

**APPLICATION FOR EXEMPTION FROM AUDIT  
LONG FORM**

NAME OF GOVERNMENT  
ADDRESS

SOUTHERN COLORADO RETAC INC  
PO BOX 8274  
PUEBLO, CO 81008

For the Year Ended  
12/31/2024  
or fiscal year ended:

CONTACT PERSON  
PHONE  
EMAIL

BRANDON CHAMBERS  
719-248-3978  
scretac@gmail.com

**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 this application if revenues or expenditures are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME:  
TITLE:  
FIRM NAME (if applicable)  
ADDRESS  
PHONE  
RELATIONSHIP TO ENTITY

ALISON M WINKLER  
CPA  
NELSON & COMPANY PC  
116 S 8TH ST COLORADO SPRINGS, CO 80905  
719-444-0222  
ACCOUNTANT

PREPARER (SIGNATURE REQUIRED)

DATE PREPARED  
(No exemption shall be granted prior to the close  
of said fiscal year)

*Alison Winkler*

1/30/2025

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:

**P**

**PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET**

\* Please indicate the name of the fund (i.e., General Fund, Debt Service Fund, etc.)

NOTE: Attach addenda sheets as necessary

Line #	Description	Governmental Funds (Modified Accrual Basis)			Description	Proprietary/Fiduciary Funds (Cash or Budgetary Basis)	
		GENERAL	Fund*	Fund*		Fund*	Fund*
<b>Assets</b>							
1-1	Cash & Cash Equivalents	\$ 249,955	\$ -	\$ -	Cash & Cash Equivalents	\$ -	\$ -
1-2	Investments	\$ -	\$ -	\$ -	Investments	\$ -	\$ -
1-3	Receivables	\$ -	\$ -	\$ -	Receivables	\$ -	\$ -
1-4	Due from Other Entities or Funds	\$ -	\$ -	\$ -	Due from Other Entities or Funds	\$ -	\$ -
1-5	Property Tax Receivable	\$ -	\$ -	\$ -	Other Current Assets (specify: )	\$ -	\$ -
	All Other Assets	\$ -	\$ -	\$ -		\$ -	\$ -
1-6	Lease Receivable (as Lessor)	\$ -	\$ -	\$ -	Total Current Assets	\$ -	\$ -
1-7	Other (specify: )	\$ -	\$ -	\$ -	Capital & Right to Use Assets, net (from Part 4-4)	\$ -	\$ -
1-8		\$ -	\$ -	\$ -	Other Long Term Assets (specify: )	\$ -	\$ -
1-9		\$ -	\$ -	\$ -		\$ -	\$ -
1-10		\$ -	\$ -	\$ -		\$ -	\$ -
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 249,955	\$ -	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ -	\$ -
<b>Deferred Outflows of Resources</b>							
1-12	(specify: )	\$ -	\$ -	\$ -	(specify: )	\$ -	\$ -
1-13	(specify: )	\$ -	\$ -	\$ -	(specify: )	\$ -	\$ -
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$ -	\$ -	\$ -	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$ -	\$ -
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 249,955	\$ -	\$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ -	\$ -
<b>Liabilities</b>							
1-16	Accounts Payable	\$ -	\$ -	\$ -	Accounts Payable	\$ -	\$ -
1-17	Accrued Payroll and Related Liabilities	\$ -	\$ -	\$ -	Accrued Payroll and Related Liabilities	\$ -	\$ -
1-18	Unearned Revenue	\$ -	\$ -	\$ -	Accrued Interest Payable	\$ -	\$ -
1-19	Due to Other Entities or Funds	\$ -	\$ -	\$ -	Due to Other Entities or Funds	\$ -	\$ -
1-20	All Other Current Liabilities	\$ -	\$ -	\$ -	All Other Current Liabilities	\$ -	\$ -
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ -	\$ -	\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ -	\$ -
1-22	All Other Liabilities (specify: )	\$ -	\$ -	\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ -	\$ -
1-23		\$ -	\$ -	\$ -	Other Liabilities (specify: )	\$ -	\$ -
1-24		\$ -	\$ -	\$ -		\$ -	\$ -
1-25		\$ -	\$ -	\$ -		\$ -	\$ -
1-26		\$ -	\$ -	\$ -		\$ -	\$ -
1-27	(add lines 1-22 through 1-26) TOTAL LIABILITIES	\$ -	\$ -	\$ -	(add lines 1-22 through 1-26) TOTAL LIABILITIES	\$ -	\$ -
<b>Deferred Inflows of Resources</b>							
1-28	Deferred Property Taxes	\$ -	\$ -	\$ -	(Pension/OPEB Related)	\$ -	\$ -
1-29	Lease related (as Lessor)	\$ -	\$ -	\$ -	Other (specify: )	\$ -	\$ -
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ -	\$ -	\$ -	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ -	\$ -
<b>Fund Balance</b>							
1-31	Nonspendable Prepaid	\$ -	\$ -	\$ -	Net Investment in Capital and Right to Use Assets	\$ -	\$ -
1-32	Nonspendable Inventory	\$ -	\$ -	\$ -		\$ -	\$ -
1-33	Restricted (specify: )	\$ -	\$ -	\$ -	Emergency Reserves	\$ -	\$ -
1-34	Committed (specify: )	\$ -	\$ -	\$ -	Other Designations/Reserves	\$ -	\$ -
1-35	Assigned (specify: )	\$ -	\$ -	\$ -	Restricted	\$ -	\$ -
1-36	Unassigned	\$ 249,956	\$ -	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$ -
1-37	(add lines 1-31 through 1-36) TOTAL FUND BALANCE	\$ 249,956	\$ -	\$ -	(add lines 1-31 through 1-36) TOTAL NET POSITION	\$ -	\$ -
1-38	(add lines 1-27, 1-30 and 1-37) TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$ 249,956	\$ -	\$ -	(add lines 1-27, 1-30 and 1-37) TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$ -	\$ -

