

**APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM**

NAME OF GOVERNMENT	APPLEWOOD SANITATION DISTRICT	For the Year Ended 12/31/2016 or fiscal year ended
ADDRESS	P.O. BOX 1109 GOLDEN, CO. 80402-1109	
CONTACT PERSON	LEROY O BANKS, PRESIDENT	2100.00
PHONE	303-232-8883	
EMAIL		
FAX		

CERTIFICATION OF PREPARER

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME:	LINDA EASTON
TITLE	CPA
FIRM NAME (if applicable)	EASTON AND BARSCH
ADDRESS	8790 W COLFAX AVE SUITE 106, LAKEWOOD, CO 80215
PHONE	303-232-5752
DATE PREPARED <small>(Must be completed prior to board approval)</small>	3/18/2017
RELATIONSHIP TO ENTITY	INDEPENDENT CPA

PREPARER (SIGNATURE REQUIRED)

Linda Easton, CPA

Has the entity filed for or has the district filed, article 32, Article 1 Special District Notice of Intention Status during the year? [Applicable to Title 32 special districts only pursuant to Sections 32-1-103 (9.3) and 32-1-104 (9) G.R.S.]

YES	NO	If Yes, date filed:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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By Justin L. Smith at 11:41 am, Mar 29, 2017

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Description	Proprietary/Financial Funds	
		General Fund	Fund		Aviation Entities	Other
Assets				Assets		
1-1	Cash & Cash Equivalents	\$ 163,703	\$ -	Cash & Cash Equivalents	\$ -	\$ -
1-2	Investments	\$ 972,339	\$ -	Investments	\$ -	\$ -
1-3	Receivables	\$ 159,939	\$ -	Receivables	\$ -	\$ -
1-4	Due from Other Entities or Funds	\$ -	\$ -	Due from Other Entities or Funds	\$ 291,120	\$ -
	All Other Assets (specify)			Other Current Assets	\$ -	\$ -
1-5		\$ -	\$ -	Total Current Assets	\$ 291,120	\$ -
1-6		\$ -	\$ -	Capital Assets, net (from Part 4-4)	\$ 390,801	\$ -
1-7		\$ -	\$ -	Other Long Term Assets (specify)	\$ -	\$ -
1-8		\$ -	\$ -		\$ -	\$ -
1-9		\$ -	\$ -		\$ -	\$ -
1-10		\$ -	\$ -		\$ -	\$ -
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 1,295,981	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 681,721	\$ -
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 1,295,981	\$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 681,721	\$ -
Liabilities				Liabilities		
1-14	Accounts Payable	\$ 11,296	\$ -	Accounts Payable	\$ -	\$ -
1-15	Accrued Payroll and Related Liabilities	\$ -	\$ -	Accrued Payroll and Related Liabilities	\$ -	\$ -
1-16	Accrued Interest Payable	\$ -	\$ -	Accrued Interest Payable	\$ -	\$ -
1-17	Due to Other Entities or Funds	\$ 291,120	\$ -	Due to Other Entities or Funds	\$ -	\$ -
1-18	All Other Current Liabilities	\$ -	\$ -	All Other Current Liabilities	\$ -	\$ -
1-19	TOTAL CURRENT LIABILITIES	\$ 302,416	\$ -	TOTAL CURRENT LIABILITIES	\$ -	\$ -
1-20	All Other Liabilities (specify)	\$ -	\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ -	\$ -
1-21	Deferred Income	\$ 152,638	\$ -	Other Liabilities (specify)	\$ -	\$ -
1-22		\$ -	\$ -		\$ -	\$ -
1-23		\$ -	\$ -		\$ -	\$ -
1-24		\$ -	\$ -		\$ -	\$ -
1-25		\$ -	\$ -		\$ -	\$ -
1-26		\$ -	\$ -		\$ -	\$ -
1-27		\$ -	\$ -		\$ -	\$ -
1-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$ 455,054	\$ -	(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$ -	\$ -
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	\$ -	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	\$ -
Fund Balance				Net Position		
1-30	Nonspendable (Bond)	\$ -	\$ -	Net Investment in Capital Assets	\$ -	\$ -
1-31	Nonspendable (Inventory)	\$ -	\$ -			
1-32	Restricted - Emergency Reserves	\$ 4,783	\$ -	Emergency Reserves	\$ -	\$ -
1-33	Committed - Capital Improvement Fund	\$ 400,000	\$ -	Other Designations/Reserves	\$ -	\$ -
1-34	Assigned (specify)	\$ -	\$ -	Restricted	\$ -	\$ -
1-35	Unassigned	\$ 436,144	\$ -	Undesignated/Unreserved/Unrestricted	\$ 681,721	\$ -
1-36	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL FUND BALANCE	\$ 840,927	\$ -	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL NET POSITION	\$ 681,721	\$ -
1-37	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$ 1,295,981	\$ -	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$ 681,721	\$ -

