

20

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

Town of Vona
Po Box 129
Vona, CO 80861
Sherry Stone
970-664-2444
sharon@plain2tel.com

For the Year Ended
12/31/18
or fiscal year ended:

2019

CONTACT PERSON
PHONE
EMAIL
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:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
DATE PREPARED

Sherry Stone
Town Clerk
Po Box 129 Vona, CO 80861
March 18, 19 + 30, 2019

PREPARER (SIGNATURE REQUIRED)

Sherry Stone

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

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)

PROPRIETARY
(CASH OR BUDGETARY BASIS)

P

RECEIVED
April 16, 2019
Office of the State Auditor

sent via e-mail 3-31-19
not accepted so re-sent by mail 4-10-19 SS

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	
2-1	Taxes: Property (report mills levied in Question 10-6)	\$ 6141 -	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$ 662 -	
2-3	Sales and use	\$ -	
2-4	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental: Grants	\$ -	
2-7	Conservation Trust Funds (Lottery)	\$ 3363 -	
2-8	Highway Users Tax Funds (HUTF)	\$ 10790 -	
2-9	Other (specify): additional registration fees	\$ 725 -	
2-10	Charges for services	\$ 4111 -	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ -	
2-14	Charges for utility services	\$ 46601 -	
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): interest, franchise tax, rent, capital refunds, severance tax, mineral lease Memorial Funds,	\$ 2981 -	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 7124.3	

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	
3-1	Administrative Clerkbone, audit, benevolent, donations, dues, govtie savings, services,	\$ 3099 -	Please use this space to provide any necessary explanations
3-2	Salaries	\$ 15552 -	
3-3	Payroll taxes	\$ 1239 -	
3-4	Contract services	\$ 1900 -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ 5123 -	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ 13753 -	
3-9	Supplies	\$ 1764 -	
3-10	Utilities and telephone	\$ 9350 -	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ 1599 -	
3-14	Culture and recreation	\$ 527 -	
3-15	Utility operations	\$ -	
3-16	Capital outlay	\$ 8938 -	
3-17	Debt service principal (should agree with Part 4)	\$ 1800 -	
3-18	Debt service interest	\$ 3260 -	
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	\$ 67904	

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".

0.59
1527.

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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4-2	Is the debt repayment schedule attached? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4-3	Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)			
	Outstanding at end of prior year*	Issued during year	Retired during year	
	Outstanding at year-end			
	General obligation bonds	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -
	Notes/Loans	\$ 64100	\$ 1800	\$ 62300
	Leases	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -
	TOTAL	\$ 64100	\$ 1800	\$ 62300

*must tie to prior year ending balance

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? \$ _____		
	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? \$ _____		

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	\$ 162802	
5-2	Certificates of deposit	\$ 23791	
	Total Cash Deposits		\$ 189593
	Investments (if investment is a mutual fund, please list underlying investments):		
	_____	\$ -	
	_____	\$ -	
	_____	\$ -	
	_____	\$ -	
5-3	Total Investments		\$ -
	Total Cash and Investments		\$ 189593

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 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.

Yes No

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	\$ 341732	\$ -	\$ -	\$ 341732
Buildings	\$ 280500	\$ -	\$ -	\$ 280500
Machinery and equipment	\$ 10916	\$ 8938	\$ -	\$ 19854
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 633148	\$ 8938	\$ -	\$ 642086

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? 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.):	\$ -
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.? Yes No N/A

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

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

General Fund	25809
Sewer Fund	9766
Street Fund	10292
Water Fund	27383
Lottery & Savings	2500

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

Please answer the following question by marking in the appropriate box

9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section

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.

Yes

No

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?

If yes: **Date Filed:**

10-6 Does the entity have a certified Mill Levy?

If yes:

Please provide the following mills levied for the year reported (do not report \$ amounts):

Bond Redemption mills

General/Other mills

Total mills

	-
17.998	-
17.998	-

Please use this space to provide any explanations or comments:

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	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: _____
1	Kelly Edmunds	I <u>Kelly Edmunds</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>Kelly Edmunds</u> Date: <u>3-31-19</u> My term Expires: <u>2020</u>
2	Chuck Helderman	I <u>Chuck Helderman</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>Chuck Helderman</u> Date: <u>3-31-2019</u> My term Expires: <u>2022</u>
3	Julia Hubbell	I <u>Julia Hubbell</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>Julia Hubbell</u> Date: <u>3/30/2019</u> My term Expires: <u>2022</u>
4	Kandy Schott	I <u>Kandy Schott</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>Kandy Schott</u> Date: <u>3/31/19</u> My term Expires: <u>2020</u>
5	Ronald Stone	I <u>Ronald Stone</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>Ronald Stone</u> Date: <u>3/30/2019</u> My term Expires: <u>2022</u>
6		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: _____
7		I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2018 FOR THE TOWN OF VONA, STATE OF COLORADO.