Please use this space to provide explanation of any item on this page

**PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES**

Line #	Description	Governmental Funds			Description	Proprietary/Fiduciary Funds	
		GENERAL *	Fund*	Fund*		Fund*	Fund*
<b>Tax Revenue</b>							
2-1	Property (include mills levied in question 10-7)	\$	\$	\$	Property (include mills levied in question 10-7)	\$	\$
2-2	Specific Ownership	\$	\$	\$	Specific Ownership	\$	\$
2-3	Sales and Use Tax	\$	\$	\$	Sales and Use Tax	\$	\$
2-4	Other Tax Revenue (specify )	\$	\$	\$	Other Tax Revenue (specify )	\$	\$
2-5		\$	\$	\$		\$	\$
2-6		\$	\$	\$		\$	\$
2-7		\$	\$	\$		\$	\$
2-8	<b>Add lines 2-1 through 2-7</b>	<b>\$</b>	<b>\$</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	\$ 289,116	\$	\$	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	\$	\$	\$	Interest/Investment Income	\$	\$
2-20	Tap Fees	\$	\$	\$	Tap Fees	\$	\$
2-21	Proceeds from Sale of Capital Assets	\$	\$	\$	Proceeds from Sale of Capital Assets	\$	\$
2-22	All Other (specify )	\$	\$	\$	All Other (specify )	\$	\$
2-23		\$	\$	\$		\$	\$
2-24	<b>Add lines 2-9 through 2-23</b>	<b>\$ 289,134</b>	<b>\$</b>	<b>\$</b>	<b>Add lines 2-9 through 2-23</b>	<b>\$</b>	<b>\$</b>
	<b>TOTAL REVENUES</b>				<b>TOTAL REVENUES</b>		
<b>Other Financing Sources</b>							
2-25	Debt Proceeds	\$	\$	\$	Debt Proceeds	\$	\$
2-26	Lease Proceeds	\$	\$	\$	Lease Proceeds	\$	\$
2-27	Developer Advances	\$	\$	\$	Developer Advances	\$	\$
2-28	Other (specify...)	\$	\$	\$	Other (specify...)	\$	\$
2-29	<b>Add lines 2-25 through 2-28</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>Add lines 2-25 through 2-28</b>	<b>\$</b>	<b>\$</b>
	<b>TOTAL OTHER FINANCING SOURCES</b>				<b>TOTAL OTHER FINANCING SOURCES</b>		
2-30	<b>Add lines 2-24 and 2-29</b>	<b>\$ 289,134</b>	<b>\$</b>	<b>\$</b>	<b>Add lines 2-24 and 2-29</b>	<b>\$</b>	<b>\$</b>
	<b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b>				<b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b>		
2-31		<b>\$ 289,134</b>	<b>\$</b>	<b>\$</b>	<b>GRAND TOTALS (ALL FUNDS)</b>	<b>\$ 289,134</b>	<b>\$</b>

