

**APPLICATION FOR EXEMPTION FROM AUDIT  
LONG FORM**

|                    |   |
|--------------------|---|
| NAME OF GOVERNMENT | <b>White River Soil Conservation District</b> |
| ADDRESS            | <b>PO Box 837</b>                             |
|                    | <b>351 7th Street</b>                         |
|                    | <b>Meeker, CO 81641</b>                       |
| CONTACT PERSON     | <b>Christopher Colflesh</b>                   |
| PHONE              | <b>970-878-5628</b>                           |
| EMAIL              | <b>whiterivercd@gmail.com</b>                 |
| FAX                | <b>970-878-3730</b>                           |

|  |
|--|
| For the Year Ended<br>12/31/2016<br>or fiscal year ended |
|--|

3254.00

**CERTIFICATION OF PREPARER**

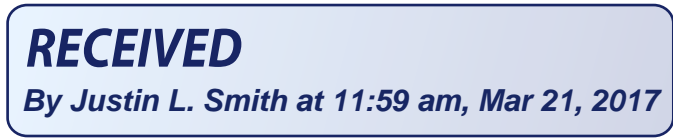
I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues 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:   | <b>Kalene Reidinger</b>  |
| TITLE   | <b>Accountant</b>  |
| FIRM NAME (if applicable)   | <b>Taxtime Business Services, Inc.</b>                                     |
| ADDRESS   | <b>870 Tenth Street (mail) 731 Main Street (physical) Meeker, CO 81641</b> |
| PHONE   | <b>970-878-3311</b>  |
| DATE PREPARED<br><small>(Must be Completed prior to Board approval)</small> | <b>3/3/2017</b>  |
| RELATIONSHIP TO ENTITY  | <b>Independent accountant</b>  |

**PREPARER (SIGNATURE REQUIRED)**

*Kalene Reidinger*

|  |                          |                                     |                     |
|--|--------------------------|-------------------------------------|---------------------|
| 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: |
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |



**PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET**

\* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

|                     |   | Governmental Funds |            | Proprietary/Enterprise Funds |   | Please use this space to provide explanation of any items on this page |
|---------------------|---|--------------------|------------|------------------------------|---|--|
| Line #              | Description   | Fund*              | Fund*      | Description                  | Fund*   |  |
| <b>Assets</b>       |   |                    |            |                              |   |  |
| 1-1                 | Cash & Cash Equivalents   | \$                 | 616,084 \$ | -                            | 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                 | Withheld payroll taxes  | \$                 | 3,918 \$   | -                            | <b>Total Current Assets</b>   | \$ - \$  |
| 1-6                 | Sales tax collected   | \$                 | 42 \$      | -                            | Capital Assets, net (from Part  | \$ - \$  |
| 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>  | \$                 | 620,044 \$ | -                            | (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>   | \$                 | 620,044 \$ | -                            | <b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>   | \$ - \$  |
| <b>Liabilities</b>  |   |                    |            |                              |   |  |
| 1-14                | Accounts Payable  | \$                 | - \$       | -                            | Accounts Payable  | \$ - \$  |
| 1-15                | Accrued Payroll and Related Liabilities   | \$                 | - \$       | -                            | 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>  | \$                 | - \$       | -                            | <b>TOTAL CURRENT LIABILITIES</b>  | \$ - \$  |
| 1-20                | All Other Liabilities (specify)   | \$                 | - \$       | -                            | Proprietary Debt Outstanding (from Part 4-4)  | \$ - \$  |
| 1-21                | Payroll tax   | \$                 | 3,918 \$   | -                            | Other Liabilities (specify)   | \$ - \$  |
| 1-22                | Sales tax   | \$                 | 42 \$      | -                            |   | \$ - \$  |
| 1-23                |   | \$                 | - \$       | -                            |   | \$ - \$  |
| 1-24                |   | \$                 | - \$       | -                            |   | \$ - \$  |
| 1-25                |   | \$                 | - \$       | -                            |   | \$ - \$  |
| 1-26                |   | \$                 | - \$       | -                            |   | \$ - \$  |
| 1-27                |   | \$                 | - \$       | -                            |   | \$ - \$  |
| 1-28                | (add lines 1-19 through 1-27) <b>TOTAL LIABILITIES</b>  | \$                 | 3,960 \$   | -                            | (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> |   |                    |            |                              |   |  |
| 1-30                | Nonspendable Prepaid  | \$                 | - \$       | -                            | Net Position  |  |
| 1-31                | Nonspendable Inventory  | \$                 | - \$       | -                            | Net Investment in Capital Assets  | \$ - \$  |
| 1-32                | Restricted (specify): Savings & Invested  | \$                 | 600,833 \$ | -                            | Emergency Reserves  | \$ - \$  |
| 1-33                | Committed: (specify)  | \$                 | - \$       | -                            | Other Designations/Reserves   | \$ - \$  |
| 1-34                | Assigned (specify)  | \$                 | - \$       | -                            | Restricted  | \$ - \$  |
| 1-35                | Unassigned: General   | \$                 | 15,251 \$  | -                            | Undesignated/Unreserved/Unrestricted  | \$ - \$  |
| 1-36                | Add lines 1-30 through 1-35<br>This total should be the same as line 3-33<br><b>TOTAL FUND BALANCE</b>                                      | \$                 | 616,084 \$ | -                            | Add lines 1-30 through 1-35<br>This total should be the same as line 3-33<br><b>TOTAL NET POSITION</b>                                      | \$ - \$  |
| 1-37                | Add lines 1-28, 1-29 and 1-36<br>This total should be the same as line 1-13<br><b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE</b> | \$                 | 620,044 \$ | -                            | Add lines 1-28, 1-29 and 1-36<br>This total should be the same as line 1-13<br><b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION</b> | \$ - \$  |

