

APPLICATION FOR EXEMPTION FROM AUDIT  
LONG FORM

NAME OF GOVERNMENT **Alamosa Mosquito Control District**  
ADDRESS **511 4th Street**  
**Alamosa, Colorado 81101**

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

CONTACT PERSON **Teyler Hurst**  
PHONE **719-589-5409**  
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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If Yes, date filed:



**RECEIVED**  
By Justin L. Smith at 8:22 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
		General Fund	Fund*		Fund*	Fund*	
<b>Assets</b>							
1-1	Cash & Cash Equivalents	\$ 114,325	\$	- Cash & Cash Equivalents	\$	- \$	
1-2	Investments	\$ -	\$	- Investments	\$	- \$	
1-3	Receivables	\$ -	\$	- Receivables	\$	- \$	
1-4	Due from Other Entities or Funds	\$ 3,947	\$	- Due from Other Entities or Funds	\$	- \$	
	All Other Assets (specify)			- Other Current Assets	\$	- \$	
1-5	Prepaid Expenses	\$ 9,886	\$	-			
1-6	Inventory	\$ 3,803	\$	-			
1-7		\$ -	\$	-			
1-8		\$ -	\$	-			
1-9		\$ -	\$	-			
1-10		\$ -	\$	-			
1-11	(add lines 1-1 through 1-10) <b>TOTAL ASSETS</b>	\$ 131,961	\$	- (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>	\$ 131,961	\$	- <b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$	- \$	
<b>Liabilities</b>							
1-14	Accounts Payable	\$ 4,507	\$	- Accounts Payable	\$	- \$	
1-15	Accrued Payroll and Related Liabilities	\$ 5,457	\$	- 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>	\$ 9,964	\$	- <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>	\$ 9,964	\$	- (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	\$ 9,886	\$	- Net Investment in Capital Assets	\$	- \$	
1-31	Nonspendable Inventory	\$ 3,803	\$	-			
1-32	Restricted (specify): TABOR	\$ 15,549	\$	- Emergency Reserves	\$	- \$	
1-33	Committed: (specify)	\$ -	\$	- Other Designations/Reserves	\$	- \$	
1-34	Assigned (specify)	\$ -	\$	- Restricted	\$	- \$	
1-35	Unassigned:	\$ 92,759	\$	- 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>	\$ 121,997	\$	- 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>	\$ 131,961	\$	- 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		Please use this space to provide explanation of any items on this page.
		General Fund	Fund*		Fund*	Fund*	
	<b>Tax Revenue</b>			<b>Tax Revenue</b>			
2-1	Property	\$ 457,314	\$ -	Property	\$ -	\$ -	
2-2	Specific Ownership	\$ 53,365	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue (specify):	\$ -	\$ -	Other Tax Revenue (specify):	\$ -	\$ -	
2-5	Delinquent Taxes	\$ 3,439	\$ -		\$ -	\$ -	
2-6	Interest on Taxes	\$ 3,768	\$ -		\$ -	\$ -	
2-7	Refunds and Abatements	\$ 57	\$ -		\$ -	\$ -	
2-8	<b>Add lines 2-1 through 2-7</b>	<b>\$ 517,943</b>	<b>\$ -</b>	<b>Add lines 2-1 through 2-7</b>	<b>\$ -</b>	<b>\$ -</b>	
	<b>TOTAL TAX REVENUE</b>			<b>TOTAL TAX REVENUE</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	\$ -	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 371	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-22	All Other (specify):	\$ -	\$ -	All Other (specify):	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	<b>Add lines 2-8 through 2-23</b>	<b>\$ 518,314</b>	<b>\$ -</b>	<b>Add lines 2-8 through 2-23</b>	<b>\$ -</b>	<b>\$ -</b>	
	<b>TOTAL REVENUES</b>			<b>TOTAL REVENUES</b>			
	<b>Other Financing Sources</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</b>	<b>\$ -</b>	<b>\$ -</b>	<b>Add lines 2-25 through 2-27</b>	<b>\$ -</b>	<b>\$ -</b>	
	<b>TOTAL OTHER FINANCING SOURCES</b>			<b>TOTAL OTHER FINANCING SOURCES</b>			<b>GRAND TOTALS</b>
2-29	<b>Add lines 2-24 and 2-28</b>	<b>\$ 518,314</b>	<b>\$ -</b>	<b>Add lines 2-24 and 2-28</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 518,314</b>
	<b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b>			<b>TOTAL REVENUES AND OTHER FINANCING SOURCES</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) 859-3000 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.
		General Fund	Fund*		Fund*	Fund*	
3-1	Expenditures General Government	\$ 109,686	\$ -	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	\$ 375,775	\$ -	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	\$ 53,555	\$ -	Capital Outlay	\$ -	\$ -	
	Debt Service			Debt Service			
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		\$ -	\$ -		\$ -	\$ -	
3-22	<b>Add lines 3-1 through 3-21</b> <b>TOTAL EXPENDITURES</b>	\$ 539,016	\$ -	<b>Add lines 3-1 through 3-21</b> <b>TOTAL EXPENDITURES</b>	\$ -	\$ -	<b>\$ 539,016</b>
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 2-26)	\$ -	\$ -	
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 3-25, plus line 3-27, less line 3-24, less line 3-25)</b> <b>TOTAL GAAP RECONCILING ITEMS</b>	\$ -	\$ -	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 3-29, less line 3-22, plus line 3-29	\$ (20,702)	\$ -	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	\$ -	\$ -	
3-31	Fund Balance, January 1 from December 31 prior year report	\$ 142,699	\$ -	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 <b>This total should be the same as line 1-36.</b>	\$ 121,997	\$ -	Net Position, December 31 Line 3-30 plus line 3-31 <b>This total should be the same as line 1-36.</b>	\$ -	\$ -	