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES FOR ALL FUNDS (LINE 2-31) 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) 869-3000 for assistance.

Please use this space to provide explanation of any item on this page

**PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES**

Line #	Description	Governmental Funds			Description	Proprietary/Fiduciary Funds	
		GENERAL	Fund*	Fund*		Fund*	Fund*
<b>Expenditures</b>					<b>Expenses</b>		
3-1	General Government	\$ 18,014	\$ -	\$ -	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	\$ -	\$ -	\$ -	Repair and Maintenance	\$ -	\$ -
3-9	Culture and Recreation	\$ -	\$ -	\$ -	Supplies	\$ -	\$ -
3-10	Transfers to other districts	\$ -	\$ -	\$ -	Utilities	\$ -	\$ -
3-11	Other [specify: ]	\$ -	\$ -	\$ -	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -
3-12		\$ -	\$ -	\$ -	Other [specify: ]	\$ -	\$ -
3-13		\$ -	\$ -	\$ -		\$ -	\$ -
3-14	Capital Outlay	\$ -	\$ -	\$ -	Capital Outlay	\$ -	\$ -
	Debt Service				Debt Service		
3-15	Principal (should match amount in 4-4)	\$ -	\$ -	\$ -	Principal (should match amount in 4-4)	\$ -	\$ -
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: 1 REGIONAL FUNDING)	\$ 223,448	\$ -	\$ -	All Other (specify: )	\$ -	\$ -
3-21		\$ -	\$ -	\$ -		\$ -	\$ -
3-22		\$ -	\$ -	\$ -		\$ -	\$ -
3-23		\$ -	\$ -	\$ -		\$ -	\$ -
3-24	Add lines 3-1 through 3-23 <b>TOTAL EXPENDITURES</b>	\$ 239,462	\$ -	\$ -	Add lines 3-1 through 3-23 <b>TOTAL EXPENSES</b>	\$ -	\$ -
3-25					<b>GRAND TOTAL (ALL FUNDS)</b>	\$ 239,462	\$ -
3-26	Interfund Transfers (in)	\$ -	\$ -	\$ -	Net Interfund Transfers (In) Out	\$ -	\$ -
3-27	Interfund Transfers Out	\$ -	\$ -	\$ -	Other [specify: ] [enter negative for expense]	\$ -	\$ -
3-28	Other Expenditures (Revenues)	\$ -	\$ -	\$ -	Depreciation/Amortization	\$ -	\$ -
3-29		\$ -	\$ -	\$ -	Other Financing Sources (from line 2-28)	\$ -	\$ -
3-30		\$ -	\$ -	\$ -	Capital Outlay (from line 3-14)	\$ -	\$ -
3-31		\$ -	\$ -	\$ -	Debt Principal (from line 3-15, 3-18)	\$ -	\$ -
3-32	(Add lines 3-26 through 3-31) <b>TOTAL TRANSFERS AND OTHER EXPENDITURES</b>	\$ -	\$ -	\$ -	(Add lines 3-27, 3-30, and 3-31, subtract lines 3-28 and 3-29) <b>TOTAL GAAP RECONCILING ITEMS</b>	\$ -	\$ -
3-33	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-36 less line 3-24, less line 3-32	\$ 49,872	\$ -	\$ -	Net Increase (Decrease) in Net Position Line 2-30, less line 3-24, plus line 3-32, less line 3-29	\$ -	\$ -
3-34	Fund Balance, January 1 from December 31 prior year report	\$ -	\$ -	\$ -	Net Position, January 1 from December 31 prior year report	\$ -	\$ -
3-35	Prior Period Adjustment (MUST explain)	\$ 200,283	\$ -	\$ -	Prior Period Adjustment (MUST explain)	\$ -	\$ -
3-36	Fund Balance, December 31 Sum of Lines 3-33, 3-34, and 3-35 This total should be the same as line 1-37.	\$ 249,955	\$ -	\$ -	Net Position, December 31 Sum of Lines 3-33, 3-34, and 3-35 This total should be the same as line 1-37.	\$ -	\$ -

