#### APPLICATION FOR EXEMPTION FROM AUDIT

#### LONG FORM

# FOR LOCAL GOVERNMENTS WITH EITHER REVENUES OR EXPENDITURES MORE THAN \$100,000 BUT NOT MORE THAN \$750,000

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 for the year

If your local government has either revenues or expenditures of LESS than \$100,000, use the SHORT FORM.

### EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting 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) for approval

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

### READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

WITH A DECEMBER 31 YEAR-END 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

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 AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT THIS ADDRESS

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

#### Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.) Will this application be submitted via Fax or Email? Has the application been PERSONALLY reviewed and approved by the governing body? Has the preparer signed the application? Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section? Are all sections of the form complete, including responses to all of the questions? Has the entity corrected all Prior Year Deficiencies as communicated by the OSA? If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body? Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.) If yes, have you read and understand the new Electronic Signature Policy? See Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting? Have you included a resolution? new policy FILING METHODS nere CHECKLIST Checkout our new web portal. Register your account and submit electronic Applications for Exemption From Audit, Extension of See the link below. Time to File requests, Audited Financial Statements, and morel OSA LG Web Portal

NEW METHOD! WEB PORTAL: Reigster and submit your Applications at our new portal

https://apps.leg.co.gov/osa/ig

MAIL: Office of the State Auditor Local Government Audit Division

Denver, CO 80203 1525 Sherman St., 7th Floor

EMAIL: osa.lg@state.co.us FAX: 303-869-3061

QUESTIONS? 303-869-3000

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 -- A Budget to GAAP reconciliation is provided in Part 3 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.

that event, AN AUDIT SHALL BE REQUIRED

No Assurance Provided

### APPLICATION FOR EXEMPTION FROM AUDIT

	ONG FOR	<b>S</b>		
dian Hills Fire Protection District				For the Year Ended
176 Paramies Guich				12/31/2020
dian Hills, Co 80454				or fiscal year ended:
nita Fritz				
)3/697-4568				
ficemanager@lhfr.org				
CERTIFICA	ATION OF	PREPARE	,	
Ith knowledge of governmental accounting and that the information if revenues or expenditure are at least \$100,000 but not more the	on in the Application in the Application and I	on is complete and that independent n	accurate to the best of my knowledge. I am aware teams someone who is separate from the entity.	e that the Audit Law requires that a person
regory Viergutz, CPA				
nareholder				
arc, James and Associates, PC				
45 Shea Center Drive, Suite 400; Highlands Ranch, CO 80129				
0/344-4938				
16/2021				
dependent Certified Public Accountants				
5)				The second second
ed, a Title 32, Article 1 Special District Notice of Inactive	YES	NO		
24 special districts only, pursuant to sections 32-1-103 (9:3)		Q	If Yes, date filed:	
	ADDRESS  Indian Hills Fire Protection District  4476 Paramise Guich  Anita Fritz PHONE EMAIL PHONE EMAIL PHONE EMAIL PHONE EMAIL I certify that I am an independent accountant with knowledge of governmental accounting and that the informatic independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more th Shareholder  TITLE FIRM NAME (# applicable) ADDRES PHONE PHONE PHONE FIRM NAME (# applicable) ADDRES PHONE PHONE PHONE PHONE FIRM NAME (# applicable) ADDRES PHONE PHONE PHONE PHONE Shareholder Marc, James and Associates, PC 1745 Shea Center Drive, Suite 400; Highlands Ranch, CO 80129  1745 Shea Center Drive, Suite 400; Highlands Ranch, CO 80129  1746/2021 Independent Certified Public Accountants PREPARER (SIGNATURE REQUIRED)  PREPARER (SIGNATURE REQUIRED)  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.]	dian Hills Fire Protection District  476 Paramies Guich  dian Hills, Co 80454  nita Fritz  13/697-4568  ficemanager@lifr.org  ficemanager@lifr.org  CERTIFICATION OF I  ith knowledge of governmental accounting and that the information in the Application in frevenues or expenditure are at least \$100,000 but not more than \$750,000, and regory Viergutz, CPA  1archolder  1archolder  15. Shea Center Drive, Suite 400; Highlands Ranch, CO 80129  16/2021  dependent Certified Public Accountants  1d. a Title 32, Article 1 Special District Notice of Inactive  2 Special districts only, pursuant to Sections 32-1-103 (9.3)	dian Hills Fire Protection District  176 Paramies Guich  177 Paramies Guich  178 Param	LONG FORM  ATION OF PRE ation in the Application is o than \$750,000, and that in

### PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

\*Indicate Name of Fund NOTE: Attach additional sheets as necessary.