**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*       |   | Fund*                       | Fund*       |   |
| <b>Tax Revenue</b>             |   |                    |             |   |                             |             |   |
| 2-1                            | Property  | \$ 212,730         | \$ -        | Property  | \$ -                        | \$ -        |   |
| 2-2                            | Specific Ownership  | \$ 5,738           | \$ -        | Specific Ownership  | \$ -                        | \$ -        |   |
| 2-3                            | Sales and Use Tax   | \$ -               | \$ -        | Sales and Use Tax   | \$ -                        | \$ -        |   |
| 2-4                            | Other Tax Revenue (specify):  | \$ -               | \$ -        | Other Tax Revenue (specify):  | \$ -                        | \$ -        |   |
| 2-5                            |   | \$ -               | \$ -        |   | \$ -                        | \$ -        |   |
| 2-6                            |   | \$ -               | \$ -        |   | \$ -                        | \$ -        |   |
| 2-7                            |   | \$ -               | \$ -        |   | \$ -                        | \$ -        |   |
| 2-8                            | <b>Add lines 2-1 through 2-7<br/>TOTAL TAX REVENUE</b>                        | <b>\$ 218,468</b>  | <b>\$ -</b> | <b>Add lines 2-1 through 2-7<br/>TOTAL TAX REVENUE</b>                        | <b>\$ -</b>                 | <b>\$ -</b> |   |
| 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  | \$ 7,554           | \$ -        | Grants  | \$ -                        | \$ -        |   |
| 2-15                           | Donations   | \$ -               | \$ -        | Donations   | \$ -                        | \$ -        |   |
| 2-16                           | Charges for Sales and Services  | \$ 10,193          | \$ -        | Charges for Sales and Services  | \$ -                        | \$ -        |   |
| 2-17                           | Rental Income   | \$ 2,459           | \$ -        | Rental Income   | \$ -                        | \$ -        |   |
| 2-18                           | Fines and Forfeits  | \$ -               | \$ -        | Fines and Forfeits  | \$ -                        | \$ -        |   |
| 2-19                           | Interest/Investment Income  | \$ 2,965           | \$ -        | Interest/Investment Income  | \$ -                        | \$ -        |   |
| 2-20                           | Tap Fees  | \$ -               | \$ -        | Tap Fees  | \$ -                        | \$ -        |   |
| 2-21                           | Developer Advances  | \$ -               | \$ -        | Developer Advances  | \$ -                        | \$ -        |   |
| 2-22                           | All Other (specify): Reimbursement  | \$ 809             | \$ -        | All Other (specify):  | \$ -                        | \$ -        |   |
| 2-23                           | Sales Tax Service Fee   | \$ 13              | \$ -        |   | \$ -                        | \$ -        |   |
| 2-24                           | <b>Add lines 2-8 through 2-23<br/>TOTAL REVENUES</b>                          | <b>\$ 242,461</b>  | <b>\$ -</b> | <b>Add lines 2-8 through 2-23<br/>TOTAL REVENUES</b>                          | <b>\$ -</b>                 | <b>\$ -</b> |   |
| <b>Other Financing Sources</b> |   |                    |             |   |                             |             |   |
| 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                           | <b>Add lines 2-25 through 2-27<br/>TOTAL OTHER FINANCING SOURCES</b>          | <b>\$ -</b>        | <b>\$ -</b> | <b>Add lines 2-25 through 2-27<br/>TOTAL OTHER FINANCING SOURCES</b>          | <b>\$ -</b>                 | <b>\$ -</b> | <b>GRAND TOTALS</b>   |
| 2-29                           | <b>Add lines 2-24 and 2-28<br/>TOTAL REVENUES AND OTHER FINANCING SOURCES</b> | <b>\$ 242,461</b>  | <b>\$ -</b> | <b>Add lines 2-24 and 2-28<br/>TOTAL REVENUES AND OTHER FINANCING SOURCES</b> | <b>\$ -</b>                 | <b>\$ -</b> | <b>\$ 242,461</b>   |

