

# Office of the State Auditor Town Financial Reporting Form

Towns Reporting using the Cash Basis of Accounting

Town of: Stanford

#### For the Year Ended December 31, 2009

Please complete this form per Minn. Stat. Sec. 6.74

and return it by March 1st.

NOTE: THIS FORM SHOULD AGREE WITH THE FINANCIAL STATEMENT TOTALS

This report has been prepared from the records of the town and includes, to the best of my knowledge, all transactions for all funds of the town for the year ended December 31, 2009.

Please provide the address, email address and telephone numbers for the work location(s) at which you conduct local government business.

THIS INFORMATION IS PUBLIC; IT WILL BE AVAILABLE TO ANYONE ON REQUEST.

First Name Middle Name Last Name Title    First Name   Middle Name   Last Name   Title	Primary Contact:	Brenda	Lee	Springer	Treasurer
Form Preparer  From Name  First Name  First Name  Middle Name  Famil Address  Daudt  First Name  Middle Name  Last Name  (763) 856-2245  Phone Number  Famil Address  Town Mailing Address:  5050 281st Ave NW   Leant  MN  Stoude  I have reviewed the contact information and no changes were required.  Audit Firm:  Audit Firm:  Audit Firm:  Audit Firm  Contact:  First Name  Middle Name  Middle Name  Last Name  Mn  Stoude  Tritle  First Name  Middle Name  Last Name  Title  Town Mailing Address:  Leant  MN  Stoude  Audit Firm:  Audit Firm:  First Name  Middle Name  Last Name  Last Name  Title  Title  Phone Number  First Name  Middle Name  Last Name  Title  Title  Phone Number  First Name  Middle Name  Last Name  Title  Title  Phone Number  First Name  Middle Name  Last Name  Title  Title  Phone Number  First Name  Middle Name  Last Name  Title		First Name	Middle Name	Last Name	Title
Form Preparer:    Brenda   Lee   Springer   Treasurer		(763) 464-2320	rbaspringer@Netscape.ne	t	
First Name (763) 484-2320 rbaspringer@Netscape.net		Phone Number	Email Address		
Town Mailing Address   So50 261st Ave NW   State   S	Form Preparer:	Вгелда	Lee	Springer	Treasurer
Phone Number Email Address  own Board Chair:  First Name (763) 856-2245  Phone Number Email Address  Phone Number Email Address  Final Address  First Name (763) 856-2245  Phone Number Email Address  Substituting Address  City State Zip Code  I have reviewed the contact information and no changes were required.  I have reviewed the contact information and have made the necessary changes.  Audit Firm:  Audit Firm  Contact:  First Name Middle Name Last Name Title  Phone Number Email Address  Cost of Financial Statement Preparation		First Name	Middle Name	Last Name	Title
own Board Chair:    First Name		(763) 464-2320	rbaspringer@Netscape.ne	<u> </u>	
First Name (763) 856-2245  Phone Number Email Address  Town Mailing Address:    So50 281st Ave NW		Phone Number	Email Address		
Town Mailing Address:    Phone Number   Email Address	own Board Chair.		Greg	Daudt	
Town Mailing Address:    So   281st Ave NW			Middle Name	Last Name	
Source   S		Phone Number	Email Address		
City State Zip Code  I have reviewed the contact information and no changes were required.  I have reviewed the contact information and have made the necessary changes.  Audit Firm:  Audit Firm Contact:  First Name Middle Name Last Name Title  Phone Number Email Address  Cost of Financial Statement Preparation	Address:	5050 261st Ave NW			
City State Zip Code  I have reviewed the contact information and no changes were required.  I have reviewed the contact information and have made the necessary changes.  Audit Firm:  Audit Firm  Contact:  First Name Middle Name Last Name Title  Phone Number Email Address  Cost of Financial Statement Preparation					
I have reviewed the contact information and no changes were required.  I have reviewed the contact information and have made the necessary changes.  Audit Firm:  Audit Firm Contact:  First Name Middle Name Last Name Title Phone Number Email Address  Cost of Financial Statement Preparation				MN	55040
I have reviewed the contact information and have made the necessary changes.  Audit Firm:  Audit Firm  Contact:  First Name  Middle Name  Last Name  Title  Phone Number  Email Address  Cost of Financial Statement Preparation	0	•			Zip Code
Audit Firm Contact: First Name Middle Name Last Name Title Phone Number Email Address  Cost of Financial Statement Preparation	I have r	eviewed the contact inform	ation and have made the ne	cessary changes.	
Contact:  First Name  Middle Name  Last Name  Title  Phone Number  Email Address  Cost of Financial Statement Preparation	Audit Firm:				
Phone Number Email Address  Cost of Financial Statement Preparation					
Cost of Financial Statement Preparation		First Name	Middle Name	Last Name	Title
(0.41) 14 1 3		Phone Number	Email Address		

