

LONG FORM

NAME OF GOVERNMENT: BENT CONSERVATION DISTRICT  
 ADDRESS: 760 BENT AVENUE  
 LAS ANIMAS, CO 81054  
 CONTACT PERSON: BETTY LAWRENCE  
 PHONE: 719-456-0120  
 EMAIL: bentconsdist@gmail.com  
 FAX:

For the Year Ended  
 12/31/2018  
 Official Statement

3106.00

**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: PATRICK HANCOCK, CPA  
 TITLE: MEMBER  
 FIRM NAME (if applicable): HANCOCK FROESE & COMPANY LLC  
 ADDRESS: 801 S. 8TH STREET, ROCKY FORD, CO 81067  
 PHONE: 719-688-0812  
 DATE PREPARED (Must be Completed prior to Board approval): 1-Mar-17

RELATIONSHIP TO ENTITY: Perform a compilation engagement which include financial statements in the prescribed form with requirements of the State of Colorado, Office of the State Auditor.

**PREPARER (SIGNATURE REQUIRED)**

*Patrick A. Hancock, CPA*

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 (B.3) and 32-1-104 (3), C.R.S.]

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



**RECEIVED**  
 By Justin L. Smith at 3:23 pm, Apr 04, 2017

\* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Governmental Funds				Proprietary Funds				Please use this space to provide explanation of any items on this page
Line #	Description	Fund*	Fund*	Description	Fund*	Fund*		
<b>Assets</b>				<b>Assets</b>				
1-1	Cash & Cash Equivalents	\$	154,671 \$	Cash & Cash Equivalents	\$	- \$		
1-2	Investments	\$	- \$	Investments	\$	- \$		
1-3	Receivables	\$	- \$	Receivables	\$	- \$		
1-4	Due from Other Entities or Funds	\$	- \$	Due from Other Entities or Funds	\$	- \$		
	All Other Assets (specify)			Other Current Assets	\$	- \$		
1-5	Inventory	\$	1,841 \$	<b>TOTAL CURRENT ASSETS</b>	\$	- \$		
1-6		\$	- \$	Capital Assets, net (from Part 6-)	\$	- \$		
1-7		\$	- \$	Other Long Term Assets (specify)	\$	- \$		
1-8		\$	- \$		\$	- \$		
1-9		\$	- \$		\$	- \$		
1-10		\$	- \$		\$	- \$		
1-11	(add lines 1-1 through 1-10) <b>TOTAL ASSETS</b>	\$	156,512 \$	(add lines 1-1 through 1-10) <b>TOTAL ASSETS</b>	\$	- \$		
1-12	<b>TOTAL DEFERRED OUTFLOWS OF RESOURCES</b>	\$	- \$	<b>TOTAL DEFERRED OUTFLOWS OF RESOURCES</b>	\$	- \$		
1-13	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$	156,512 \$	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$	- \$		
<b>Liabilities</b>				<b>Liabilities</b>				
1-14	Accounts Payable	\$	- \$	Accounts Payable	\$	- \$		
1-15	Accrued Payroll and Related Liabilities	\$	464 \$	Accrued Payroll and Related Liabilities	\$	- \$		
1-16	Accrued Interest Payable	\$	- \$	Accrued Interest Payable	\$	- \$		
1-17	Due to Other Entities or Funds	\$	- \$	Due to Other Entities or Funds	\$	- \$		
1-18	All Other Current Liabilities	\$	- \$	All Other Current Liabilities	\$	- \$		
1-19	<b>TOTAL CURRENT LIABILITIES</b>	\$	464 \$	<b>TOTAL CURRENT LIABILITIES</b>	\$	- \$		
1-20	All Other Liabilities (specify)	\$	- \$	Proprietary Debt Outstanding (from Part 4-4)	\$	- \$		
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) <b>TOTAL LIABILITIES</b>	\$	464 \$	(add lines 1-19 through 1-27) <b>TOTAL LIABILITIES</b>	\$	- \$		
1-29	<b>TOTAL DEFERRED INFLOWS OF RESOURCES</b>	\$	- \$	<b>TOTAL DEFERRED INFLOWS OF RESOURCES</b>	\$	- \$		
<b>Fund Balance</b>				<b>Net Position</b>				
1-30	Nonspendable Prepaid	\$	- \$	Net Investment in Capital Assets	\$	- \$		
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	\$	156,048 \$	Undesignated/Unreserved/Unrestricted	\$	- \$		
1-36	Add lines 1-30 through 1-35 This total should be the same as line 3-33 <b>TOTAL FUND BALANCE</b>	\$	156,048 \$	Add lines 1-30 through 1-35 This total should be the same as line 3-33 <b>TOTAL NET POSITION</b>	\$	- \$		
1-37	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 <b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE</b>	\$	156,512 \$	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 <b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION</b>	\$	- \$		

**PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES**

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		
		Fund*	Fund*		Fund*	Fund*	
<b>Tax Revenue</b>				<b>Tax Revenue</b>			
2-1	Property	\$	\$	-	-	\$	\$
2-2	Specific Ownership	\$	\$	-	-	\$	\$
2-3	Sales and Use Tax	\$	\$	-	-	\$	\$
2-4	Other Tax Revenue (specify):	\$	\$	-	-	\$	\$
2-5		\$	\$	-	-	\$	\$
2-6		\$	\$	-	-	\$	\$
2-7		\$	\$	-	-	\$	\$
2-8	Add lines 2-1 through 2-7 <b>TOTAL TAX REVENUE</b>	\$	\$			\$	\$
2-9	Licenses and Permits	\$	\$	-	-	\$	\$
2-10	Highway Users Tax Funds (HUTF)	\$	\$	-	-	\$	\$
2-11	Conservation Trust Funds (Lottery)	\$	\$	-	-	\$	\$
2-12	Community Development Block Grant	\$	\$	-	-	\$	\$
2-13	Fire & Police Pension	\$	\$	-	-	\$	\$
2-14	Grants	\$	6,496 \$	-	-	\$	\$
2-15	Donations	\$	\$	-	-	\$	\$
2-16	Charges for Sales and Services	\$	3,094 \$	-	-	\$	\$
2-17	Rental Income	\$	84,519 \$	-	-	\$	\$
2-18	Fines and Forfeits	\$	\$	-	-	\$	\$
2-19	Interest/Investment Income	\$	75 \$	-	-	\$	\$
2-20	Tap Fees	\$	\$	-	-	\$	\$
2-21	Developer Advances	\$	\$	-	-	\$	\$
2-22	All Other (specify):	\$	\$	-	-	\$	\$
2-23		\$	\$	-	-	\$	\$
2-24	Add lines 2-8 through 2-23 <b>TOTAL REVENUES</b>	\$	94,184 \$			\$	\$
<b>Other Financing Sources</b>				<b>Other Financing Sources</b>			
2-25	Debt Proceeds	\$	\$	-	-	\$	\$
2-26	Proceeds from Sale of Capital Assets	\$	\$	-	-	\$	\$
2-27	Other (specify):	\$	\$	-	-	\$	\$
2-28	Add lines 2-25 through 2-27 <b>TOTAL OTHER FINANCING SOURCES</b>	\$	\$			\$	\$
2-29	Add lines 2-24 and 2-28 <b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b>	\$	94,184 \$			\$	\$

