

APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM

NAME OF GOVERNMENT **South Fork Water and Sanitation District**
ADDRESS **P.O. Box 303**
South Fork, Colorado 81154

For the Year Ended
12/31/2016
or fiscal year ended

CONTACT PERSON **Elli Fluck**
PHONE **719-873-5860**
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: See Accountants' Compilation Report

TITLE

FIRM NAME (if applicable)

ADDRESS

PHONE

DATE PREPARED

(Must be Completed prior to Board approval)

RELATIONSHIP TO ENTITY

PREPARER (SIGNATURE REQUIRED)

Has the entity filed for, or 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.]

YES

NO



If Yes, date filed:

E

RECEIVED

By Justin L. Smith at 10:50 am, Mar 28, 2017

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		Enterprise Fund	Fund*	
Assets							
1-1	Cash & Cash Equivalents	\$	- \$	Cash & Cash Equivalents	\$	500,164 \$	
1-2	Investments	\$	- \$	Investments	\$	101,497 \$	
1-3	Receivables	\$	- \$	Receivables	\$	11,567 \$	
1-4	Due from Other Entities or Funds	\$	- \$	Due from Other Entities or Funds	\$	11,367 \$	
	All Other Assets (specify)			Other Current Assets	\$	3 \$	
1-5		\$	- \$	Total Current Assets	\$	624,598 \$	
1-6		\$	- \$	Capital Assets, net	(from Part	384,471 \$	
1-7		\$	- \$	Other Long Term Assets (specify)	\$	- \$	
1-8		\$	- \$		\$	- \$	
1-9		\$	- \$		\$	- \$	
1-10		\$	- \$		\$	- \$	
1-11	(add lines 1-4 through 1-10) TOTAL ASSETS	\$	- \$	(add lines 1-4 through 1-10) TOTAL ASSETS	\$	1,009,069 \$	
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	- \$	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	- \$	
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	1,009,069 \$	
Liabilities							
1-14	Accounts Payable	\$	- \$	Accounts Payable	\$	2,855 \$	
1-15	Accrued Payroll and Related Liabilities	\$	- \$	Accrued Payroll and Related Liabilities	\$	3,073 \$	
1-16	Accrued Interest Payable	\$	- \$	Accrued Interest Payable	\$	487 \$	
1-17	Due to Other Entities or Funds	\$	- \$	Due to Other Entities or Funds	\$	- \$	
1-18	All Other Current Liabilities	\$	- \$	All Other Current Liabilities	\$	7,128 \$	
1-19	TOTAL CURRENT LIABILITIES	\$	- \$	TOTAL CURRENT LIABILITIES	\$	13,543 \$	
1-20	All Other Liabilities (specify)	\$	- \$	Proprietary Debt Outstanding	(from Part 4-4)	3,592 \$	
1-21		\$	- \$	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	\$	- \$	(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$	17,135 \$	
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	- \$	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	11,367 \$	
Fund Balance							
1-30	Nonspendable Prepaid	\$	- \$	Net Investment in Capital Assets	\$	380,879 \$	
1-31	Nonspendable Inventory	\$	- \$				
1-32	Restricted (specify):	\$	- \$	Emergency Reserves	\$	- \$	
1-33	Committed (specify)	\$	- \$	Other Designations/Reserves	\$	- \$	
1-34	Assigned (specify)	\$	- \$	Restricted	\$	- \$	
1-35	Unassigned:	\$	- \$	Undesignated/Unreserved/Unrestricted	\$	599,688 \$	
1-36	Add lines 1-30 through 1-35			Add lines 1-30 through 1-35			
	This total should be the same as line 3-33			This total should be the same as line 3-33			
	TOTAL FUND BALANCE	\$	- \$	TOTAL NET POSITION	\$	980,567 \$	
1-37	Add lines 1-28, 1-29 and 1-36			Add lines 1-28, 1-29 and 1-36			
	This total should be the same as line 1-13			This total should be the same as line 1-13			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$	- \$	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$	1,009,069 \$	