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 29-1604, C.R.S., or contact the OSA Local Government Division at (303) 869-3090 for assistance.

## PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes		YES	NO	
<b>4-1</b>	Does the entity have outstanding debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>4-2</b>	Is the debt repayment schedule attached? If no, MUST explain: N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>4-3</b>	Is the entity current in its debt service payments? If no, MUST explain: N/A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>4-4</b>	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>

Please use this space to provide any explanations or comments:

Please answer the following questions by marking the appropriate boxes.		YES	NO
<b>4-5</b>	Does the entity have any authorized, but unissued, debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	How much? \$ -		
If yes:	Date the debt was authorized:		
<b>4-6</b>	Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	How much? \$ -		
<b>4-7</b>	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? \$ -		
<b>4-8</b>	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? \$ -		
<b>4-9</b>	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	4.001	
	<b>TOTAL</b>	<b>4.001</b>	

## PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.		AMOUNT	TOTAL
<b>5-1</b>	YEAR-END Total of ALL Checking and Savings accounts	\$ 114,325	
<b>5-2</b>	Certificates of deposit	\$ -	
	<b>TOTAL CASH DEPOSITS</b>	<b>\$ -</b>	<b>114,325</b>
	Investments (if investment is a mutual fund, please list underlying investments):		
		\$ -	
		\$ -	
<b>5-3</b>		\$ -	
		\$ -	
	<b>TOTAL INVESTMENTS</b>	<b>\$ -</b>	<b>-</b>
	<b>TOTAL CASH AND INVESTMENTS</b>	<b>\$ -</b>	<b>114,325</b>

Please use this space to provide any explanations or comments:

Please answer the following question by marking in the appropriate box		YES	NO	N/A
<b>5-4</b>	Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5-5</b>	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

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

	Balance - beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ 5,000	\$ -	\$ -	5,000
Buildings	\$ 264,694	\$ 3,015	\$ -	267,709
Machinery and equipment	\$ 69,381	\$ 34,845	\$ -	104,226
Furniture and fixtures	\$ -	\$ -	\$ -	-
Infrastructure	\$ -	\$ -	\$ -	-
Construction In Progress (CIP)	\$ -	\$ -	\$ -	-
Other (explain): Vehicles	\$ 212,568	\$ 15,695	\$ -	228,263
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (209,724)	\$ (44,415)	\$ -	(254,139)
<b>TOTAL</b>	<b>\$ 341,919</b>	<b>\$ 9,140</b>	<b>\$ -</b>	<b>351,059</b>

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>	<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

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, SO, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
<b>TOTAL</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
<b>8-1</b>	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"/>	
<b>8-2</b>	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 Fund	\$ 539,242
	\$ -
	\$ -
	\$ -

**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:
<b>9-1</b>	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"/>	

**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:
<b>10-1</b>	Is this application for a newly formed governmental entity? If yes: Date of formation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>10-2</b>	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"/>	
<b>10-3</b>	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>10-4</b>	Please indicate what services the entity provides:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>10-5</b>	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"/>	

