APPLICATION FOR EXEMPTION FRO

SHORT FORM

NAME OF GOVERNMENT	Munn's Addition Water & Sanitatior
ADDRESS	c/o Zorn & Richardson, P.C.
	626 E. Platte Ave.
	Fort Morgan, CO 80701
CONTACT PERSON	Matthew J. Richardson
PHONE	970-867-1199
EMAIL	mjrichardson@zornlawoffice.com

PART 1 - CERTIFICATION OF PREF

I certify that I am skilled in governmental accounting and that the information in the a

NAME:	Matthew J. Richardson
TITLE	Attorney
FIRM NAME (if applicable)	Zorn & Richardson, P.C.
ADDRESS	626 E. Platte Ave., Fort Morgan, CO 8
PHONE	970-867-1199

PREPARER (SIGNATURE REQUIRED)

s/Matthew J. Richardson

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

PART 2 - REVENUES

All revenues for all funds must be reflected in this section, including proceed land, building, and equipment, and proceeds from debt or lease transactions

Line #	Description		
2-1	Taxes:	Property	(report mills levied in question
2-2		Specific ownership	
2-3		Sales and use	
2-4		Other (specify):	
2-5	Licenses and permits		
2-6	Intergovernmental:		Grants
2-7			Conservation Trust Fur
2-8			Highway Users Tax Fur

2-9		Other (specify):
2-10	Charges for services	
2-11	Fines and forfeits	
2-12	Special assessments	
2-13	Investment income	
2-14	Charges for utility services	
2-15	Debt proceeds	agree to table 4-4, column 'Issued during year')
2-16	Lease proceeds	
2-17	Developer Advances received	(should agree to table 4-4, column 'Issued during year')
2-18	Proceeds from sale of capital assets	
2-19	Fire and police pension	
2-20	Donations	
2-21	Other (specify):	
2-22		
2-23		
2-24		
2-25		
2-26	(add lines 2-1 through 2-25)	TOTAL REVENUES

PART 3 - EXPENDITURES/EXPEN

All expenditures for all funds must be reflected in this section, including the principal and interest payments on long-term debt. Financial information will

Line #	Description	
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	
3-10	Utilities and telephone	
3-11	Fire/Police	
3-12	Streets and highways	
3-13	Public health	
3-14	Capital outlay	
3-15	Utility operations	
3-16	Culture and recreation	
3-17	Debt service principal	(should agree to table 4-4, column 'Retired during year')
3-18	Debt service interest	

3-19	Repayment of Developer Advance Principal	(should agree to table 4-4, column 'Retired during year')
3-20	Repayment of Developer Advance Interest	
3-21	Contribution to pension plan	
3-22	Contribution to Fire & Police Pension Assoc.	
3-23	Other (specify):	
3-24		
3-25		
3-26		
3-27		
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	

If TOTAL REVENUES (Line 2-26) or TOTAL EXPENDITURES (Line 3-28) are GRE

PART 4 - DEBT OUTSTANDING, ISSUED,

Please answer the following questions by marking the appropriate bo

4-1 Does the entity have outstanding debt?
(If 'No' is checked, skip to question 4-5)

(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedul

4-2 Is the debt repayment schedule attached? If no, **MUST** explain below:

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 amounts as positive numbers)	Outstanding at end of prior year*
General obligation bonds	$ -
Revenue bonds	$ -
Notes/Loans	$ -
Lease & SBITA** Liabilities [GASB 87 & 96]	$ -
Developer Advances	$ -
Other (specify):	$ -
TOTAL	$ -

**Subscription-Based Information Technology Arrangements

*Must agree to

Please answer the following questions by marking the appropriate bo

4-5	Does the entity have any authorized but unissued debt as of its fiscal y	
	How much?	$
	Date the debt was authorized:	
NEW 4-6	Is the authorized but unissued debt further limited by the entity's most Service Plan?	
If yes:	How much?	$
	Date of the most recent Service Plan:	
4-7	Does the entity intend to issue debt within the next calendar year?	

If yes:	How much?	$
4-8	Does the entity have debt that has been refinanced that it is still respor	
If yes:	What is the amount outstanding?	$
4-9	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?	$

Part 4 - Please use this space to provide any explanations/comments or attach s

PART 5 - CASH AND INVESTME

Please provide the entity's cash deposit and investment balances

5-1	YEAR-END Total of ALL Checking and Savings Accounts
5-2	Certificates of deposit
	TOTAL CASH
5-3	Investments (if investment is a mutual fund, please list underlying investmer
	TOTAL INV
	TOTAL CASH AND INV

Please answer the following questions by marking in the appropriate boxes.

