

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000 USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

- Has the preparer signed the application?
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?
Has the application been PERSONALLY reviewed and approved by the governing body?
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
Will this application be submitted via Fax or Email?
Yes, have you included a resolution?
Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?
Is the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier)
Yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?

FILING METHODS

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203

FAX: 303-869-3061

EMAIL: osa.lg@state.co.us

QUESTIONS? 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.



APPLICATION FOR EXEMPTION FROM AUDIT

RECEIVED

By Justin L. Smith at 11:08 am, Mar 31, 2017

SHORT FORM

NAME OF GOVERNMENT ENTITY: Las Animas Urban Renewal Authority (For the Year Ended)

ADDRESS **P.O. Box 468
Las Animas, CO 81054** 12/31/16
City of Las Animas, Colorado

CONTACT PERSON **Jim Collins, President**

PHONE **719-456-0422**

EMAIL **jim.collins.81054@gmail.com**

FAX

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: **Kim MacDonnell**

TITLE: **Treasurer**

FIRM NAME (if applicable): **Las Animas Urban Renewal Authority**

ADDRESS: **P.O. Box 468, Las Animas, CO 81054**

PHONE: **719-456-0422**

DATE PREPARED: **22-Mar-17**
(Must be prepared prior to Board approval)

PREPARER (SIGNATURE REQUIRED)

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

| | |
|--|--|
| GOVERNMENTAL <small>(FUNDING ACCOUNTS)</small> | PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 | Rounded to nearest dollar | Please use this space to provide any necessary explanations |
|-------|--|---------------------------|---|
| 2-1 | Tax: Property | \$ - | |
| 2-2 | Specific ownership | \$ - | |
| 2-3 | Sales and use | \$ 1,500 | |
| 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 | \$ - | |
| 2-12 | Special assessments | \$ - | |
| 2-13 | Investment income | \$ 26 | |
| 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 | \$ - | |
| 2-21 | Other (specify): Additional Revenue from City of Las Animas General Fund | \$ 5,000 | |
| 2-22 | | \$ - | |
| 2-23 | | \$ - | |
| 2-24 | (add lines 2-1 through 2-23) TOTAL REVENUE | \$ 6,526 | |

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 | Rounded to nearest Dollar | Please use this space to provide any necessary explanations |
|-------|---|---------------------------|---|
| 3-1 | Administrative | \$ - | |
| 3-2 | Salaries | \$ - | |
| 3-3 | Payroll taxes | \$ - | |
| 3-4 | Contract services | \$ - | |
| 3-5 | Employee benefits | \$ - | |
| 3-6 | Insurance | \$ - | |
| 3-7 | Accounting and legal fees | \$ - | |
| 3-8 | Repair and maintenance | \$ - | |
| 3-9 | Supplies | \$ 20 | |
| 3-10 | Utilities and telephone | \$ - | |
| 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 1) | \$ - | |
| 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): Downtown Revitalization | \$ 2,500 | |
| 3-24 | Other: Highway 50 Corridor Project | \$ 2,500 | |
| 3-25 | | \$ - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES | \$ 5,020 | |

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 in 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

Please complete the following debt schedule, if applicable: (please only include principal amounts; enter all amounts 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): | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

Please answer the following questions by marking in 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? Yes No
 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 _____
 TOTAL _____

Please use this space to provide any explanations or comments:

PART 5 - CASH AND INVESTMENTS

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

| | Amount | Total |
|--|----------|-----------------|
| 5-1 YEAR-END Total of ALL Checking and Savings Accounts | \$ 9,890 | |
| 5-2 Certificates of deposit | \$ - | |
| Total Cash Deposits | | \$ 9,890 |
| Investments (if investment is a mutual fund, please list underlying investments) | \$ - | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| Total Investments | | \$ - |
| Total Cash and Investments | | \$ 9,890 |

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

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.

6-1 Does the entity have capital 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:

| | Balance - beginning of the year | Additions (Must be included in Part 3) | Deletions | Year-End Balance |
|---|---------------------------------|--|-------------|------------------|
| Land | \$ - | \$ - | \$ - | \$ - |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Construction in Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation | \$ - | \$ - | \$ - | \$ - |
| (Please enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

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, SG, 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 17? | \$ | - |
| 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.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, MUST explain: | | | |
| 8-2 | Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | If no, MUST explain: | | | |
| If yes: | Please indicate the amount appropriated for each fund for the year reported: | | | |
| | Fund Name | Estimated Expenditure | | |
| | General Fund | \$ | 5,020 | |

| PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR) | | | |
|---|---|-------------------------------------|--------------------------|
| Please answer the following question by marking in the appropriate boxes. | | | |
| | | Yes | No |
| 9-1 | Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Date of formation: | | |
| 10-2 | Has the entity changed its name in the past or current year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Please list the NEW name & PRIOR name: | | |
| 10-3 | Is the entity a metropolitan district? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Please indicate what services the entity provides: | | |
| 10-4 | 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: | | |
| 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.] | <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 revenues 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 | Jim Collins | I <u>Jim Collins</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>[Signature]</u> Date: <u>3/27/17</u> My term Expires: <u>12/31/2017</u> |
| Board Member 2 | Kim MacDonnell | I <u>Kim MacDonnell</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>[Signature]</u> Date: <u>3/27/17</u> My term Expires: <u>12/31/2019</u> |
| Board Member 3 | Alex Netherton | I <u>Alex Netherton</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>[Signature]</u> Date: <u>3/27/17</u> My term Expires: <u>12/31/2019</u> |
| Board Member 4 | Tammy Pryor | I <u>Tammy Pryor</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>[Signature]</u> Date: <u>3/27/17</u> My term Expires: <u>12/31/2016</u> |
| 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: _____ |

**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 LAS ANIMAS URBAN RENEWAL AUTHORITY, CITY OF LAS ANIMAS, STATE OF COLORADO.

WHEREAS, the Las Animas Urban Renewal Authority Board 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 (\$500,000) 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 the Las Animas Urban Renewal Authority exceeded \$100,000 for Fiscal Year 2016; and


WHEREAS, an application for exemption from audit for the Las Animas Urban Renewal Authority has been prepared by Kim MacDonnell, a person skilled in governmental accounting; and

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



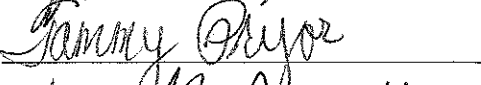
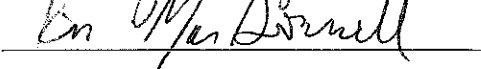
NOW, THEREFORE, BE IT RESOLVED BY the Las Animas Urban Renewal Authority Board as follows:

1. That the application for exemption from audit for the Las Animas Urban Renewal Authority for the Fiscal Year ended December 31, 2016, has been personally reviewed and is hereby approved by a majority of the Board of the Las Animas Urban Renewal Authority;
2. That those members of the Board have signified their approval by signing below; and
3. That this Resolution shall be attached to, and shall become a part of, the application for exemption from audit of the Las Animas Urban Renewal Authority for the Fiscal Year ended December 31, 2016.

Adopted this 27th day of March, 2017.



Jim Collins, President
Las Animas Urban Renewal Authority

| <u>Member Name</u> | <u>Term Expiration Date</u> | <u>Signature</u> |
|-----------------------|-----------------------------|--|
| <u>Jim Collins</u> | <u>2019</u> |  |
| <u>Alex Netherton</u> | <u>2019</u> |  |
| <u>Tammy Pryor</u> | <u>2016</u> |  |
| <u>Kim MacDonnell</u> | <u>2019</u> |  |