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 \$	114,325	92,759	517,943
Current Liabilities \$	9,964	121,937	-
Deferred Inflow \$	-	142,699	518,314
	Total Fund Balance \$	518,314	-
	PY Fund Balance \$	539,016	-
	Total Revenue \$	-	-
	Total Expenditures \$	-	-
	interfund In \$	-	-
	interfund Out \$	-	-
<b>Governmental</b>	<b>Proprietary</b>	<b>Enterprise Funds</b>	
Total Cash & Investments \$	114,325	Net Position \$	-
Transfers In \$	-	- PY Net Position \$	-
Transfers Out \$	-	- Government-Wide	-
Property Tax \$	457,314	- Total Outstanding Debt \$	-
Debt Service Principal \$	-	- Authorized but Unissued \$	-
Total Expenditures \$	539,016	- Year Authorized \$	-
Total Developer Advances \$	-		
Total Developer Repayments \$	-		
	Cash & Investments \$		
	Principal Expense \$		

**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

Dorothy Myers

I, Dorothy J. Myers, 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 Dorothy J. Myers Date: 3/21/17  
 My term Expires: May 2018

Print Board Member's Name

Board Member 2

Dale Salazar

I, Dale Salazar, 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 Dale Salazar Date: 03/20/17  
 My term Expires: 05/2018

Print Board Member's Name

Board Member 3

Patrick McDermott

I, Patrick J. McDermott, 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 Patrick J. McDermott Date: 3/21/2017  
 My term Expires: 5/2020

Print Board Member's Name

Board Member 4

Cleave Simpson

I, Cleave A. Simpson, 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 Cleave A. Simpson Date: 3-21-2017  
 My term Expires: 05/2018

Print Board Member's Name

Board Member 5

Christina Gallegos

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: 05/2020

Print Board Member's Name

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.  
 Signed \_\_\_\_\_ Date: \_\_\_\_\_  
 My term Expires: \_\_\_\_\_

Print Board Member's Name

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.  
 Signed \_\_\_\_\_ Date: \_\_\_\_\_  
 My term Expires: \_\_\_\_\_

# RESOLUTION FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S)

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2016 FOR THE ALAMOSA MOSQUITO CONTROL DISTRICT, STATE OF COLORADO.

WHEREAS, THE BOARD OF DIRECTORS OF THE ALAMOSA MOSQUITO CONTROL DISTRICT wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

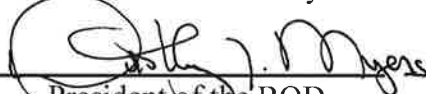
WHEREAS, neither revenues nor expenditures for Alamosa Mosquito Control District exceeded \$750,000 for fiscal year 2016; and

WHEREAS, an application for exemption from audit for Alamosa Mosquito Control District has been prepared by Wall, Smith, Bateman and Associates, Inc., and independent accountant with knowledge of government accounting; and


WHEREAS, said application for exemption from audit has been completed in accordance with regulation issued by the state auditor.

NOW THEREFORE, be it resolved by the Board of Directors of the Alamosa Mosquito Control District that the application for exemption from audit for Alamosa Mosquito Control District for the fiscal year ended December 31, 2016, has been reviewed and is hereby approved by a majority of the Board of Directors of the Alamosa Mosquito Control District; that those members of the Board of Directors 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 Alamosa Mosquito Control District for the fiscal year ended December 31, 2016.

ADOPTED THIS 21<sup>st</sup> day of March, A.D. 2017.

  
\_\_\_\_\_  
President of the BOD

ATTEST:

  
\_\_\_\_\_  
Teyler Hurst, Manager  
Alamosa Mosquito Control District

Members of BOD

Date  
Term  
Expires

Signature

<u>Patrick J. McDermott</u>	<u>May 2020</u>	<u>Patrick McDermott</u>
<u>Cleave A. Simpson</u>	<u>May 2018</u>	<u>Cleave A. Simpson</u>
<u>Walter J. Myers</u>	<u>May 2018</u>	<u>Walter J. Myers</u>
<u>Dale L. Salazar</u>	<u>May 2018</u>	<u>Dale L. Salazar</u>
<u>Christina Gallegos</u>	<u>May 2020</u>	

## ACCOUNTANTS' COMPILATION REPORT



Wall,  
Smith,  
Bateman Inc.

To the Board of Directors  
Alamosa Mosquito Control District  
Alamosa, Colorado

Management is responsible for the accompanying financial statements of Alamosa Mosquito Control 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 Alamosa Mosquito Control 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.

We are not independent with respect to Alamosa Mosquito Control District.

*Wall, Smith, Bateman Inc.*

Wall, Smith, Bateman Inc.  
Alamosa, Colorado

February 20, 2017

**Certified Public Accountants**

700 Main Street, Suite 200 PO Box 809 Alamosa, CO 81101 | 719-589-3619 | f 719-589-5492 | [www.wsbcpa.com](http://www.wsbcpa.com)