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.
		Fund*	Fund*		Enterprise Fund	Fund*	
	Tax Revenue			Tax Revenue			
2-1	Property	\$	- \$	Property	\$	11,066 \$	
2-2	Specific Ownership	\$	- \$	Specific Ownership	\$	1,418 \$	
2-3	Sales and Use Tax	\$	- \$	Sales and Use Tax	\$	- \$	
2-4	Other Tax Revenue (specify):	\$	- \$	Other Tax Revenue (specify): Interest	\$	178 \$	
2-5		\$	- \$		\$	- \$	
2-6		\$	- \$		\$	- \$	
2-7		\$	- \$		\$	- \$	
2-8	Add lines 2-1 through 2-7	\$	- \$	Add lines 2-1 through 2-7	\$	12,662 \$	
	TOTAL TAX REVENUE	\$	- \$	TOTAL TAX REVENUE	\$	12,662 \$	
2-9	Licenses and Permits	\$	- \$	Licenses and Permits	\$	- \$	
2-10	Highway Users Tax Funds (HUTF)	\$	- \$	Highway Users Tax Funds (HUTF)	\$	- \$	
2-11	Conservation Trust Funds (Lottery)	\$	- \$	Conservation Trust Funds (Lottery)	\$	- \$	
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	\$	185,180 \$	
2-17	Rental Income	\$	- \$	Rental Income	\$	- \$	
2-18	Fines and Forfeits	\$	- \$	Fines and Forfeits	\$	- \$	
2-19	Interest/Investment Income	\$	- \$	Interest/Investment Income	\$	1,204 \$	
2-20	Tap Fees	\$	- \$	Tap Fees	\$	- \$	
2-21	Developer Advances	\$	- \$	Developer Advances	\$	- \$	
2-22	All Other (specify):	\$	- \$	All Other (specify): System/Service Fee	\$	42,848 \$	
2-23		\$	- \$	Miscellaneous	\$	23,637 \$	
2-24	Add lines 2-8 through 2-23	\$	- \$	Add lines 2-8 through 2-23	\$	265,531 \$	
	TOTAL REVENUES	\$	- \$	TOTAL REVENUES	\$	265,531 \$	
	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	\$	- \$	Add lines 2-25 through 2-27	\$	- \$	
	TOTAL OTHER FINANCING SOURCES	\$	- \$	TOTAL OTHER FINANCING SOURCES	\$	- \$	
2-29	Add lines 2-24 and 2-28	\$	- \$	Add lines 2-24 and 2-28	\$	265,531 \$	
	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$	- \$	TOTAL REVENUES AND OTHER FINANCING SOURCES	\$	265,531 \$	\$ 265,531

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 29-1-504, 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
		Fund*	Fund*		Enterprise Fund	Fund*	
3-1	General Government	\$	- \$	General Operating & Administrative	\$	45,659 \$	
3-2	Judicial	\$	- \$	Salaries	\$	66,221 \$	
3-3	Law Enforcement	\$	- \$	Payroll Taxes	\$	4,517 \$	
3-4	Fire	\$	- \$	Contract Services	\$	- \$	
3-5	Highways & Streets	\$	- \$	Employee Benefits	\$	10,881 \$	
3-6	Solid Waste	\$	- \$	Insurance	\$	5,311 \$	
3-7	Contributions to Fire & Police Pension Assoc.	\$	- \$	Accounting and Legal Fees	\$	6,467 \$	
3-8	Health	\$	- \$	Repair and Maintenance	\$	1,589 \$	
3-9	Culture and Recreation	\$	- \$	Supplies	\$	1,512 \$	
3-10	Other (specify):	\$	- \$	Utilities	\$	22,197 \$	
3-11		\$	- \$	Contributions to Fire & Police Pension Assoc.	\$	- \$	
3-12		\$	- \$	Other (specify) Miscellaneous	\$	13 \$	
3-13		\$	- \$		\$	- \$	
3-14	Capital Outlay	\$	- \$	Capital Outlay	\$	- \$	
	Debt Service			Debt Service			
3-15	Principal	\$	- \$	Principal	\$	10,421 \$	
3-16	Interest	\$	- \$	Interest	\$	701 \$	
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 TOTAL EXPENDITURES	\$	- \$	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	175,489 \$	GRAND TOTAL \$ 175,489
3-23	Interfund Transfers (In)	\$	- \$	Net Interfund Transfers (In)	\$	- \$	Note: Prior period adjustment was recorded due to mostly the interest expenses were overstated in the prior year
3-24	Interfund Transfers Out	\$	- \$	Net Interfund Transfers out	\$	- \$	
3-25	Other Expenditures (Revenues):	\$	- \$	Depreciation	\$	56,648 \$	
3-26		\$	- \$	Other Financing Sources (Uses) (from line 2-28)	\$	- \$	
3-27		\$	- \$	Capital Outlay (from line 3-14)	\$	- \$	
3-28		\$	- \$	Debt Principal (from line 3-15)	\$	10,421 \$	
3-29	(Add lines 3-23 through 3-28) TOTAL TRANSFERS AND OTHER EXPENDITURES	\$	- \$	(Line 3-26, plus line 3-27, less line 3-24, less line 3-25) TOTAL GAAP RECONCILING ITEMS	\$	(46,227) \$	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 3-29, less line 3-22, plus line 3-29	\$	- \$	Net Increase (Decrease) in Net Position Line 3-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-23	\$	43,815 \$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	- \$	Net Position, January 1 from December 31 prior year report	\$	932,295 \$	
3-32	Prior Period Adjustment (MUST explain)	\$	- \$	Prior Period Adjustment (MUST explain)	\$	4,457 \$	
3-33	Fund Balance, December 31 Sum of Line 3-30, 3-31, and 3-32 This total should be the same as line 1-36.	\$	- \$	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36.	\$	980,567 \$	