	es	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	1,201,674 \$	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE 8
		Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13		Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13
	<del>ර</del> ා	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL NET POSITION	798,100 \$	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL FUND BALANCE
	1	Undesignated/Unreserved/Unrestricted	791,400 \$ -	Unassigned:
	49	Restricted	69	ocify]
	69	Other Designations/Reserves	49	Committed [specify]
	69	Emergency Reserves	6,700 \$ -	
			€9.	~
	-	Net Investment in Capital Assets	40	Nonspendable Prepaid \$
			-	
	A 6	INEL OW	-	NFLOWS OF RESOURCES
		(add lines 1-19 through 1-27) TOTAL LIABILITIES	41 783 6	(add lines 1-19 through 1-27) TOTAL HABILITIES &
			9 6	<i>S S S S S S S S S S</i>
9 9 9			n e	n e
3 1			-	n 6
-			-	9 6
			-	9
1		Other Liabilities [specify]:		9 45
-		Proprietary Debt Outstanding (from Part 4-4)	. 65	All Other Liabilities [specify]
-		TOTAL CURRENT LIABILITIES	41,783 \$ -	TOTAL CURRENT LIABILITIES \$
49	69	All Other Current Liabilities	1	1
-		Due to Other Entities or Funds	69	Due to Other Entitles or Funds
<b>G</b>	49	Accrued Interest Payable	59	Accrued Interest Payable
·		Accrued Payroll and Related Liabilities	2,839 \$ -	ted Liabilities
4	69	Accounts Payable	38,944 \$ -	, , ,
Моначинулин делания пинана на				Liabilities
S		TOTAL ASSETS AND DEFERRED OUTFLOWS	1,201,674 \$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS: \$
-	-	TFLOWS	- - -	TOTAL DEFERRED OUTFLOWS OF RESOURCES \$
5		(add lines 1-1 through 1-10) TOTAL ASSETS	1,201,674 \$ -	(add lines 1-1 through 1-10) TOTAL ASSETS \$
-	-		· 69	69
49			. 69	69
49			- &	69
		Other Long Term Assets [specify]		69
49	<b>6</b> 9	Capital Assets, net (from Part 6-4)	- 49	\$
-		Total Current Assets	361,791 \$ -	Property taxes receivable
49		Other Current Assets		All Other Assets [specify]
\$	69	Due from Other Entitles or Funds	49	Due from Other Entitles or Funds
·	69	Receivables	47,390 \$ -	Receivables
49	<b>69</b>	Investments	676,724 \$ -	Investments
€9	€A	Cash & Cash Equivalents	115,769 \$ -	Cash & Cash Equivalents
items on this page		Assets		Assets
Fund provide explanation of any	Fund*	Description	General Fund*	Description
Proprietary/Fiduciary Funds	Proprietary/Fig		Governmental Funds	

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

		CTER DOD CTOR Von manufacture this form An analysis	201 and CEEATER II		GODANO TOTAL DEVENIES AND OTHER PROMOTORS OF THE PROMOTOR	March Confession
5 624 846	ı P	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	i:9	624.846	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	5-29
GRAND TOTALS	·	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES §	€9 1	69	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	2-28
	·	Other [specify]:	69	i.	Other [specify]:	2-27
	· •	Developer Advances	G9	1	Developer Advances	2-26
	- -	Debt Proceeds	49	49	Debt Proceeds	2.25
		Other Financing Sources			Other Financing Sources	
,	t	Add lines 2-8 through 2-23 STOTAL REVENUES	49	\$ 624,846	Add lines 2-8 through 2-23 TOTAL REVENUES	2-24
	69	CO.	-	69		2-23
	t	All Other [specify]:	49	\$ 1,112	All Other [specify]: Miscellaneous	2-22
	49	Proceeds from Sale of Capital Assets	-	-	Proceeds from Sale of Capital Assets	2-21
	± €9	Tap Fees	69	-69	TapFees	2-20
	Ф	Interest/Investment Income \$	-69	\$ 5,359	Interest/Investment Income	2-19
	· 69	Fines and Forfelts	49	49	Fines and Forfelts	2-18
	- -	Rental Income \$	←	69	Rental Income	2-17
•	- €9:	Charges for Sales and Services \$	-	\$ 59,372	Charges for Sales and Services	2-16
•	- -	Donations \$	€A	€9 1	Donations	215
	69	Grants \$	€9 1	\$ 165,325	Grants	2-14
•	- -	Fire & Police Pension	-	-	Fire & Police Pension	2-13
	- -	Community Development Block Grant \$	-	-	Community Development Block Grant	2-12
	1 69	Conservation Trust Funds (Lottery)	69	49	Conservation Trust Funds (Lottery)	2-11
	69	Highway Users Tax Funds (HUTF)	€9 -	<b>-</b>	Highway Users Tax Funds (HUTF)	2-10
1	- -	Licenses and Permits	€9 1	<del>-</del>	Licenses and Permits	2-9
,	·	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	69	\$ 393,678	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	
	- <del>-</del>	co.	-	69		2-7
1		69	69	69		9
	- -	69	49	-		2-5
	49	Other Tax Revenue [specify]:	69	-	Other Tax Revenue [specify]:	2-4
	69	Sales and Use Tax \$	69	49	Sales and Use Tax	2-3
	· 69		€A	\$ 27,468	Specific Ownership	2-2
3.5	69	Property [include mills levied in Question (0-6]	€A	\$ 366,210	Property [include mile levied in Question 10-6]	7-1
items on this page		Tax Revenue			Tax Revenue	
Please use this space to	Fund* Fund*	Description	Fund*	General	Description	Line #
	Proprietary/Fiduciary Funds		ntal Funds	Governmental Funds		
		Ĩ				