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

**GRAND TOTALS**  
\$ 94,184

**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/Utility Funds		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		Fund*	Fund*	
<b>Expenditures</b>				<b>Expenditures</b>			
3-1	General Government	\$	\$	General Operating & Administrative	\$	\$	
3-2	Judicial	\$	\$	Salaries	\$	\$	
3-3	Law Enforcement	\$	\$	Payroll Taxes	\$	\$	
3-4	Fire	\$	\$	Contract Services	\$	\$	
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	\$	\$	
3-9	Culture and Recreation	\$	\$	Supplies	\$	\$	
3-10	Other (specify)	\$	\$	Utilities	\$	\$	
3-11		\$	\$	Contributions to Fire & Police Pension Assoc.	\$	\$	
3-12		\$	\$	Other (specify)	\$	\$	
3-13		\$	\$		\$	\$	
3-14	Capital Outlay	\$	6,145	Capital Outlay	\$	\$	
<b>Debt Service</b>				<b>Debt Service</b>			
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	Conservation	\$	87,936		\$	\$	
3-22	<b>Add lines 3-1 through 3-21</b> <b>TOTAL EXPENDITURES</b>	\$	94,081	<b>Add lines 3-1 through 3-21</b> <b>TOTAL EXPENDITURES</b>	\$	\$	<b>GRAND TOTAL</b> \$ 94,081
3-23	Interfund Transfers (In)	\$	\$	Net Interfund Transfers (In)	\$	\$	
3-24	Interfund Transfers out	\$	\$	Net Interfund Transfers out	\$	\$	
3-25	Other Expenditures (Revenues)	\$	\$	Depreciation	\$	\$	
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)	\$	\$	
3-29	<b>(Add lines 3-23 through 3-28)</b> <b>TOTAL TRANSFERS AND OTHER EXPENDITURES</b>	\$	\$	<b>(Line 3-26, plus line 3-27, less line 3-24, less line 3-28)</b> <b>TOTAL GAAP RECONCILING ITEMS</b>	\$	\$	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29	\$	103	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	\$	\$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	155,945	Net Position, January 1 from December 31 prior year report	\$	\$	
3-32	Prior Period Adjustment (MUST explain)	\$	\$	Prior 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 1-36.	\$	156,048	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36.	\$	\$	

**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

Please use this space to provide any explanations or comments:

4-1	Does the entity have outstanding debt?	<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)	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 (specify):	\$ -	\$ -	\$ -	\$ -
	<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

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?	<input type="checkbox"/>	<input type="checkbox"/>
	What are the annual lease payments?	\$ -	
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	0.00	
	General/Other	0.00	
	<b>TOTAL</b>	0.00	

**PART 5 - CASH AND INVESTMENTS**

Please provide the entity's cash deposit and investment balances.

AMOUNT TOTAL

Please use this space to provide any explanations or comments:

5-1	YEAR-END Total of ALL Checking and Savings accounts	\$ 71,929	
5-2	Certificates of deposit	\$ 82,742	
	<b>TOTAL CASH DEPOSITS</b>		\$ 154,671
	Investments (if investment is a mutual fund, please list underlying investments):		
		\$ -	
5-3		\$ -	
		\$ -	
	<b>TOTAL INVESTMENTS</b>		\$ -
	<b>TOTAL CASH AND INVESTMENTS</b>		\$ 154,671

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.

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
|  | <b>YES</b>                          | <b>NO</b>                |
| 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 29-1-506, C.R.S., ? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please use this space to provide any explanations or comments:

6-3 Complete the following Capital Assets table for GOVERNMENTAL FUNDS:

	Balance - beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ 18,639	\$ -	\$ -	18,639
Buildings	\$ 362,443	\$ -	\$ -	362,443
Machinery and equipment	\$ 95,422	\$ -	\$ -	95,422
Furniture and fixtures	\$ 8,252	\$ 9,664	\$ -	17,916
Infrastructure	\$ -	\$ -	\$ -	-
Construction In Progress (CIP)	\$ 3,519	\$ 8,145	\$ 9,664	-
Other (explain):	\$ -	\$ -	\$ -	-
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (191,874)	\$ (12,112)	\$ -	(203,986)
<b>TOTAL</b>	\$ 296,401	\$ 3,697	\$ 9,664	290,434

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	\$ -	\$ -	\$ -	-
Construction In Progress (CIP)	\$ -	\$ -	\$ -	-
Other (explain):	\$ -	\$ -	\$ -	-
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	-
<b>TOTAL</b>	\$ -	\$ -	\$ -	-

**PART 7 - PENSION INFORMATION**

Please answer the following question by marking in the appropriate box.