IF GRAND TOTAL EXPENDITURES FOR ALL FUNDS (Line 3-25) ARE THAN \$750,000 - STD,  
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) 869-3000 for assistance.

Please use this space to provide explanation of any item on this page

**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? <i>(If 'No' is checked, skip to question 4-5)</i> <i>(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Please use this space to provide any explanations or comments	
4-2 Is the debt repayment schedule attached? If no, MUST explain:	<input type="checkbox"/>	<input type="checkbox"/>		
4-3 Is the entity current in its debt service payments? If no, MUST explain:	<input type="checkbox"/>	<input type="checkbox"/>		
4-4 Please complete the following debt schedule, if applicable: <i>(please only include principal amounts)</i> <i>(enter all amounts as positive numbers)</i>				
	Outstanding at end of prior year	Issued during year	Retired during year	Outstanding at year-end
General obligation bonds	\$	\$	\$	\$
Revenue bonds	\$	\$	\$	\$
Notes/Loans	\$	\$	\$	\$
Lease & SBITA** Liabilities (GASB #7 & 96)	\$	\$	\$	\$
Developer Advances	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

\*\*Subscription-Based Information Technology Arrangements  
\*\*\*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes.

	Yes	No
4-5 Does the entity have any authorized but unissued debt as of its fiscal year-end [Section 29-1-605(2) C.R.S.]?	<input type="checkbox"/>	<input type="checkbox"/>
How much?	\$	
Date the debt was authorized:		
NEW 4-6 Is the authorized but unissued debt further limited by the entity's most recent Service Plan?	<input type="checkbox"/>	<input type="checkbox"/>
How much?	\$	
Date of the most recent Service Plan:		
4-7 Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	<input type="checkbox"/>
How much?	\$	
4-8 Does the entity have debt that has been refinanced that it is still responsible for?	<input type="checkbox"/>	<input type="checkbox"/>
What is the amount outstanding?	\$	
4-9 Does the entity have any lease agreements?	<input type="checkbox"/>	<input type="checkbox"/>
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?	\$	

**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	\$ 249,955		Please use this space to provide any explanations or comments
5-2 Certificates of Deposit	\$		
<b>TOTAL CASH DEPOSITS</b>	\$ 249,955		
5-3 INVESTMENTS (If investment is a mutual fund, please list underlying fund symbol(s))	\$		
	\$		
	\$		
	\$		
<b>TOTAL INVESTMENTS</b>	\$		
<b>TOTAL CASH AND INVESTMENTS</b>	\$ 249,955		

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

	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.]? If no, MUST explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS**