5-4	Are the entity's investments legal in accordance with Section 24-75-
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act)

Part 5 - If no, MUST use this space to provide any expla

PART 6 - CAPITAL AND RIGHT-TO-US

Please answer the following questions by marking in the appropriate b

6-1	Does the entity have capital assets?
	(If 'No' is checked, skip the rest of Part 6)
6-2	Has the entity performed an annual inventory of capital assets in accor
	Section 29-1-506, C.R.S. ? If no, **MUST** explain:

6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of the year*
	Land	$ -
	Buildings	$ -
	Machinery and equipment	$ -
	Furniture and fixtures	$ -
	Infrastructure	$ -
	Construction In Progress (CIP)	$ -
	Leased & SBITA Right-to-Use Assets	$ -
	Other (explain):	$ -
	Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	$ -
	TOTAL	$ -

*Must agree to "Generally cap capital outlay o

Part 6 - Please use this space to provide any explanations/comments or atta

PART 7 - PENSION INFORMAT

Please answer the following questions by marking in the appropriate b

7-1	Does the entity have an "old hire" firefighters' pension plan?	
7-2	Does the entity have a volunteer firefighters' 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 12

Part 7 - Please use this space to provide any explanations o

PART 8 - BUDGET INFORMATI

Please answer the following questions by marking in the appropriate boxes.

8-1	Did the entity file a budget with the Department of Local Affairs for	
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:	reported (Please make sure each individual fund's appropriation agrees to how the bu adopted	

Governmental/Proprietary Fund Name	otal Appropri

PART 9 - TAXPAYER'S BILL OF RIGHT

Please answer the following question by marking in the appropriate

9-1 **Is the entity in compliance with all the provisions of TABOR [State Con Article X, Section 20(5)]?**

Note: An election to exempt the entity from the spending limitations of TABOR does exempt the entity from the 3 percent emergency reserve requirement. All entities s

Part 9 - If no, MUST use this space to provide any expla

PART 10 - GENERAL INFORMA

Please answer the following questions by marking in the appropriate b

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:**

Please list the PRIOR name:

10-3 **Is the entity a metropolitan district?**

10-4 **Please indicate what services the entity provides:**

10-5 **Does the entity have an agreement with another government to provide**

If yes: **List the name of the other governmental entity and the services provid**

The City of Brush, Colorado manages the operation and repair of sewer line

10-6 **Has the district filed a *Title 32, Article 1 Special District Notice of Inacti***

If yes: **Date filed:**

10-7 **Does the entity have a certified mill levy?**

If yes: **Please provide the following mills levied for the year reported (do not r amounts):**

Bond reden

General

10-8	If the entity is a Title 32 Special District formed after 7/1/2000, has the	

Please use this space to provide any additional explanations or comment

PART 11 - GOVERNING BODY APP

Please answer the following question by marking in the appropria

11-1	If you plan to submit this form electronically, have you read the Electro Signature Policy?	

Office of the State Auditor — Local Governme Exemption Form Electronic Signature Policy

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an ele application for exemption from audit that includes governing board signatures obta Docusign or Echosign. Required elements and safeguards are as follows:

• The preparer of the application is responsible for obtaining board signatures that Section 29-1-604 (3), C.R.S., that states the application shall be personally review majority of the members of the governing body.
• The application must be accompanied by the signature history document created software. The signature history document must show when the document was crea

Print or type the names of ALL members of current gover A MAJORITY of the members of the governing body mu

Board Member 1	Board Member's Name: Carl E. Hutson I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: 2025	_____ Signature _____ Date _____
Board Member 2	Board Member's Name: Wanda Blake I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: 2025	_____ Signature _____ Date _____

Board Member 3	**Board Member's Name: Maureen Walker** I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: 2025	_____ Signature _____ Date _____
Board Member 4	**Board Member's Name: Dennis Smith** I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: 2027	_____ Signature _____ Date _____
Board Member 5	**Board Member's Name: Nancy Metzger** I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: 2027	_____ Signature _____ Date _____
Board Member 6	**Board Member's Name:** I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	_____ Signature _____ Date _____
Board Member 7	**Board Member's Name:** I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	_____ Signature _____ Date _____

M AUDIT

n District

For the Year Ended
12/31/24
or fiscal year ended:

PARER

application is complete and accurate,

30701

DATE PREPARED
(No exemption shall be granted prior

3/3/25

CRUAL BASIS)	(CASH OR BUDGETARY BASIS)
☑	☐

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Financial information will not

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Please use this space to provide any necessary explanations

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USES

purchase of capital assets and not include fund equity information

Round to the nearest dollar	
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Please use this space to provide any necessary explanations

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AND RETIRED

oxes.	Yes	No
	☐	☑
e)	☐	☐
below:	☐	☐

Issued during year	Retired during year	Outstanding at year-end
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$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
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	☐	☑
-		

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	$ -	
	$ -	
	$ -	
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ESTMENTS		$ 6,695

Yes	No	N/A
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SE ASSETS

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Additions^	Deletions	Year-End Balance
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$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -
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$ -	$ -	$ -
$ -	$ -	$ -
$ -	$ -	$ -

› prior year-end balance
›ital asset additions should be reported as
n line 3-14 and capitalized in accordance

ch documentation, if needed

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/other mills	-
Total mills	-

Yes	No	N/A
☐	☐	☑

ts not previously included

ROVAL

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ent Division - and Procedure

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