

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS
Buffalo Creek Water District
P.O. Box 385, Buffalo Creek, CO, 80425

For the Year Ended
12/31/16
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL
FAX
Katherine Conklin Lemuel
(303) 816-1104
bcwdviakatherine@aol.com

2711.00

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: **Katherine Conklin Lemuel**
TITLE: **Bookkeeper**
FIRM NAME (if applicable): **Buffalo Creek Water District**
ADDRESS: **P.O. Box 385, Buffalo Creek, CO, 80425**
PHONE: **(303) 816-1104**
DATE PREPARED: **11-Mar-17**
(Must be prepared prior to Board approval)

PREPARER (SIGNATURE REQUIRED)

Katherine Conklin Lemuel

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

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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RECEIVED
By Justin L. Smith at 9:31 am, Apr 12, 2017

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	Round to nearest Dollar	Please use this space to provide any necessary explanations
2-1	Ta Property	\$ -	Please use this space to provide any necessary explanations
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	\$ 67,209	
2-11	Fines and forfeits	\$ 504	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ 109	
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):	\$ -	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 67,822	

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	Round to nearest Dollar	Please use this space to provide any necessary explanations
3-1	Administrative	\$ 906	Please use this space to provide any necessary explanations
3-2	Salaries	\$ 15,148	
3-3	Payroll taxes	\$ 1,316	
3-4	Contract services	\$ 2,950	
3-5	Employee benefits	\$ 1,566	
3-6	Insurance	\$ 2,414	
3-7	Accounting and legal fees	\$ 9,786	
3-8	Repair and maintenance	\$ 6,471	
3-9	Supplies	\$ 1,321	
3-10	Utilities and telephone	\$ 1,199	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ 2,196	
3-14	Culture and recreation	\$ -	
3-15	Utility operations	\$ 24,267	
3-16	Capital outlay	\$ -	
3-17	Debt service principal (should agree with Part 4)	\$ -	
3-18	Debt service interest	\$ -	
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	Leased Water Augmentation	\$ 800	
3-25	Interest Expense	\$ 9,278	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$ 79,618	

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 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

- | | | Yes | No |
|-----|---|-------------------------------------|--------------------------|
| 4-1 | Does the entity have outstanding debt?
If Yes, please attach a copy of the entity's Debt Repayment Schedule. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4-3 | Is the entity current in its debt service payments? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

	Outstanding at end of prior year	Issued during year	Retired during year	Outstanding at year-end
4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)				
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ 194,817	\$ -	\$ 7,420	\$ 187,397
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 194,817	\$ -	\$ 7,420	\$ 187,397

Please answer the following questions by marking the appropriate boxes.

- | | | Yes | No |
|---------|--|--------------------------|-------------------------------------|
| 4-5 | 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: | | |
| 4-6 | Does the entity intend to issue debt within the next calendar year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | How much? \$ - | | |
| 4-7 | 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? \$ - | | |
| 4-8 | 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? | | |
| | What are the annual lease payments? \$ - | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-9 | Does the entity have a certified Mill Levy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Please provide the following mills levied for the year reported: | | |
| | Bond Redemption | | - |
| | General/Other | | - |
| | TOTAL | | - |

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
5-1	YEAR-END Total of ALL Checking and Savings Accounts	\$ 6,941	
5-2	Certificates of deposit	\$ -	
	Total Cash Deposits		\$ 6,941
	Investments (if investment is a mutual fund, please list underlying investments):		
	Colotrust	\$ 12,811	
5-3	Colotrust	\$ 17,000	
		\$ -	
		\$ -	
	Total Investments		\$ 29,811
	Total Cash and Investments		\$ 36,751

Please answer the following questions by marking in the appropriate boxes

- | | | Yes | No | N/A |
|-----|---|-------------------------------------|--------------------------|--------------------------|
| 5-4 | Are the entity's Investments legal in accordance with Section 24-75-601, et seq., C.R.S.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If no, MUST use this space to provide any explanations:

PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes.