Please use this space to provide explanation of any items on this page

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund		Sanitation Enterprise	Fund	
	Tax Revenue			Tax Revenue			
2-1	Property	\$ 148,534	\$ -	Property	\$ -	\$ -	
2-2	Specific Ownership	\$ 11,946	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue (specify)	\$ -	\$ -	Other Tax Revenue (specify)	\$ -	\$ -	
2-5		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 160,480	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (sum)	\$ -	\$ -	Highway Users Tax Funds (sum)	\$ -	\$ -	
2-11	Conservation Trust Funds (sum)	\$ -	\$ -	Conservation Trust Funds (sum)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ 303,965	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ 4,867	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ 6,302	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-22	All Other (specify)	\$ -	\$ -	All Other (specify)	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 160,480	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 315,134	\$ -	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-27	Other (specify)	\$ -	\$ -	Other (specify)	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 160,480	\$ -	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 315,134	\$ -	GRAND TOTALS
							\$ 475,614

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund		Special Enterprise	Fund	
	Expenditures:			Expenditures:			
3-1	General Government	\$ -	\$ -	General Operating & Administrative	\$ -	\$ -	
3-2	Judicial	\$ -	\$ -	Salaries	\$ -	\$ -	
3-3	Law Enforcement	\$ -	\$ -	Payroll Taxes	\$ -	\$ -	
3-4	Fire	\$ -	\$ -	Contract Services	\$ 41,993	\$ -	
3-5	Highways & Streets	\$ -	\$ -	Employee Benefits	\$ -	\$ -	
3-6	Solid Waste	\$ -	\$ -	Insurance	\$ -	\$ -	
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	Accounting and Legal Fees	\$ -	\$ -	
3-8	Health	\$ -	\$ -	Repair and Maintenance	\$ 29,319	\$ -	
3-9	Culture and Recreation	\$ -	\$ -	Supplies	\$ -	\$ -	
3-10	Other (specify)	\$ -	\$ -	Dues	\$ -	\$ -	
	Administrative Expenses:	\$ 126,302	\$ -	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	
3-12		\$ -	\$ -	Other Solid Waste Treatment	\$ 189,713	\$ -	
3-13		\$ -	\$ -		\$ -	\$ -	
3-14	Capital Outlay	\$ -	\$ -	Capital Outlay	\$ -	\$ -	
	Debt Service:			Debt Service:			
3-15	Principal	\$ -	\$ -	Principal	\$ -	\$ -	
3-16	Interest	\$ -	\$ -	Interest	\$ -	\$ -	
3-17	Bond Issuance Costs	\$ -	\$ -	Bond Issuance Costs	\$ -	\$ -	
3-18	Developer Principal Repayments	\$ -	\$ -	Developer Principal Repayments	\$ -	\$ -	
3-19	Developer Interest Repayments	\$ -	\$ -	Developer Interest Repayments	\$ -	\$ -	
3-20	All Other (specify)	\$ -	\$ -	All Other (specify)	\$ -	\$ -	
3-21		\$ -	\$ -		\$ -	\$ -	
3-22	Add lines 3-1 through 3-21			Add lines 3-1 through 3-21	\$ 241,025	\$ -	
3-22	TOTAL EXPENDITURES	\$ 126,302	\$ -	TOTAL EXPENDITURES	\$ 241,025	\$ -	GRAND TOTAL
3-23	Interfund Transfers (to)	\$ -	\$ -	Net Interfund Transfers (to)	\$ -	\$ -	\$ 367,327
3-24	Interfund Transfers out	\$ -	\$ -	Net Interfund Transfers out	\$ -	\$ -	
3-25	Other Expenditures (decrease)	\$ -	\$ -	Depreciation	\$ 14,868	\$ -	
3-26		\$ -	\$ -	Other Financing Sources (Use) (from line 2-28)	\$ -	\$ -	
3-27		\$ -	\$ -	Capital Outlay (from line 3-14)	\$ -	\$ -	
3-28		\$ -	\$ -	Debt Principal (from line 3-15)	\$ -	\$ -	
3-29	(Add lines 3-23 through 3-28)			(Line 3-26, plus line 3-27, less line 3-24, less line 3-25)			
3-29	TOTAL TRANSFERS AND OTHER EXPENDITURES	\$ -	\$ -	TOTAL GAAP RECONCILING ITEMS	\$ (14,868)	\$ -	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 3-29, less line 3-22, plus line 3-23, less line 3-25	\$ 34,178	\$ -	Net Increase (Decrease) in Net Position Line 3-29, less line 3-22, plus line 3-23, plus line 3-25, less line 3-25	\$ 59,241	\$ -	
3-31	Fund Balance, January 1 from December 31 prior year report	\$ 806,749	\$ -	Net Position January 1 from December 31 prior year report	\$ 622,480	\$ -	
3-32	Error Period Adjustment (MUST explain)	\$ -	\$ -	Error Period Adjustment (MUST explain)	\$ -	\$ -	
3-33	Fund Balance, December 31 Sum of line 3-30, 3-31, and 3-32 THIS TOTAL SHOULD BE THE SAME AS LINE 1-38	\$ 840,927	\$ -	Net Position, December 31 Line 3-30 plus line 3-31	\$ 681,721	\$ -	

