

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

2636.00

NAME OF GOVERNMENT

ADDRESS

Paradox Valley Water Conservancy District
 P.O. Box 445
 Paradox CO 81429

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

CONTACT PERSON

PHONE

EMAIL

FAX

Paul D. Redd
 970 859 7351
 reddranches@gmail.com
 970 859 7351

12/31/2016

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

(Must be prepared prior to Board approval)

PREPARER (SIGNATURE REQUIRED)

Paul D. Redd

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

GOVERNMENTAL
 (MODIFIED ACCRUAL BASIS)



PROPRIETARY
 (CASH OR BUDGETARY BASIS)



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RECEIVED

By the Office of the State Auditor at 12:57 pm, Dec 08, 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	\$ -	
2-2	Specific ownership	\$ -	
2-3	Sales and use	\$ -	
2-4	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental 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): <i>Interest paid by bank</i>	\$ 9	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ -	

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	\$ -	
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ -	
3-9	Supplies	\$ -	
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 (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): <i>Safe Deposit Box rent</i>	\$ 50	
3-24		\$ -	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$ -	

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 type="checkbox"/>	<input checked="" type="checkbox"/>		
4-2 Is the debt repayment schedule attached? (if no, MUST explain:	<input type="checkbox"/>	<input type="checkbox"/>		
4-3 Is the entity current in its debt service payments? If no, MUST explain:	<input type="checkbox"/>	<input type="checkbox"/>		
4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year	Issued during year	Retired during year	Outstanding at year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

	Yes	No
4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? \$ - Date the debt was authorized:	<input type="checkbox"/>	<input type="checkbox"/>
4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? \$ -	<input type="checkbox"/>	<input type="checkbox"/>
4-7 Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? \$ -	<input type="checkbox"/>	<input type="checkbox"/>
4-8 Does the entity have any lease agreements? 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 type="checkbox"/>
4-9 Does the entity have a certified Mill Levy? If yes: Please provide the following mills levied for the year reported:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bond Redemption		-
General/Other	.550	-
TOTAL		-

Please use this space to provide any explanations or comments:

PART 5 - CASH AND INVESTMENTS

	Amount	Total
5-1 YEAR-END Total of ALL Checking and Savings Accounts	\$ -	
5-2 Certificates of deposit	\$ -	
Total Cash Deposits		\$ -
Investments (if investment is a mutual fund, please list underlying investments):		
5-3	\$ -	
	\$ -	
	\$ -	
Total Investments		\$ -
Total Cash and Investments		\$ -

	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 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 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 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 type="checkbox"/>	<input type="checkbox"/>

		Balance - beginning of the year	Additions (Must be included in Part 3)	Deletions	Year-End Balance
6-3	Complete the following capital assets table:				
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -

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 type="checkbox"/>
7-2	Does the entity have a volunteer firemen's pension plan?	<input type="checkbox"/>	<input 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 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 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

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?	<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:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Please indicate what services the entity provides:		
10-4	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:		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status 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.]	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Date Filed:		

Please use this space to provide any explanations or comments:

PART 11 - GOVERNING BODY APPROVAL

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	Print Board Member's Name	I <u>Ted Swain</u> , 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 <u>Ted Swain</u> Date: <u>12/1/17</u> My term Expires: _____
Board Member 2	Print Board Member's Name	I <u>Jessi Cooper</u> , 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 <u>Jessi Cooper</u> Date: <u>12-1-17</u> My term Expires: _____
Board Member 3	Print Board Member's Name	I <u>Paul D Redd</u> , 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 <u>Paul D Redd</u> Date: <u>12-1-2017</u> My term Expires: _____
Board Member 4	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 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



or appointed board
ication for exemption

Paradox Valley Water Conservation District

P.O. Box 445, Paradox, Colorado 81429
Phone: 970-859-7351 Email: reddranches@gmail.com

November 15, 2017

Justin L. Smith
Colorado Office of the State Auditor
1525 Sherman St., 7th Floor
Denver, Colorado 80203-1700

Dear Justin L. Smith:

Thank you for your help, we appreciate your sending the forms and handwritten note. Enclosed are the APPLICATION FOR EXEMPTION FROM AUDIT, for years: 2010, 2011, 2012, 2013, 2014, 2015, and 2016. Also enclosed, the district's certified mill levy.