- | | | Yes | No |
|-----|--|-------------------------------------|--------------------------|
| 6-1 | Does the entity have capital assets? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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	\$ 54,931	\$ -	\$ -	\$ 54,931
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ 81,046	\$ -	\$ -	\$ 81,046
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ 774,809	\$ -	\$ -	\$ 774,809
Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ (259,586)	\$ -	\$ 19,588	\$ (279,174)
TOTAL	\$ 651,200	\$ -	\$ 19,588	\$ 631,612

Please use this space to provide any explanations or comments:

PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- | | | Yes | No |
|-----|--|--------------------------|-------------------------------------|
| 7-1 | Does the entity have an "old hire" firemen's pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7-2 | Does the entity have a volunteer firemen's pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SO, 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?

\$ -

Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- | | | Yes | No | N/A |
|-----|---|-------------------------------------|--------------------------|--------------------------|
| 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: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-2 | Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 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 2016	\$ 92,600

PART 9 - TAXPAYER'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)]? | <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.

If no, MUST explain:

PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- | | 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: | <input type="checkbox"/> | <input checked="" 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 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 \$100,000 or less must have an application prepared by a person skilled in 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 1

PAGE WHITESIDES

Print Board Member's Name

I PAGE WHITESIDES, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Signed [Signature]
Date: 3/13/2017
My term Expires: 5-1-2020

Board Member 2

TOM BENTON

Print Board Member's Name

I TOM BENTON, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Signed [Signature]
Date: 3/13/17
My term Expires: 5/1/2020

Board Member 3

MICHAEL RYDER

Print Board Member's Name

I MICHAEL RYDER, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Signed [Signature]
Date: 3-13-17
My term Expires: 5/1/2020

Board Member 4

BRUCE V PRATHER

Print Board Member's Name

I BRUCE V PRATHER, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Signed [Signature]
Date: 3/13/2017
My term Expires: 5/13/2021

Board Member 5

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.
Signed _____
Date: _____
My term Expires: _____

Board Member 6

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.
Signed _____
Date: _____
My term Expires: _____

Board Member 7

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.
Signed _____
Date: _____
My term Expires: _____

**Original Signatures
Verified by**

Justin L. Smith

[Signature]

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT
ANNUAL STATEMENT OF LOAN ACCOUNT

SAVE THIS INFORMATION
FOR INCOME TAX PURPOSES

PAGE 001
DATE 123116

CASE NUMBER 05-030-*****9358 FINAL YEAR OF LOAN 2040
FUND CODE 91 LOAN NUMBER 02 DATE OF LOAN 041900 INTEREST RATE 04.7500 AMOUNT OF LOAN 211,900.00

DESCRIPTION	ADVANCES	INTEREST	PRINCIPAL	TOTAL	T	INTEREST RATE	EFFECTIVE DATE
BEGIN LOAN BALNCE		1,963.92	165,837.31	167,801.23			01011
PAYMENT		3,927.64	2,014.16	5,942.00	R	04.7500	04011
PAYMENT		3,901.45	2,040.55	5,942.00	R	04.7500	10011
TOTAL LOAN PMTS		7,829.29	4,054.71	11,884.00			
TOTAL PAID ON ALL LOANS THIS YEAR		7,829.29	4,054.71	11,884.00			

LOAN ACTIVITY	0.00	7,829.29	4,054.71	11,884.00			
LOAN BALANCE	UNPD INTEREST	1,915.90 **	UNPD PRIN	161,782.60 **			
NXT AMT DUE	5,942.00		DATE DUE	040117			
PAYMENT STATUS	ON SCHEDULE		INT PAID	7,829.29			
TAXES PAID							
ALL LOAN ACTIVITY	0.00	7,829.29	4,054.71	11,884.00			
BORR BAL	UNPD INTEREST	1,915.90	UNPD PRIN	161,782.60			

*Business unpaid balances may not reflect the total amount due to the Agency at payoff.