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 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 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 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   | \$ -                                | \$ -                                | \$ -                | \$ -                    |
|   | Revenue bonds  | \$ -                                | \$ -                                | \$ -                | \$ -                    |
|   | Notes/Loans  | \$ -                                | \$ -                                | \$ -                | \$ -                    |
|   | Leases   | \$ -                                | \$ -                                | \$ -                | \$ -                    |
|   | Developer Advances   | \$ -                                | \$ -                                | \$ -                | \$ -                    |
|   | Other (specify):   | \$ -                                | \$ -                                | \$ -                | \$ -                    |
|   | <b>TOTAL</b>   | <b>\$ -</b>                         | <b>\$ -</b>                         | <b>\$ -</b>         | <b>\$ -</b>             |

Please use this space to provide any explanations or comments:

| 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?  | \$ -                     |                                     |
|   | If yes: 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>   | <b>0.00</b>              |                                     |

## 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  | \$ 119,220                          |                          |                          |
| 5-2   | Certificates of deposit  | \$ -                                |                          |                          |
|   | <b>TOTAL CASH DEPOSITS</b>   | <b>\$ -</b>                         | <b>\$ 119,220</b>        |                          |
| Investments (if investment is a mutual fund, please list underlying investments): |  |                                     |                          |                          |
|   | Colo Trust   | \$ 500,825                          |                          |                          |
| 5-3   |  | \$ -                                |                          |                          |
|   |  | \$ -                                |                          |                          |
|   |  | \$ -                                |                          |                          |
|   | <b>TOTAL INVESTMENTS</b>   | <b>\$ -</b>                         | <b>\$ 500,825</b>        |                          |
|   | <b>TOTAL CASH AND INVESTMENTS</b>  | <b>\$ -</b>                         | <b>\$ 620,045</b>        |                          |
| 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 24-75-801, 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"/> |

Please use this space to provide any explanations or comments:

## PART 6 - CAPITAL ASSETS

| Please answer the following question by marking in the appropriate box   | YES                      | NO                                  |  |
|--|--------------------------|-------------------------------------|--|
| 6-1 Does the entity have capitalized assets?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Please use this space to provide any explanations or comments: |
| 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"/>            |  |

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

|   | Balance - beginning<br>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>  | <b>\$ -</b>                        | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b>      |