For Further Information Contact:

Government Information Division 525 Park Street, Suite 500 Saint Paul, Minnesota 55103

Phone: (651) 297-3682/Fax: (651) 282-2391

E-mail Financial Statements to: E-mail Questions to: Web site:

cashtown@auditor.state.mn.us GID@auditor.state.mn.us www.auditor.state.mn.us

Type of Entity:	Town	Name:	Stanford
County of:		Isanti	

## **SECTION I: REVENUES**

Inclu	de all governmental funds, expendable trust funds and component units. Exclude enterprise funds.			the Year Ended ember 31, 2009
i			Dett	Amount
	XES		(round	to nearest dollar)
1		1		474,176
2	Tax Increments (TIF)	2		
3	Franchise Taxes - (fee from private sector only) e.g. Cable TV	3	\$	351
5	Hotel/Motel Taxes	5		
6	Gambling Tax	6		
7	Gravel Tax	7		
8	SPECIAL ASSESSMENTS (include delinquent charges)	Q	8	35,895
9	LICENSES AND PERMITS	9		
INT	ERGOVERNMENTAL REVENUES		<u> </u>	
1.0	FEDERAL - Community Development Block Grants (CDBG,SCDPG			
10	include Entitlements CFDA #14.218,14.219,14.228)	10		
12	- Transportation	12		
14	- Emergency Management Aid	14		
15	- Other rederal Grants	15		
18	STATE - Residential Market Value Credit	18	S	33,829
19	- Agricultural Market Value Credit	10		33,027
20	- Manufactured Home Market Value Credit	20		
21	- Taconite Homestead Credit	21		
22	- Taconite Aids	22		
23	- PERA Aid	23	S	27
24	- Transportation/Highway User Tax/Gasoline Tax	24	\$	57
25	- Disparity Reduction Aid (DRA)	25	Ψ	18,162
29	- Other State Grants and Aids (police, fire) (payments in lieu of taxes)	29		
30	COUNTY - Highways	30	<del></del>	
31	- Other County Grants	L		
32	LOCAL UNITS - IRRRB Grants	31		
33	- Other Local Units Grants.	32		
34 '	TOTAL INTERGOVERNMENTAL REVENUES (add lines 10 - 33)	33	•	
CHA	RGES FOR SERVICES	34	\$	52,048
35		_		
36	General Government (include auto registration, filing fees)	35		
37	Police and Fire Contracts  Other Public Safety (include ambulance)	36		
38	Other Public Safety (include ambulance)	37		
39	Streets and Highways	38		
41	Garbage, Recycling and Other Refuse (enterprise fund accounting preferred)		\$	2,717
44	Parks and Recreation (include hall rent, community center, park dedication fees)	41	\$	205
45	Cemetery (include plot sales).	44		
	Other Service Charges (include S.A.C., rents)	45		
40 ]	OTAL CHARGES FOR SERVICES (add lines 35 through 45)	46	S	2,922
4/	FINES AND FORFEITS (35000)	47		
	CEDUANEOUS REVENUES	· .		
48	Investment Earnings (checking, savings and investments)	48□	\$	836
49	All Other Revenue Gopher bounty reimbursement and refunds	` <b> </b>	-	
	(identify)			1 (
<b></b>		49	\$	1,267
50	TOTAL REVENUES (should equal total on financial statement)	50	s	567,495
ОТИ	ER FINANCING SOURCES	-	4	307,473
51	Investments Cold or matural (OD)			
52	Investments - Sold or matured (CDs., savings withdrawals, etc.)	51		
22	Borrowing - Bonds Issued (net proceeds)	52		

53	- Other Long-term Debt	53	
54	- Short-term Debt	54	
55	Other Financing Sources (Include Interfund Debt)	55	
56	Operating Transfers from Enterprise Funds and Internal Service Funds	56	
57	Operating Transfers from Governmental Funds	57	
58	TOTAL REVENUES AND OTHER FINANCING SOURCES	58	\$ 567,495

