

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT **East Adams Soil Conservation District**  
ADDRESS **PO Box 1000**  
**Byers, CO 80103**

CONTACT PERSON **Sheryl Wailes**  
PHONE **303-822-5257 Ext. 101**  
EMAIL  
FAX

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

### 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 **Donna Contento**  
TITLE **Public Accountant**  
FIRM NAME (if applicable) **Driftwood Accounting Service LLC**  
ADDRESS **PO Box 358, Strasburg, CO 80136**  
PHONE **303-622-9568**  
DATE PREPARED  
(Must be prepared prior to Board approval) **1/3/2017**

PREPARER (SIGNATURE REQUIRED)

*Donna Contento*

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 Justin L. Smith at 1:36 pm, Feb 22, 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	\$ 13,303	
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	\$ -	
2-11	Fines and forfeits	\$ 31,452	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ -	
2-14	Charges for utility services	\$ 18	
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): Meeting	\$ -	
2-22		\$ 1,184	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 45,957	

## 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	\$ 4,516	
3-2	Salaries	\$ 15,697	
3-3	Payroll taxes	\$ 2,656	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ 1,514	
3-8	Repair and maintenance	\$ 200	
3-9	Supplies	\$ 36	
3-10	Utilities and telephone	\$ 26,480	
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): Dues and donations	\$ -	
3-24		\$ 1,000	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$ 52,099	

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.

- 4-1 Does the entity have outstanding debt? Yes  No   
 If Yes, please attach a copy of the entity's Debt Repayment Schedule.
- 4-2 Is the debt repayment schedule attached? If no, MUST explain. Yes  No
- 4-3 Is the entity current in its debt service payments? If no, MUST explain. Yes  No

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)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Please answer the following questions by marking the appropriate boxes.

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

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	\$ 42,985	
5-2	Certificates of deposit	\$ -	
	<b>Total Cash Deposits</b>	<b>\$ -</b>	
	Investments (if investment is a mutual fund, please list underlying investments).		\$ 42,985
5-3		\$ -	
	<b>Total Investments</b>	<b>\$ -</b>	
	<b>Total Cash and Investments</b>		<b>\$ 42,985</b>

Please answer the following questions by marking in the appropriate boxes

- 5-4 Are the entity's investments legal in accordance with Section 24-75-601, et seq, C.R.S.? Yes  No  N/A
- 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.)? Yes  No  N/A

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 5)	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	-
	Buildings	-	-	-	-
	Machinery and equipment	-	-	-	-
	Furniture and fixtures	4,200	-	-	4,200
	Construction In Progress (CIP)	-	-	-	-
	Other (explain)	-	-	-	-
	Accumulated Depreciation (Please enter a negative, or credit, balance)	-	-	-	-
	<b>TOTAL</b>	<b>\$ 4,200</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,200</b>

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.)	\$	-
<b>TOTAL</b>	<b>\$</b>	<b>-</b>

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 ?<br>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	\$ 56,422

## PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

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

- |            |  | Yes                                 | No                       |
|------------|--|-------------------------------------|--------------------------|
| <b>9-1</b> | 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                                  |
|-------------|--|--------------------------|-------------------------------------|
| <b>10-1</b> | Is this application for a newly formed governmental entity?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes:     | Date of formation:   |                          |                                     |
| <b>10-2</b> | 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:   |                          |                                     |
| <b>10-3</b> | Is the entity a metropolitan district?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|             | Please indicate what services the entity provides:   |                          |                                     |
| <b>10-4</b> | 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:  |                          |                                     |
| <b>10-5</b> | 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

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.

<b>Board Member 1</b>	<b>Tom Thompson III</b>	I Tom Thompson III, 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>Tom Thompson III</u> Date: <u>2-13-17</u> My term Expires: 2018
<b>Board Member 2</b>	<b>John Sauter</b>	I John Sauter, 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>John Sauter</u> Date: <u>2-13-17</u> My term Expires: 2020
<b>Board Member 3</b>	<b>Sharon Croghan</b>	I Sharon Croghan, 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>Sharon K. Croghan</u> Date: <u>13 Feb 2017</u> My term Expires: 2018
<b>Board Member 4</b>	<b>Brian Schoonveld</b>	I Brian Schoonveld, 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>B. Schoonveld</u> Date: <u>2-13-17</u> My term Expires: 2020
<b>Board Member 5</b>	<b>Print Board Member's Name</b>	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: _____
<b>Board Member 6</b>	<b>Print Board Member's Name</b>	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: _____
<b>Board Member 7</b>	<b>Print Board Member's Name</b>	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: _____

**RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT**  
(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2016 FOR THE **East Adams Conservation District** STATE OF COLORADO.

WHEREAS, the **Supervisors of East Adams Conservation District** wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states 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 provision of Section 29-1-603, C.R.S.; and

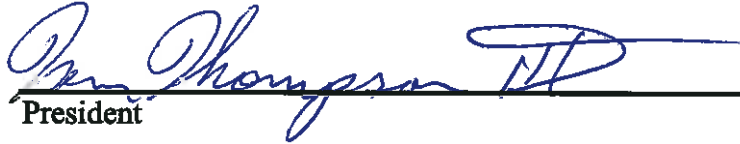
WHEREAS, neither revenue nor expenditures for **East Adams Conservation District** exceeded \$100,000 for Fiscal Year 2016; and

WHEREAS, an application for exemption from audit for **East Adams Conservation District** has been prepared by **Drift wood Accounting Service LLC** an independent accountant with knowledge of governmental accounting; and

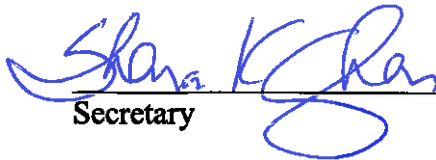
WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the **Supervisors of the East Adams Conservation District** that the application for exemption from audit for **East Adams Conservation District** for the Fiscal Year ended December 31, 2016, has been personally reviewed and is hereby approved by a majority of the **Supervisors of the East Adams Conservation District** that those members of the **East Adams Conservation District** have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the **East Adams Conservation District** for the fiscal year ended December 31, 2016.

ADOPTED THIS 9 day of January, A.D. 2017.

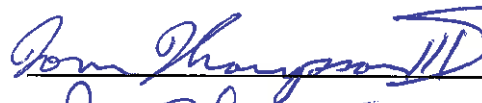
  
\_\_\_\_\_  
President

ATTEST:

  
\_\_\_\_\_  
Secretary

Tom Thompson III

May 2018

  
\_\_\_\_\_

John Sauter

May 2020

  
\_\_\_\_\_

Sharon Croghan

May 2018

  
\_\_\_\_\_

Brian Schoonveld

May 2020

  
\_\_\_\_\_