety test and blew a .36.



Figure 1

From: Beckett [REDACTED]
Sent: Wednesday, March 20, 2024 5:28 PM
To: Information <info@pcfd.org>
Subject: PCFD Web Contact Form: Firefighter Emerson

Name

Beckett [REDACTED]

Email

[REDACTED]

Phone

[REDACTED]

Subject

Firefighter Emerson

Message

To whom it may concern,

My name is Beckett and I am 13 years old. I visited station 34 today and was looking at the engine being serviced. One of your firefighters noticed and asked firefighter Emerson to give me a tour. Mr. Emerson gave me an awesome tour and showed me around the station and apparatus. I really appreciate his hospitality and the tour he gave me.