#### SECTION II: EXPENDITURES

For the Year Ended Include all governmental funds, expendable trust funds and component units. Exclude enterprise funds (sewer, etc.). December 31, 2009 Amount GENERAL GOVERNMENT (round to nearest dollar) Governing Board . .... 1 8 7,104 Administration and Finance (clerk/treasurer, deputy clerk, etc.) 17,163 Other General Government (elections, assessing, audit, legal, etc.) 25,375 General Government - Capital Outlay ..... PUBLIC SAFETY Police/Sheriff - Current Expenditures (include police relief, forfeiture fund) ..... - Capital Outlay 6 Ambulance - Current Expenditures (include rescue squad, 1st responders) ..... 10 - Capital Outlay \_\_\_\_\_\_\_\_10 11 79,218 - Capital Outlay ...... 12 12 13 14 STREETS AND HIGHWAYS (Roads and Bridges) 264,339 17 9,368 19 20 21 SANITATION (EXCLUDE SEWER) Garbage and Other Refuse Collection and Disposal (enterprise fund accounting preferred) ...... 22 23 2,411 CULTURE AND RECREATION 35 1,265 36 HOUSING AND ECONOMIC DEVELOPMENT 37 38 39 40 MISCELLANEOUS EXPENDITURES 47 48 49 Insurance (if not allocated) ...... 50 \$ 50 9,736 51 All Other - Current Expenditures (identify) 51 - Capital Outlay (ONLY items not classified elsewhere) ...... 52 52 Capital Project Fund Outlay for Enterprise Funds (water, sewer, etc.)..... 53 53 TOTAL CURRENT EXPENDITURES Calculate (lines 1,2,3,5,7,9,11,13,15,16,17,18,19,22,23,25,27,28,29,31,33,35,37,39, 41,43,45,47,49,50,51).... 54 54 415,979 TOTAL CAPITAL OUTLAY 55 Calculate (lines 4,6,8,10,12,14,20,21,24,26,30,32,34,36,38,40,42,44,46,48,52,53).... DEBT SERVICE Principal Payments on Other Long-term Debt and Short-term Debt ...... 57 57 TOTAL EXPENDITURES (should equal total on financial statement) Calculate (Sum Lines 54 through 58)..... 59 59 **\$** 415,979

OTH	IER FINANCING USES			
60	Investments - Purchased (CDs., savings deposits, etc.)	60		
61	Principal Payments - Refunded Bond (payment to escrow agent)	61		
62	Other Financing Uses (Include Interfund Debt)	62		
0.3	Operating Transfers to Enterprise Funds and Internal Service Funds	63		
64_	Operating Transfers to Governmental Funds	64		
	TOTAL EXPENDITURES AND OTHER FINANCING USES			
65	Calculate (Sum Lines 59 through 64)	65	S	415,979
				410,777

#### SECTION IV: DEBT STATEMENT - ALL FUNDS

For the Year Ended December 31, 2009

	TYPE OF BONDS	BEGINNING OF THE YEAR (a)	ISSUED DURING THE YEAR (b)	PAID BURING THE YEAR (c)	END OF YEAR
1	General Obligation			12111(6)	END OF TEAR
2	G.O. Tax Increment			-	
3	Revenue Tax Increment				
4	G.O. Special Assessment				
5	G.O. Revenue (G.O. backed)				
6	Revenue				
7	Other (MSAH, etc.)				
8	TOTAL BONDED DEBT	S	s	S -	
9	Refunding Bonds (included in debt statement - lines 1-7)				
<u> </u>	OTHER LONG-TERM DEBT				
10	Installment Purchase Contracts				
11	Certificates of Indebtedness				
12	Notes (PFA)				
13	Other Long-term Debt				
14	TOTAL OTHER LONG-TERM DEBT	S .	s _	S	s -
15	SHORT-TERM DEBT				
16	INTERFUND DEBT				
	ACCOUNTS PAYABLE	General Fund	Special Revenue Funds	All Other Funds	Total All Funds
17	December 31				