As you will see there is not much activity in the District. We are the necessary governing body that was created when we improved the Buckeye Reservoir Dam, the storage facility owned by the stockholders of the Paradox Canal and Reservoir Company. The stockholders are farmers and domestic water users in Paradox Valley, a community of about 200 people.

For the most part, our financial activity is limited to collecting a small property tax mill levy, \$600 to \$800 each year, and a meager amount of interest on bank account. Our expenses are limited to postage, safe deposit box rent and supporting the reservoir company. We do not have any paid staff.

Please let us know if the filled forms are adequate. We will do our best to meet the State's needs.

Sincerely,



PAUL REDD, Secretary/Treasurer



Mill Levies by District

As of 12/31/2016

Tax Districts

025030 - - 025030

Authority	Mill Levy
001 - MONTROSE COUNTY	20.022
002 - MONTROSE COUNTY	0.000
060 - MONTROSE COUNTY	3.000
503 - SOUTHWESTERN WATER DISTRICT	0.395
800 - MONTROSE LIBRARY DISTRICT	3.000
925 - WEST END SCHOOLS-RE2 GENERAL FUND	25.892
	52.309

025031 - - 025031

Authority	Mill Levy
001 - MONTROSE COUNTY	20.022
002 - MONTROSE COUNTY	0.000
060 - MONTROSE COUNTY	3.000
206 - PARADOX RURAL FIRE DISTRICT	7.000
503 - SOUTHWESTERN WATER DISTRICT	0.395
507 - PARADOX VALLEY WATER DISTRICT	0.550
800 - MONTROSE LIBRARY DISTRICT	3.000
925 - WEST END SCHOOLS-RE2 GENERAL FUND	25.892
	59.859

025032 - - 025032

Authority	Mill Levy
001 - MONTROSE COUNTY	20.022
002 - MONTROSE COUNTY	0.000
060 - MONTROSE COUNTY	3.000
206 - PARADOX RURAL FIRE DISTRICT	7.000
503 - SOUTHWESTERN WATER DISTRICT	0.395
800 - MONTROSE LIBRARY DISTRICT	3.000
925 - WEST END SCHOOLS-RE2 GENERAL FUND	25.892
	59.309

025034 - - 025034

Authority	Mill Levy
001 - MONTROSE COUNTY	20.022
002 - MONTROSE COUNTY	0.000
060 - MONTROSE COUNTY	3.000
206 - PARADOX RURAL FIRE DISTRICT	7.000
503 - SOUTHWESTERN WATER DISTRICT	0.395
504 - SAN MIGUEL WATER DISTRICT	0.112
800 - MONTROSE LIBRARY DISTRICT	3.000
925 - WEST END SCHOOLS-RE2 GENERAL FUND	25.892
	59.421

025035 - - 025035

Authority	Mill Levy
001 - MONTROSE COUNTY	20.022
002 - MONTROSE COUNTY	0.000
060 - MONTROSE COUNTY	3.000
500 - COLORADO RIVER WATER DISTRICT	0.253
800 - MONTROSE LIBRARY DISTRICT	3.000
925 - WEST END SCHOOLS-RE2 GENERAL FUND	25.892
	52.167

Paradox Valley Water Conservation Board

P. O. Box 445

Paradox, Colorado 81429

Board Members:

Ted Swain

Jessi Cooper

Paul D. Redd

Resolution:

To approve the APPLICATION FOR EXEMPTION FROM AUDIT for years 2010, 2011, 2012, 2013, 2014, 2015, 2016.

In a meeting of the Paradox Valley Water Conservation District the Board, the Board approved the resolution and signed the APPLICATIONS FOR EXEMPTION FROM AUDIT for the years 2010 through 2016.

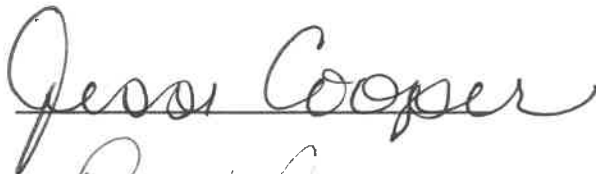
Signed by the Board:

November 15, 2017

Ted Swain



Jessi Cooper



Paul D. Redd