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
|  | <b>YES</b>               | <b>NO</b>                           |
| 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"/> |

Please use this space to provide any explanations or comments:

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SD, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
<b>TOTAL</b>	\$ -

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?:

\$ -

PART 8 - BUDGET AND APPROPRIATIONS				
Please answer the following question by marking in the appropriate box		YES	NO	N/A
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		
	General	\$	93,191	
		\$	-	
		\$	-	
		\$	-	

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))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please use this space to provide any explanations or comments:

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

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:			
PRIOR name:			
10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10-4	Please indicate what services the entity provides:		
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 indicated.

### OSA USE ONLY

Entity Wide:	General Fund	Governmental Funds	Notes
Unrestricted Cash & Investments \$ 154,671	Unrestricted Fund Balance \$ 156,048	Total Tax Revenue \$ -	
Current Liabilities \$ 484	Total Fund Balance \$ 156,048	Revenue Paying Debt Service \$ -	
Deferred Inflow \$ -	PY Fund Balance \$ 155,945	Total Revenue \$ 94,184	
	Total Revenue \$ 94,184	Total Debt Service Principal \$ -	
	Total Expenditures \$ 94,081	Total Debt Service Interest \$ -	
	Interfund In \$ -		
	Interfund Out \$ -		
<b>Governmental</b>	<b>Proprietary</b>	<b>Enterprise Funds</b>	
Total Cash & Investments \$ 154,671	- Current Assets \$ -	Net Position \$ -	
Transfers In \$ -	- Deferred Outflow \$ -	- PY Net Position \$ -	
Transfers Out \$ -	- Current Liabilities \$ -	- Government-Wide	
Property Tax \$ -	- Deferred Inflow \$ -	- Total Outstanding Debt \$ -	
Debt Service Principal \$ -	- Cash & Investments \$ -	- Authorized but Unissued \$ -	
Total Expenditures \$ 94,081	- Principal Expense \$ -	- Year Authorized \$ -	
Total Developer Advances \$ -			
Total Developer Repayments \$ -			

**PART 12 - GOVERNING BOARD 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 sign this application below.*

	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 1	Vanessa Wilson	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: <u>5/2018</u>
Board Member 2	Kevin Hall	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 3	Pat Karney	I, <u>Pat Karney</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>Pat Karney</u> Date: <u>5/20/17</u> My term Expires: <u>5/20/18</u>
Board Member 4	Curtis Tempel	I, <u>Curtis Tempel</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>Curtis Tempel</u> Date: _____ My term Expires: <u>5/20/20</u>
Board Member 5	Betty Lawrence	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 6	Laura Heckman	I, <u>Laura Heckman</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>Laura Heckman</u> Date: _____ My term Expires: <u>5/2020</u>
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: _____

**Original Signatures  
Verified by**

Justin L. Smith



# HANCOCK FROESE & COMPANY LLC

CERTIFIED PUBLIC ACCOUNTANTS  
601 SOUTH EIGHTH STREET  
ROCKY FORD, COLORADO 81067

Patrick A. Hancock CPA 719-688-0812  
Andrew H. Froese CPA 719-980-1962

## ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors  
Bent Conservation District  
Las Animas, Colorado

Management is responsible for the accompanying financial statements of Bent Conservation District, which comprise the balance sheet as of December 31, 2016, and the related statement of revenue and expenditures 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 State of 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.

### Supplementary Information

The supplementary information contained in Parts 4 through 10 is presented for purposes of additional analysis and is not a required part of the financial statements. This information is the representation of management. The information was subject to our compilation engagement; however, we have not audited or reviewed the supplementary information and, accordingly, do not express an opinion, a conclusion, nor provide any form of assurance on such supplementary information.

*Hancock Froese & Company LLC*

HANCOCK FROESE & COMPANY LLC

March 1, 2017