

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT  
ADDRESS

**Misty Acres Metropolitan District**  
**PO Box 1094**  
**Monument, CO 80132**

1136.01



CONTACT PERSON  
PHONE  
EMAIL  
FAX

**Chester Sawyer**  
**719-282-0142**  
**cbsawyer1@comcast.net**

### PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate to the best of my knowledge.

NAME  
TITLE  
FIRM NAME (if applicable)  
ADDRESS  
PHONE  
DATE PREPARED

**Karl D. Hering, CMA**  
**Owner**  
**Smarter Directions, LLC**  
**8320 Pilot Court, Colorado Springs, CO 80920**  
**719-465-7288**

(Must be prepared prior to  
Board approval)

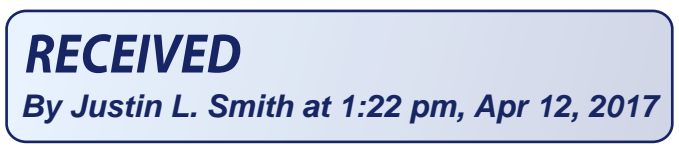
**3/22/2017**

### PREPARER (SIGNATURE REQUIRED)

*Karl D. Hering, CMA*

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL	PROPRIETARY
<input type="checkbox"/>	<input checked="" type="checkbox"/>



## PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	Description			Please use this space to provide any necessary explanations.
2-1	Ta Property	\$	70,880	
2-2	Specific ownership	\$	-	
2-3	Sales and use	\$	-	
2-4	Other (specify):	\$	-	
2-5	Licenses and permits	\$	-	
2-6	Intergovernment Grants	\$	-	
2-7	Conservation Trust Funds (Lottery)	\$	-	
2-8	Highway Users Tax Funds (HUTF)	\$	-	
2-9	Other (specify):	\$	-	
2-10	Charges for services	\$	-	
2-11	Fines and forfeits	\$	-	
2-12	Special assessments	\$	-	
2-13	Investment income	\$	-	
2-14	Charges for utility services	\$	-	
2-15	Debt proceeds	(should agree with line 4-4 column 2)	\$	-
2-16	Lease proceeds	\$	-	
2-17	Developer Advances received	(should agree with line 4-4)	\$	-
2-18	Proceeds from sale of capital assets	\$	-	
2-19	Fire and police pension	\$	-	
2-20	Donations	\$	-	
2-21	Other (specify): Closing Fees	\$	1,200	
2-22		\$	-	
2-23		\$	-	
2-24				

## PART 3 - EXPENDITURES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description			Please use this space to provide any necessary explanations.
3-1	Administrative	\$	1,300	
3-2	Salaries	\$	-	
3-3	Payroll taxes	\$	-	
3-4	Contract services	\$	-	
3-5	Employee benefits	\$	-	
3-6	Insurance	\$	2,005	
3-7	Accounting and legal fees	\$	3,359	
3-8	Repair and maintenance	\$	8,812	
3-9	Supplies	\$	306	
3-10	Utilities and telephone	\$	-	
3-11	Fire/Police	\$	-	
3-12	Streets and highways	\$	-	
3-13	Public health	\$	-	
3-14	Culture and recreation	\$	-	
3-15	Utility operations	\$	-	
3-16	Capital outlay	\$	-	
3-17	Debt service principal	\$	-	
3-18	Debt service interest	\$	43,887	
3-19	Repayment of Developer Advance Principal	(should agree with line 4-4)	\$	-
3-20	Repayment of Developer Advance Interest	\$	-	
3-21	Contribution to pension plan	(should agree to line 7-2)	\$	-
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$	-
3-23	Other (specify):	\$	-	
3-24		\$	-	
3-25		\$	-	
3-26				

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - STOP. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM"



## PART 6 - CAPITAL ASSETS

- 6-1 Does the entity have capital assets?
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUST explain:

6-3 Complete the following capital assets table

	Balance - beginning of the year	Additions (Must be included in Part 3)	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain)	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -

## PART 7 - PENSION INFORMATION

- 7-1 Does the entity have an "old hire" firemen's pension plan?
- 7-2 Does the entity have a volunteer firemen's pension plan?
- If yes: Who administers the plan?
- Indicate the contributions from:
- |                                 |      |
|---------------------------------|------|
| Tax (property, SO, sales, etc.) | \$ - |
| State contribution amount       | \$ - |
| Other (gifts, donations, etc.)  | \$ - |
|                                 | \$ - |
- What is the monthly benefit paid for 20 years of service per retiree as of Jan 1? \$ -

## PART 8 - BUDGET INFORMATION

- 8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:
- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:

If yes: Please indicate the amount appropriated for each fund for the year reported:

General Fund	\$	57,660
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## PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?

Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.

## PART 10 - GENERAL INFORMATION

	Yes	No
10-1 Is this application for a newly formed governmental entity? If yes: Date of formation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-2 Has the entity changed its name in the past or current year? If yes: Please list the NEW name & PRIOR name:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-3 Is the entity a metropolitan district? Please indicate what services the entity provides: <b>Trails and hiking maintenance.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10-4 Does the entity have an agreement with another government to provide services? If yes: List the name of the other governmental entity and the services provided:	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-5 Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9 3) and 32-1-104 (3), C.R.S.] If yes: Date Filed:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please use this space to provide any explanations or comments:

# PART 11 - GOVERNING BODY APPROVAL

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government. Governing board members may be varied. Also by signing, the board member certifies that the Application for Exemption from Audit has been prepared consistent with Section 23-1-204, C.R.S., which states that a governmental agency with revenue and expenditures of \$100,000 or less must have an application prepared by a person skilled in governmental accounting, duly held to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print Board Member's Name

I CHESTER B. SAWYER, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.

Board Member  
1

CHESTER SAWYER

Signed Chester B. Sawyer  
Date: 2/29/2017  
My term Expires: 2020

Print Board Member's Name

I Johnny Conder, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.

Board Member  
2

JOHNNY CONDER

Signed Johnny Conder  
Date: 3/23/2017  
My term Expires: 2018

Print Board Member's Name

I \_\_\_\_\_, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.

Board Member  
3

MICHAEL HINDE

Signed Michael Hinde  
Date: 3/23/2017  
My term Expires: 2018

Print Board Member's Name

I \_\_\_\_\_, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.

Board Member  
4

JULIE TETLEY

Signed Julie Tetley  
Date: 10/23/2017  
My term Expires: 2018

Print Board Member's Name

I \_\_\_\_\_, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.

Board Member  
5

Bruce Peele

Signed \_\_\_\_\_  
Date: \_\_\_\_\_  
My term Expires: \_\_\_\_\_

Print Board Member's Name

I \_\_\_\_\_, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.

Board Member  
6

Signed \_\_\_\_\_  
Date: \_\_\_\_\_  
My term Expires: \_\_\_\_\_

Print Board Member's Name

I \_\_\_\_\_, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.

Board Member  
7

Signed \_\_\_\_\_  
Date: \_\_\_\_\_  
My term Expires: \_\_\_\_\_

**Original Signatures  
Verified by**

Justin L. Smith