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		
4-1 Does the entity have outstanding debt?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Please use this space to provide any explanations or comments:	
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"/>		
4-4 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	\$ 7,000	\$ -	\$ 7,000	\$ -
Revenue bonds	\$ 7,013	\$ -	\$ 3,421	\$ 3,592
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 14,013	\$ -	\$ 10,421	\$ 3,592

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"/>	Please use this space to provide any explanations or comments:
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
What are the annual lease payments?	\$ -		
4-9 Does the entity have a certified mill levy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes: Please provide the following mills levied for the year reported:			
Bond Redemption	0.00		
General/Other	0.329		
TOTAL	0.329		

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	\$ 500,164		Please use this space to provide any explanations or comments:
5-2 Certificates of deposit	\$ -		
TOTAL CASH DEPOSITS	\$ -	500,164	
Investments (if investment is a mutual fund, please list underlying investments):			
CSAFE	\$ 101,497		
5-3	\$ -		
	\$ -		
	\$ -		
TOTAL INVESTMENTS	\$ 101,497	101,497	
TOTAL CASH AND INVESTMENTS	\$ 601,661	601,661	

Please answer the following question by marking in the appropriate box

	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.)? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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? YES NO
- 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: YES NO

Per discussion with client, determined an annual inventory of capital assets was not performed. However, the client stated they will perform the inventory count at the end of the current year.

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 (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
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	\$ 21,270	\$ -	\$ -	\$ 21,270
Buildings	\$ 53,783	\$ -	\$ -	\$ 53,783
Machinery and equipment	\$ 141,523	\$ -	\$ -	\$ 141,523
Furniture and fixtures	\$ 8,583	\$ -	\$ -	\$ 8,583
Infrastructure	\$ 2,012,234	\$ 16,042	\$ -	\$ 2,028,276
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain): Land Improvements and Easements	\$ 56,108	\$ -	\$ -	\$ 56,108
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (1,868,424)	\$ (56,648)	\$ -	\$ (1,925,072)
TOTAL	\$ 425,077	\$ (40,606)	\$ -	\$ 384,471

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 hire" firemen's pension plan? YES NO
- 7-2 Does the entity have a volunteer firemen's pension plan? YES NO

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SQ, 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	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, 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
Enterprise Fund	\$ 384,070
	\$ -
	\$ -
	\$ -

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

Please answer the following question by marking in the appropriate box				YES	NO	Please use this space to provide any explanations or comments:
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box				YES	NO	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity? If yes: Date of formation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10-2	Has the entity changed its name in the past or current year? If Yes: NEW name PRIOR name	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10-4	Please indicate what services the entity provides:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10-5	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"/>	<input type="checkbox"/>		

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 \$	601,661 Unrestricted Fund Bal. \$	- Total Tax Revenue \$	-
Current Liabilities \$	13,543 Total Fund Balance \$	- Revenue Paying Debt Service \$	-
Deferred Inflow \$	11,367 PY Fund Balance \$	- Total Revenue \$	-
	Total Revenue \$	- Total Debt Service Principal \$	-
	Total Expenditures \$	- Total Debt Service Interest \$	-
	Interfund In \$		
	Interfund Out \$		
	- Proprietary		
	- Current Assets \$	624,598 PY Net Position \$	980,567
	- Deferred Outflow \$	- Government-Wide	936,752
	- Current Liabilities \$	13,543 Total Outstanding Debt \$	3,592
	- Deferred Inflow \$	11,367 Authorized but Unissued \$	-
	- Cash & Investments \$	601,661 Year Authorized \$	-
	- Principal Expense \$	10,421	