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.		YES	NO	
44	Does the entity have outstanding debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
45	Is the debt repayment schedule attached? If no, MUST explain:	<input type="checkbox"/>	<input type="checkbox"/>	
46	Is the entity current in its debt service payments? If no, MUST explain:	<input type="checkbox"/>	<input type="checkbox"/>	
47	Please complete the following debt schedule, if applicable: (please only include principal amounts)			
	Outstanding at beginning of year	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -
	Notes/loans	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -
	Other description	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -
Please answer the following questions by marking the appropriate boxes.		YES	NO	
48	Does the entity have any authorized, but unissued, debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	How much? \$ -			
	Date the debt was authorized:			
49	Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	How much? \$ -			
50	Does the entity have debt that has been refinanced that it is still responsible for?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	What is the amount outstanding? \$ -			
51	Does the entity have any lease agreements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	What is being leased?			
	What is the original date of the lease?			
	Number of years of lease?			
	Is the lease subject to annual appropriation?	<input type="checkbox"/>	<input type="checkbox"/>	
	What are the annual lease payments? \$ -			
52	Does the entity have a certified mill levy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes:	Please provide the following mill levies for the year reported:			
	Bond Redemption	0.00		
	General/Other	3.002		
	TOTAL	3.002		

Please use this space to provide any explanations or comments:

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.		AMOUNT	TOTAL	
53	YEAR-END Total of ALL Checking and Savings accounts	\$ 163,703		
54	Certificates of deposit	\$ -		
	TOTAL CASH DEPOSITS		\$ 163,703	
	Investments (if investment is a mutual fund, please list underlying investments):			
55	GLOTRUST	\$ 972,339		
		\$ -		
		\$ -		
		\$ -		
	TOTAL INVESTMENTS		\$ 972,339	
	TOTAL CASH AND INVESTMENTS		\$ 1,136,042	
Please answer the following question by marking in the appropriate box		YES	NO	N/A
56	Are the entity's investments legal in accordance with Section 2475-601, et seq., G.S.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq., C.R.S.)? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to provide any explanations or comments:

PART 6 - CAPITAL ASSETS

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:		
6-1	Does the entity have capitalized assets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6-2	Has the entity performed an annual inventory of capital assets in accordance with Section 20-1-506, G.R.S.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6-3	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year	Additions	Deletions	Year-End Balance	
	Land	\$ -	\$ -	\$ -	\$ -	
	Buildings	\$ -	\$ -	\$ -	\$ -	
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -	
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -	
	Infrastructure	\$ -	\$ -	\$ -	\$ -	
	Construction in Progress (net)	\$ -	\$ -	\$ -	\$ -	
	Other	\$ -	\$ -	\$ -	\$ -	
	Accumulated Depreciation (Enter a negative or credit balance)	\$ -	\$ -	\$ -	\$ -	
	TOTAL	\$ -	\$ -	\$ -	\$ -	
6-4	Complete the following Capital Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year	Additions	Deletions	Year-End Balance	
	Land	\$ -	\$ -	\$ -	\$ -	
	Buildings	\$ -	\$ -	\$ -	\$ -	
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -	
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -	
	Infrastructure	\$ 955,816	\$ -	\$ -	\$ 955,816	
	Construction in Progress (net)	\$ -	\$ -	\$ -	\$ -	
	Other DIGITAL MAP & PROJECT MANUAL	\$ 14,267	\$ -	\$ -	\$ 14,267	
	Accumulated Depreciation (Enter a negative or credit balance)	\$ (584,814)	\$ (14,868)	\$ -	\$ (579,482)	
	TOTAL	\$ 405,469	\$ (14,868)	\$ -	\$ 390,601	