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number

USDA RURAL DEVELOPMENT
 PHONE# (314) 457-4310
 4300 GOODFELLOW BLVD FC-1332
 ST. LOUIS, MO 63120

CAUTION: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB NO. 1545-0901
2016
 (Rev. June 2016)
 Form 1098

CORRECTED if checked
Mortgage Interest Statement

RECIPIENT'S/LENDER'S Federal identification number
431757115

1 Mortgage interest received from payer/borrower/tenant
 \$ 0.00

PAYER'S/BORROWER'S name, Street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
BUFFALO CREEK 05-755

2 Outstanding mortgage principal as of 12/31/2016
 \$

3 Mortgage origination date

WATER DISTRICT
P O BOX 385
BUFFALO CREEK CO 80425

4 Refund of overpaid interest
 \$

5 Mortgage insurance premiums
 \$

10 Other:
IRS FORM 1098 DOES NOT APPLY TO YOUR LOAN
 Account number (see instructions)

6 Put to paid on purchase of principal residence
 \$

7 Is address of property securing mortgage same as PAYER'S/BORROWER'S address?
 If Yes, box is checked
 If No, see box 8 or 9, below

8 Address of property securing mortgage

9 If property securing mortgage has no address, below is the description of the property

COPY B FOR PAYER/BORROWER

The information in Boxes 1 through 9 is important information and is not furnished to the Internal Revenue Service. If you are required to file a return, negligence penalty or other sanctions may be imposed if the IRS determines that an underpayment of results because you overstated a deduction for this mortgage interest for these points, reported in Boxes 1 and 2, because you didn't report the refund of interest (Box 4), or because you claimed a non-deductible

EXHIBIT B

**ENERGY/MINERAL IMPACT ASSISTANCE
LOAN TABLE**

Project No. #4413 Title: Buffalo Creek Water Grant/Loan
 Loan Amount: \$60,000.00
 Interest Rate: 5% *2006*
 Term: 20 First Year Due Date: September 1, 2004

Payment Number	Payment	Principal	Interest	Ending Balance
				\$60,000.00
1	\$4,814.56	\$3,064.56	\$1,750.00	\$56,935.44
2	\$4,814.56	\$1,967.78	\$2,846.77	\$54,967.66
3	\$4,814.56	\$2,066.17	\$2,748.38	\$52,901.49
4	\$4,814.56	\$2,169.48	\$2,645.07	\$50,732.01
5	\$4,814.56	\$2,277.95	\$2,536.60	\$48,454.05
6	\$4,814.56	\$2,391.86	\$2,422.70	\$46,062.20
7	\$4,814.56	\$2,511.45	\$2,303.11	\$43,550.76
8	\$4,814.56	\$2,637.02	\$2,177.54	\$40,913.74
9	\$4,814.56	\$2,768.87	\$2,045.69	\$38,144.87
10	\$4,814.56	\$2,907.31	\$1,907.24	\$35,237.56
11	\$4,814.56	\$3,052.68	\$1,761.88	\$32,184.88
12	\$4,814.56	\$3,205.31	\$1,609.24	\$28,979.57
13	\$4,814.56	\$3,365.58	\$1,448.98	\$25,613.99
14	\$4,814.56	\$3,533.86	\$1,280.70	\$22,080.14
15	\$4,814.56	\$3,710.55	\$1,104.01	\$18,369.59
16	\$4,814.56	\$3,896.08	\$918.48	\$14,473.51
17	\$4,814.56	\$4,090.88	\$723.68	\$10,382.63
18	\$4,814.56	\$4,295.42	\$519.13	\$6,087.21
19	\$4,814.56	\$4,510.19	\$304.36	\$1,577.02
20	\$1,655.87	\$1,577.02	\$78.85	\$0.00

Pl. 8/20/04
Pl. 8/21/04
Pl. 8/11/06
Pl. 8/17/07
Pl. 8/18/08
Pl. 8/19/09
Pl. 7/27/10
Pl. 8/12/11
Pl. 8/13/12
Pl. 8/14/13
Pl. 8/20/14
Pl. 8/24/15