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	1	Print Board Member's Name <u>Tyler Jay Brown Jr.</u>	I, <u>Tyler Jay Brown Jr.</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>Tyler Jay Brown Jr.</u> Date: <u>3/22/17</u> My term Expires: <u>May 2018</u>
Board Member	2	Print Board Member's Name <u>DARRELL T. JACOBS</u>	I, <u>DARRELL T. JACOBS</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>DARRELL T. JACOBS</u> Date: <u>3/22/2017</u> My term Expires: <u>2020 May</u>
Board Member	3	Print Board Member's Name <u>WILLIAM R MORGAN, JR</u>	I, <u>Bruce Morgan</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>Bruce Morgan</u> Date: <u>3/22/17</u> My term Expires: <u>May 2018</u>
Board Member	4	Print Board Member's Name <u>DARREL W. Gillespie</u>	I, <u>Darrel W. Gillespie</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>Darrel W. Gillespie</u> Date: <u>3-22-17</u> My term Expires: <u>May 2018</u>
Board Member	5	Print Board Member's Name <u>Thomas J. Slade</u>	I, <u>Thomas J. Slade</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 _____ Date: _____ My term Expires: <u>May 2018</u>
Board Member	6	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: _____
Board Member	7	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: _____

South Fork Water and Sanitation District
 Debt Service Schedule
 12/31/2016

		Principal Payments	Interest Payments	Total	Current Portion	Long-Term Portion	Total
Energy/Mineral Impact \$47,000	9/1/1998						
	2017	\$ 3,591.81	\$ 179.59	\$ 3,771.40	\$ 3,591.81	\$ -	\$ 3,591.81
	Total	\$ 3,591.81	\$ 179.59	\$ 3,771.40			

**Resolution for Exemption from Audit
29-1-604 CRS
Resolution 17-02
South Fork Water & Sanitation District**

A Resolution Approving an exemption from audit for fiscal year 2016 for the South Fork Water & Sanitation District, State of Colorado.

WHEREAS, the South Fork Water & Sanitation District wishes to claim exemption from the audit requirements of §29-1-604 CRS; and

WHEREAS, §29-1-604 CRS state that any local government where neither revenues nor expenditures exceed five hundred thousand dollars may, with the approval of the State Auditor, be exempt from the provisions of §29-1-604 CRS; and

WHEREAS, neither revenues nor expenditures for the South Fork Water & Sanitation District exceed \$500,000.00 for Fiscal Year 2016; and

WHEREAS, an application for exemption from the audit for the South Fork Water & Sanitation District has been prepared by Lillian Adams of Wall Smith and Bateman, Inc., a person skilled in government accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

THEREFORE BE IT RESOLVED by the Board of Directors of the South Fork Water & Sanitation District that the application for exemption from audit for the South Fork Water & Sanitation District for Fiscal Year ended December 31, 2016, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the South Fork Water & Sanitation District; that those members of the Board of Directors of the South Fork Water & Sanitation District have signified their approval by signing below; and that this resolution shall become a part of, the application for exemption from audit for the South Fork Water & Sanitation District for the Fiscal Year ended December 31, 2016.

BE IT FURTHER RESOLVED that the posting place for the meeting agenda shall be the South Fork Post Office, the South Fork Community Building and the South Fork Water & Sanitation District office.

ADOPTED this 20th day of March 2017.



Darrell T. Davis, President 5/2020



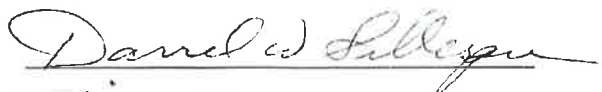
Tyler J Brown, Secretary 5/2018

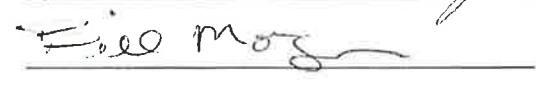
ATTEST:

Darrel Gillespie 5/2018

Bill Morgan 5/2018

Thomas J. Slade 5/2018





INDEPENDENT ACCOUNTANTS' COMPILATION REPORT



Wall,
Smith,
Bateman Inc.

To the Board of Directors
South Fork Water and Sanitation District
South Fork, Colorado

Management is responsible for the accompanying financial statements of South Fork Water and Sanitation District (the District), which comprise the balance sheet as of December 31, 2016, and the related operating statement for the year then ended, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Other Matter

The financial statements included in the accompanying prescribed form are intended to comply with the requirements of the Colorado Office of the State Auditor, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of South Fork Water and Sanitation District and the Colorado Office of the State Auditor, and is not intended to be and should not be used by anyone other than these specified parties.

Wall, Smith, Bateman Inc.

Wall, Smith, Bateman Inc.
Alamosa, Colorado

March 2, 2017

Certified Public Accountants

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