

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS
TOWN OF RAYMER
P.O. BOX 146
NEW RAYMER, COLORADO 80742

CONTACT PERSON
PHONE
EMAIL
FAX
CARY LAMBERT
(970) 768-3514

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

735.00

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: Sean C. Von Loh
TITLE CPA
FIRM NAME (if applicable) NorCo CPAs, LLC
ADDRESS 6500 West 29th Street, Suite 260, Greeley, Colorado 80634
PHONE (970) 351-7480
DATE PREPARED
(Must be prepared prior to Board approval) March 17, 2017

PREPARER (SIGNATURE REQUIRED)

Sean C. Von Loh, CPA

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 4:38 pm, Apr 25, 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	\$ 10,552	
2-2	Specific ownership	\$ 624	
2-3	Sales and use	\$ -	
2-4	Other (specify): Severance Tax	\$ 1,901	
2-5	Licenses and permits	\$ -	
2-6	Intergovernment Grants	\$ -	
2-7	Conservation Trust Funds (Lottery)	\$ 953	
2-8	Highway Users Tax Funds (HUTF)	\$ 8,434	
2-9	Other (specify): Cigarette Tax	\$ 755	
2-10	Charges for services	\$ 15,785	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ 142	
2-14	Charges for utility services	\$ -	
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	\$ 2,000	
2-21	Other (specify): Rents and Royalties	\$ 32,985	
2-22	Miscellaneous	\$ 1,296	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 75,427	

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	\$ 541	
3-2	Salaries	\$ 7,980	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ 4,660	
3-7	Accounting and legal fees	\$ 769	
3-8	Repair and maintenance	\$ 8,656	
3-9	Supplies	\$ 133	
3-10	Utilities and telephone	\$ 11,830	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Culture and recreation	\$ -	
3-15	Utility operations	\$ 13,099	
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):	\$ -	
3-24		\$ -	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$ 47,668	

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.

		Yes	No																																								
4-1	Does the entity have outstanding debt? 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:	☐	☐																																								
4-3	Is the entity current in its debt service payments? If no, MUST explain:	☐	☐																																								
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"></th> <th style="width: 15%;">Outstanding at end of prior year</th> <th style="width: 15%;">Issued during year</th> <th style="width: 15%;">Retired during year</th> <th style="width: 15%;">Outstanding at year-end</th> </tr> </thead> <tbody> <tr> <td>General obligation bonds</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Revenue bonds</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Notes/Loans</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Leases</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Developer Advances</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Other (specify):</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>TOTAL</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> </tbody> </table> Please answer the following questions by marking the appropriate boxes. 4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? \$ - Date the debt was authorized: _____ 4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? \$ - 4-7 Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? \$ - 4-8 Does the entity have any lease agreements? 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? If yes: Please provide the following mills levied for the year reported: Bond Redemption General/Other 16.987 TOTAL		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):	\$ -	\$ -	\$ -	\$ -	TOTAL	\$ -	\$ -	\$ -	\$ -	☐	☒
	Outstanding at end of prior year	Issued during year	Retired during year	Outstanding at year-end																																							
General obligation bonds	\$ -	\$ -	\$ -	\$ -																																							
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Notes/Loans	\$ -	\$ -	\$ -	\$ -																																							
Leases	\$ -	\$ -	\$ -	\$ -																																							
Developer Advances	\$ -	\$ -	\$ -	\$ -																																							
Other (specify):	\$ -	\$ -	\$ -	\$ -																																							
TOTAL	\$ -	\$ -	\$ -	\$ -																																							

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	\$ 156,340	
5-2	Certificates of deposit	\$ -	
	Total Cash Deposits		\$ 156,340
	Investments (if investment is a mutual fund, please list underlying investments):		
5-3	ColoTrust	\$ 29,811	
	Money Market - Bank of Colorado	\$ 36,751	
	Total Investments		\$ 66,562
	Total Cash and Investments		\$ 222,902

Please answer the following questions by marking in the appropriate boxes

		Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	☒	☐	☐
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 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?				☒	☐
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:				☒	☐
6-3	Complete the following capital assets table:	Balance - beginning of the year	Additions (Must be included in Part 3)	Deletions	Year-End Balance	
	Land	\$ 6,600	\$ -	\$ -	\$ 6,600	
	Buildings	\$ 202,778	\$ -	\$ -	\$ 202,778	
	Machinery and equipment	\$ 92,451	\$ -	\$ -	\$ 92,451	
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -	
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -	
	Other (explain):	\$ -	\$ -	\$ -	\$ -	
	Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -	
	(Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -	
	TOTAL	\$ 301,829	\$ -	\$ -	\$ 301,829	

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?				☐	☒
7-2	Does the entity have a volunteer firemen's pension plan?				☐	☒
If yes:	Who administers the plan?					
	Indicate the contributions from:					
	Tax (property, SO, sales, etc.):	\$ -				
	State contribution amount:	\$ -				
	Other (gifts, donations, etc.):	\$ -				
	TOTAL	\$ -				
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -				

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.?			☒	☐	☐
	If no, MUST explain:					
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:			☒	☐	☐

If yes: Please indicate the amount appropriated for each fund for the year reported:

Fund Name	Budgeted Expenditures
General	\$ 56,725
Water	\$ 46,800
Conservation	\$ 4,000

PART 9 - TAXPAYER'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)]?

☒
☐

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

10-1

Is this application for a newly formed governmental entity?

☐
☒

If yes: Date of formation:

10-2

Has the entity changed its name in the past or current year?

☐
☒

If yes: Please list the NEW name & PRIOR name:

10-3

Is the entity a metropolitan district?

☐
☒

Please indicate what services the entity provides:

10-4

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:

10-5

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.]

☐
☒

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.
Board Member 1	Print Board Member's Name Janice Sorensen	I <u>Janice Sorensen</u> , 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>Janice Sorensen</u> Date: <u>4-17-17</u> My term Expires: <u>April 2018</u>
Board Member 2	Print Board Member's Name Steven Bell	I <u>Steve Bell</u> , 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>Steve Bell</u> Date: <u>4-17-17</u> My term Expires: <u>April 2018</u>
Board Member 3	Print Board Member's Name David E. Long	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 <u>David E Long</u> Date: <u>4-18-17</u> My term Expires: <u>4-4-18</u>
Board Member 4	Print Board Member's Name 	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: _____
Board Member 5	Print Board Member's Name 	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: _____
Board Member 6	Print Board Member's Name 	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: _____
Board Member 7	Print Board Member's Name 	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: _____

**Original Signatures
Verified by**

Justin L. Smith





6500 29th Street, Suite 260
Greeley, CO 80634
(970) 351-7480
Fax (970) 351-8990

ACCOUNTANTS' COMPILATION REPORT

Town Council
Town of Raymer
New Raymer, Colorado

Management is responsible for the accompanying Application for Exemption from Audit – Short Form for the Town of Raymer as of December 31, 2016, 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 Application for Exemption from Audit – Short Form 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 the Application for Exemption from Audit – Short Form.

The Application is presented in accordance with the requirements of the Colorado State Auditor's Office, and is not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

The prescribed form requires that accumulated depreciation for capital assets be recorded as a contra account to the total governmental capital assets. The Town of Raymer has not determined the amount of accumulated depreciation as of December 31, 2016. The effect of this departure has not been determined.

This report is intended solely for the information and use of the Colorado State Auditor's Office and is not intended to be and should not be used by anyone other than this specified party.

NorCo CPAs LLC

Greeley, Colorado
March 17, 2017