PART 7 - PENSION INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old time" fireman's pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7-2	Does the entity have a volunteer fireman's pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	Who administers the plan?			
	Indicate the contributions from:			
	Tax (property, PD, sales, etc.)	\$ -		
	State contribution amount	\$ -		
	Other (gifts, donations, etc.)	\$ -		
	TOTAL	\$ -		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -		

PART 8 - BUDGET INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO	N/A
18(1)	Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 21e-116 C.R.S.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18(2)	Did the entity pass an appropriations resolution in accordance with Section 21e-110a C.R.S.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Please indicate the amount appropriated for each fund for the year reported:				
	Fund Name:	Budgeted Expenditures:		
	GENERAL FUND	\$	144,793	
	SANITATION ENTERPRISE FUND	\$	308,358	
	CAPITAL IMPROVEMENTS FUND	\$	380,000	
		\$	-	

Please use this space to provide any explanations or comments:

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box		YES	NO
9(1)	Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5)(7)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

Please use this space to provide any explanations or comments:

PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO
10(1)	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes: Date of formation:			
10(2)	Has the entity changed its name in the past or current year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If Yes: NEW name:			
PREVIOUS name:			
10(3)	Is the entity a metropolitan district?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10(4)	Please indicate what services the entity provides:	DISTRICT SEWER SYSTEM	
10(5)	Does the entity have an agreement with another government to provide services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes: List the name of the other governmental entity and the services provided:			

Please use this space to provide any explanations or comments:

Please use this space to provide any additional explanations or comments not previously included:

OSA USE ONLY

Entity Wide:		General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$ 1,136,042	Unrestricted Fund Balance	\$ 836,144	Total Tax Revenue	\$ 100,480	
Current Liabilities	\$ 302,418	Total Fund Balance	\$ 840,827	Revenue Paying Debt Service	\$ -	
Deferred Inflow	\$ -	PY Fund Balance	\$ 606,749	Total Revenue	\$ 100,480	
		Total Revenue	\$ 100,480	Total Debt Service Principal	\$ -	
		Total Expenditures	\$ 128,302	Total Debt Service Interest	\$ -	
		Interfund In	\$ -			
		Interfund Out	\$ -	Enterprise Funds		
		Proprietary	\$ -	Net Position	\$ 681,721	
		Current Assets	\$ 291,120	PY Net Position	\$ 622,490	
		Deferred Outflow	\$ -	Government-Wide		
		Current Liabilities	\$ -	Total Outstanding Debt:	\$ -	
		Deferred Inflow	\$ -	Authorized but Unissued:	\$ -	
		Cash & Investments	\$ -	Year Authorized:	\$ -	
		Principal Expense	\$ -			
Governmental						
Total Cash & Investments	\$ 1,136,042					
Transfers In	\$ -					
Transfers Out	\$ -					
Property Tax	\$ 148,534					
Debt Service Principal	\$ -					
Total Expenditures	\$ 128,302					
Total Developer Advances	\$ -					
Total Developer Repayments	\$ -					

PART 12 - 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 verified. Also by signing, the board member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting, completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of all current governing board members below.

A MAJORITY of the governing board members must complete and sign in the column below.

Board Member	Print Board Member's Name	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
1	LEROY O. BANKS, PRESIDENT	
2	WILLIAM C. THOMPSON, TREASURER	I, <u>William C Thompson</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>William C Thompson</u> Date: <u>3-21-17</u> My term Expires: <u>5/18</u>
3	THOMAS LEIDICH, SECRETARY	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Thomas Leidich</u> Date: <u>3-21-17</u> My term Expires: _____
4	SCOTT EPSTEIN, DIRECTOR	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
5	CLAUDIA BROWNE, DIRECTOR	I, <u>Claudia Browne</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Claudia Browne</u> Date: <u>3-21-17</u> My term Expires: <u>5/18</u>
6		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
7		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____

**Original Signatures
Verified by**

Justin L. Smith