WHEREAS, the town council of THE TOWN OF VONA wishes to claim exemption from 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 seven hundred and fifty thousand dollars may, with the approval of the State Auditor be exempt from the provision of Section 29-1-603, C.R.S.; and

(1)WHEREAS, NEITHER REVENUE OR EXPENDITURES FOR THE TOWN OF VONA EXCEEDED \$100,000 for FISCAL YEAR 2018; and

WHEREAS, an application for exemption from audit for THE TOWN OF VONA has been prepared by Sherry Stone, a person skilled in governmental accounting, and

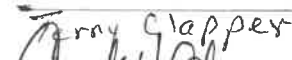
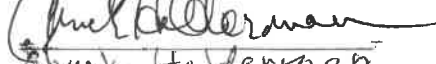

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.



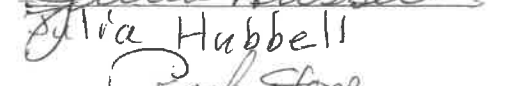
NOW THEREFORE, be it resolved/ordained by the TOWN COUNCIL of the TOWN OF VONA that the application for exemption from audit for THE TOWN OF VONA for the fiscal year ended 2018, has been personally reviewed and is hereby approved by a majority of the TOWN COUNCIL of the TOWN OF VONA; that those members of the TOWN COUNCIL have signified their approval by signing; and that this resolution shall be attached to, and shall become a part of the application from audit of the TOWN OF VONA for the fiscal year ended 2018.

ADOPTED THIS 12TH day of March 2019.

Sherry Stone
Town clerk




Jerry Clapper

Chuck Helderman

Kandy Schott


Kelly Edmunds

Julia Habbell

Rocky Stone

UNITED STATES DEPARTMENT OF AGRICULTURE
RURAL DEVELOPMENT
ANNUAL STATEMENT OF LOAN ACCOUNT

SAVE THIS INFORMATION
FOR INCOME TAX PURPOSES

PAGE 001
DATE 123118

CASE NUMBER 05-032-*****0723 FINAL YEAR OF LOAN 2037
FUND CODE 91 LOAN NUMBER 02 DATE OF LOAN 070897 INTEREST RATE 04.5000 AMOUNT OF LOAN 91,500.00

DESCRIPTION	ADVANCES	INTEREST	PRINCIPAL	TOTAL	T	INTEREST RATE	EFFECTIVE DATE
BEGIN LOAN BALNCE		18.50	64,100.00	64,118.50			010118
PAYMENT		1,442.25	1,100.00	2,542.25	R	04.5000	070318
TOTAL LOAN PMTS		1,442.25	1,100.00	2,542.25			
TOTAL PAID ON ALL LOANS THIS YEAR		1,442.25	1,100.00	2,542.25			

LOAN ACTIVITY 0.00 1,442.25 1,100.00 2,542.25
 LOAN BALANCE UNPD INTEREST 1,435.93 ** UNPD PRIN 63,000.00 **
 NXT AMT DUE 2,517.50 DATE DUE 010119
 PAYMENT STATUS ON SCHEDULE **INT PAID 1,442.25**
 TAXES PAID
 ALL LOAN ACTIVITY 0.00 1,442.25 1,100.00 2,542.25
 BORR BAL UNPD INTEREST 1,435.93 UNPD PRIN 63,000.00

**These unpaid balances may not reflect the total amount due to the Agency at payoff.

RECIPIENT'S/LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
 USDA RURAL DEVELOPMENT
 PHONE# (833) 797-3726
 4300 GOODFELLOW BLVD FC-1332
 ST. LOUIS, MO 63120

CAUTION: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

OMB NO. 1545-0901
2018
 (Rev. June 2018)
 Form 1098

CORRECTED (if checked)
Mortgage Interest Statement

RECIPIENT'S/LENDERS TIN 431757115
 PAYER'S/BORROWER'S TIN *****0723

1 Mortgage interest received from payer(s)/borrower(s) \$ 0.00

2 Outstanding mortgage principal as of 1/17/2018 \$
 3 Mortgage origination date

PAYER'S/BORROWER'S name, Street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code
 VONA, TOWN OF 05-755
 P O BOX 88
 VONA CO 80861

4 Refund of overpaid interest \$
 5 Mortgage insurance premiums \$

6 Points paid on purchase of principal residence \$
 7 If address of property securing mortgage is the same as PAYER'S/BORROWER'S address, the box is checked, or the address or description is entered in box 8.

COPY B FOR PAYER/BORROWER
 The information in boxes 1 through 9 is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty, negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points, reported in boxes 1 and 6; or because you didn't report the refund of interest (box 4); or because you claimed a nondeductible item.

9 Number of properties securing the mortgage
 10 Other
 IRS FORM 1098 DOES NOT APPLY TO YOUR LOAN

8 Address or description of property securing mortgage (see instructions)

Account number (see instructions)
 05032*****072391 02