Please answer the following questions 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  
 (If No is checked, skip the rest of Part 6)
- 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 & Right-To-Use Assets table for GOVERNMENTAL FUNDS:

	Balance - beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction in Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
Intangible Assets	\$ -	\$ -	\$ -	\$ -
Other (explain)	\$ -	\$ -	\$ -	\$ -
Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

6-4 Complete the following Capital & Right-To-Use 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)	\$ -	\$ -	\$ -	\$ -
Leased & SBITA Right to-Use Assets	\$ -	\$ -	\$ -	\$ -
Intangible Assets	\$ -	\$ -	\$ -	\$ -
Other (explain)	\$ -	\$ -	\$ -	\$ -
Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

\* Must agree to prior year-end balance.  
 \* Generally, unless stated otherwise, should be reported as capital funds on line 5, 1A and capitalized as a variance with the general fund (04) 0422600000. Please do not enter any discrepancy.

**PART 7 - PENSION INFORMATION**

Please answer the following questions 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" firefighters' pension plan?  Yes  No
- 7-2 Does the entity have a volunteer firefighters' pension plan?  Yes  No

7-3 Who administers the plan? \_\_\_\_\_

Indicate the contributions from:

Tax (property, 50 taxes, etc.)	\$ -
State contribution amount	\$ -
Other (gifts, donations, etc.)	\$ -
<b>TOTAL</b>	\$ -

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1? \$ -





**PART 11 - GOVERNING BODY APPROVAL**

Please answer the following question by marking in the appropriate box.

Yes No

11-1 If you plan to submit this form electronically, have you read the Electronic Signature Policy?  Yes  No

**Office of the State Auditor — Local Government Division - Exemption Form Electronic Signature Policy and Procedures**

Policy - Requirements



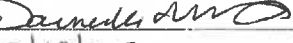




- The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or EchoSign. Required elements and safeguards are as follows:
- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
  - The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
  - Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following two methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either:
  - a. Include a copy of an adopted resolution that documents formal approval by the Board; or
  - b. Include electronic signatures obtained through a software program such as DocuSign or EchoSign in accordance with the requirements noted above.

Within the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that the 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 more than \$100,000 but not more than \$750,000 must have an application prepared by an independent accountant with knowledge of governmental accounting, consistent to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print or type the names of ALL members of the governing body below.  
A MAJORITY of the members of the governing body must sign below.

Board Member 1	Board Member's Name: Tom Anderson	Signature: 	Date: 3-14-2025
Board Member 2	Board Member's Name: Brittney Surniak	Signature: 	Date: 3-18-2025
Board Member 3	Board Member's Name: Dawnelle Mathis	Signature: 	Date: 3/18/25
Board Member 4	Board Member's Name: Mike Archuleta	Signature: 	Date: 3/18/2025
Board Member 5	Board Member's Name: Matthew Whitley	Signature: 	Date: 3-18-2025
Board Member 6	Board Member's Name: Michael Mandrell	Signature: 	Date: 3/18/25
Board Member 7	Board Member's Name: Joshua Johnson	Signature: 	Date: 3/18/25

**PART 11 - GOVERNING BODY APPROVAL**

Print the names of all current governing board

A MAJORITY of the governing board members must complete and sign in the column below.

Board Member 8	Print Board Members Name <u>Justine Beach</u>	I <u>Justine Beach</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>3-18-2025</u> My term Expires: _____
Board Member 9	Print Board Members Name <u>Mike Lening</u>	I <u>Mike Lening</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>3-18-2025</u> My term Expires: _____
Board Member 10	Print Board Members Name <u>Nancy Bartlowick</u>	I <u>Nancy Bartlowick</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>3-18-2025</u> My term Expires: _____
Board Member 11	Print Board Members Name <u>Shane Roberts</u>	I <u>Shane Roberts</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>3-18-25</u> My term Expires: _____
Board Member 12	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 13	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 14	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 15	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ My term Expires: _____