# SECTION VI: EMPLOYEE SALARY AND BENEFITS

For the Year Ended December 31, 2009

GO	VERNMENTAL FUND EMPLOYEES	
	ENERAL GOVERNMENT (Administration)	
	1 Number of Full-time Employees	
	2 Number of Part-time Employees	
ľ	3 Total Amount of Salaries/Wages Paid to General Government Employees	
1	4 Total Amount of Benefits for General Government Employees	
PC	LICE/SHERIFF/CORRECTIONS DEPARTMENT	4 \$ 9,348
	5 Number of Full-time Employees	· · · · · · · · · · · · · · · · · · ·
	6 Number of Part-time Employees	5
1	7 Total Amount of Salaries/Wages Paid to Department Employees	6
- 1	8 Total Amount of Benefits for Department Employees	7
FI	RE DEPARTMENT	8
i	9 Number of Full-time Employees	
1	Number of Part-time Employees	9
1	Total Amount of Salaries/Wages Paid to Fire Department Employees	10
11	2 Total Amount of Benefits for Fire Department Employees	11
ST	REET/HIGHWAY/ROAD DEPARTMENT	12
1:	Number of Full-time Employees	-
1 1	and the control of th	13
1:	Number of Part-time Employees	14
10	Total Amount of Salaries/Wages Paid to Street Department Employees	15
SAI	Total Amount of Benefits for Street Department Employees	16
17		
18	Number of Full-time Employees	17
19	Number of Part-time Employees	18
20	Total Amount of Salaries/Wages Paid to Sanitation Department Employees	. 19
PAI	Total Amount of Benefits for Sanitation Department Employees	. 20
33	Number of Full-time Employage	
34	Number of Full-time Employees	. 33
35	Number of Part-time Employees	. 34
36	Total Amount of Salaries/Wages Paid to Park and Recreation Department Employees	35
ECC	Total Amount of Benefits for Park and Recreation Department Employees	. 36
37	Number of Full-time Employees	
38	Number of Full-time Employees	37
39	Number of Part-time Employees	38
40	Total Amount of Salaries/Wages Paid to Economic Development Employees	. 39
ſ	Total Amount of Benefits for Economic Development Employees  OTHER GOVERNMENTAL FUND EMPLOYEES	40
45	Number of Eull time EmployEES	
46	Number of Part time Employees	45
47	Trainer of Fartune Employees	
48	Total Fundament of Balancs/ Wages Paid to All Other Governmental Fund Employees	
	Total Timodate of Benefits for All Other Governmental Fund Employees	48
49	AL GOVERNMENTAL FUND EMPLOYEES	
50	Number of Full-time Employees	49 1.00
	Number of Pari-time Employees	50 5.00
51	Total Amount of Salaries/ Wages Paid to All Governmental Fund Employees	51 \$ 51,294
52 Enteres	Total Amount of Benefits for All Governmental Fund Employees	52 \$ 9,348
	C MOD FOUD EMI LOTEE	110-5-1
53	Number of Part-time Employees	53
54	Trained of Fartime Employees	54
55 56	Total Amount of Salaries/ Wages Paid to Enterprise Fund Employees	55
56	Total Pariotal of Deficial for Enterprise Fund Employees	56
	CONTROLLED DESCRIPTION	<del></del>
57 50	Number of Retired Employees Receiving Post-Retirement Benefits	57
58	Total Amount of Post-Retirement Benefits Paid	58
		~~ <u> </u>

Benefits include employer contributions for insurance, deferred compensation, and retirement benefits, including P.E.R.A. and F.I.C.A.

#### SECTION VII - SPECIAL DISTRICTS

If you are member of a special district, please identify below:

NAME OF DISTRICT	TYPE OF DISTRICT	GOVERNING BODIES OF ORGANIZATION
1		
2		
3		
4		
5		

#### SECTION VIII - JOINT POWERS AGREEMENT

If you participate in one or more joint powers agreement, please identify below:

ORGANIZATION	PURPOSE OF AGREEMENT	PARTICIPATING GOVERNMENTAL UNITS	INCLUDED IN REPORT
[ Isanti Fire District	Fire Protection	Bradford Township, Oxford Township, Spenser Brook Township, Isaati Township, Athens Township and the City of Isaati	<b></b> Yes
2			□ ув
3			Ove
4			Dys
5			☐.Yeş
6			□ye
7			□ ya
8			□Ye
9			□ ¥e
10			

### **SAFES Submit Form**

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Contact Information: The contact information required in the forms is public information; it will be available to anyone on request.

Office 2007 users: To successfully submit a form, it MUST be saved in the older Office 2003 format. In Office 2007, choose Save As -> Excel 97-2003 Workbook. The file will have a .xls extension.

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Upload File

Thank you. Your submission has been received.

Confirmation ID: f099ae5c-730c-42ec-83d8-09d0cd666822

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