6-4 Complete the following Capital Assets table for PROPRIETARY FUNDS:

|   | Balance - beginning<br>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>  | <b>\$ -</b>                        | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b>      |

## PART 7 - PENSION INFORMATION

| Please answer the following question by marking in the appropriate box            | YES                      | NO                                  |  |
|---|--------------------------|-------------------------------------|--|
| 7-1 Does the entity have an "old hire" firemen's pension plan?                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Please use this space to provide any explanations or comments: |
| 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, GO, 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? | \$                       | -                                   |  |

**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               |                          |                          |  |
|   | Salary, Retirement, Health Insurance   | \$                                  | 118,800                  |                          |  |
|   | General, Supplies  | \$                                  | 31,864                   |                          |  |
|   | Meeting, Travel, Training, Scholarships  | \$                                  | 27,000                   |                          |  |
|   |  | \$                                  | -                        |                          |  |

**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)]?<br>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"/> |  |

**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?<br>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?<br>If Yes: NEW name<br>PRIOR name  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 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?<br>If yes: List the name of the other governmental entity and the services provided: | <input type="checkbox"/> | <input checked="" 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 | \$ 620,045   | Total Tax Revenue            | \$ 218,468 |
| Current Liabilities             | -            | Revenue Paying Debt Service  | \$ -       |
| Deferred Inflow                 | -            | Total Revenue                | \$ 242,461 |
|                                 |              | Total Debt Service Principal | \$ -       |
|                                 |              | Total Debt Service Interest  | \$ -       |
| <b>Governmental</b>             |              |                              |            |
| Total Cash & Investments        | \$ 618,084   | Interfund In                 | \$ -       |
| Transfers In                    | -            | Interfund Out                | \$ -       |
| Transfers Out                   | -            | Proprietary                  | \$ -       |
| Property Tax                    | \$ 212,730   | Current Assets               | \$ -       |
| Debt Service Principal          | -            | Deferred Outflow             | \$ -       |
| Total Expenditures              | \$ 218,505   | Current Liabilities          | \$ -       |
| Total Developer Advances        | -            | Deferred Inflow              | \$ -       |
| Total Developer Repayments      | -            | Cash & Investments           | \$ -       |
|                                 |              | Principal Expense            | \$ -       |
|                                 |              | Enterprise Funds             |            |
|                                 |              | Net Position                 | \$ -       |
|                                 |              | PY Net Position              | \$ -       |
|                                 |              | Government-Wide              |            |
|                                 |              | Total Outstanding Debt       | \$ -       |
|                                 |              | Authorized but Unissued      | \$ -       |
|                                 |              | Year Authorized              | \$ -       |

**PART 12 - 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 \$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.

|                | Print Board Member's Name |   |
|----------------|---------------------------|---|
| Board Member 1 | Neil Brennan              | I, <u>Neil Brennan</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.<br>Signed <u>Neil Brennan</u> Date: <u>3/13/2017</u><br>My term Expires: <u>2018</u>       |
| Board Member 2 | Gary Moyer                | I, <u>Gary Moyer</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.<br>Signed <u>Gary Moyer</u> Date: <u>3/13/2017</u><br>My term Expires: <u>2018</u>           |
| Board Member 3 | JD Amick                  | I, <u>Jim D. Amick</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.<br>Signed <u>Jim D. Amick</u> Date: <u>3/13/17</u><br>My term Expires: <u>2018</u>         |
| Board Member 4 | Bill Lake                 | I, <u>William Lake</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.<br>Signed <u>William Lake</u> Date: <u>13 March 17</u><br>My term Expires: <u>2020</u>     |
| Board Member 5 | Marjorie Joy              | I, <u>Marjorie K. Joy</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.<br>Signed <u>Marjorie K. Joy</u> Date: <u>3/13/2017</u><br>My term Expires: <u>2020</u> |
| Board Member 6 |                           | 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.<br>Signed _____ Date: _____<br>My term Expires: _____   |
| Board Member 7 |                           | 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.<br>Signed _____ Date: _____<br>My term Expires: _____   |

**Original Signatures  
Verified by**

Justin L. Smith