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

	A SOA O D S	not use this form. An audit may be required. See Section 2	1 000 - STOP. You may	EATER than \$750	IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29.1-504. C.R.S. or contact the OSA Local Government Division at	FGR
	(A)	This total should be the same as line 1-36.	69	\$ 798,100	This total should be the same as line 1-36.	
		Line 3-30 plus line 3-31				
		Net Position, December 31				ယ ယ ယ
	es es	Prior Period Adjustment (MUST explain)	69	69	-32 Prior Period Adjustment (MUST explain)	3-32
	(A)	report	69	\$ 759,915	TO THE	
		Net Position, January 1 from December 31 prior year				မှ သ
		line 3-24	69	\$ 38,185	Line 2-29, less line 3-22, plus line 3-29	
		Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-23, less	***************************************			3-30
	ь ь	TOTAL GAAP RECONCILING ITEMS	69	G		
	G.		-	8		3-29
	- G	Capital Outlay (from line 3-14)		66	20	2 6 6
		Other Financing Sources (Uses) (from line 2-28)	69	69	-20	3 2-20
	- GO	Depreciation	69	69	-25 Other Expenditures (Revenues):	3-25
	- 49	Other [specify][enter negative for expense]	69	69		3-24
		Net Interfund Transfers (In) Out		69		3-23
\$ 586,661	· · · · · · · · · · · · · · · · · · ·	Add lines 3-1 through 3-21 TOTAL EXPENSES	61 &	\$ 586,661		3-22
GRAND TOTAL			69	G		3-21
	- 49	All Other [specify]:	· 69	GA	-20 All Other [specify]:	3-20
	- 69	Developer Interest Repayments	9	69		3-19
	- 69	Developer Principal Repayments	69	69		- C
	- 69	Bond Issuance Costs	69	69		3-17
	<b>S</b>	Interest	69	€9		μ -1 6
	1 69	Principal	- -69	မေ	-15 Principal	3-15
	And the second s	Debt Service			De	
		Capital Outlay	44 \$	\$ 348,644		3-14
			69	69		<b>ω</b>
	1	Other [specify]	69	69		3-12
		Contributions to Fire & Police Pension Assoc.	69	69	-11 Other [specify]:	3-11
	ı G	Utilities	69	G	1-10 Transfers to other districts	3-10
		Supplies	$\rightarrow$		3-9 Culture and Recreation	3-9
, popularita		Repair and Maintenance	08	\$ 5,408	3-8 Health	ယ္
	· ·	Accounting and Legal Fees	-	\$ 15,053	3-7 Contributions to Fire & Police Pension Assoc.	3-7
		Insurance	- CA	ക	3-6 Solid Waste	ა- 6
		Employee Benefits	⊢ i		3-5 Highways & Streets	ယ္
		Contract Services	-	\$ 48,654	3-4 FIre	3-4
	-	Payroll Taxes	69	G		ယ
	- -	Salaries	- -		3-2 Judicial	3-2
ingins on mis page	69	General Operating & Administrative	69	\$ 168,902	3-1 General Government	<u>ب</u>
trans on this page	22300	Expenses			Expenditures	
Please use this space to		Description	Fund*	General	The # Description	Line
NAME OF THE PARTY	Proprietary/Fiduciary Funds		Governmental Funds	Gover		

IF GRAND TOTAL EXPENDITU (303) 869-3000 for assistance. audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at

Ç1 5-4

Please answer the following question by marking in the appropriate box

Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?

TOTAL CASH AND INVESTMENTS

676,724

**₽** YES S

□ □ ₹

□ □ ¥

676,724 792,493

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:

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COLOTrust

					THE REPORT OF THE PARTY OF THE	
	115,769	89	TOTAL CASH DEPOSITS	TOTAL	STREET, STREET	
		69			Certificates of deposit	5-2
		\$ 115,769			YEAR-END Total of ALL Checking and Savings accounts	
Please use this space to provide any explanations or comments:	101AL P	AMOUNT			Please provide the entity's cash deposit and investment balances.	
	S	PART 5 - CASH AND INVESTMENTS	ASH AND IT	PART 5 - C		
				69	What are the annual lease payments?	
					Is the lease subject to annual appropriation?	: =
					Number of years of lease?	
					What is the original date of the lease?	, <
					what is being leased?	yes: v
	E				Does the entity have any lease agreements?	4-8
	1			69	what is the amount outstanding?	
	4		_	for?	Does the entity have debt that has been refinanced that it is still responsible for?	
	]	i		69	HOW MUCH?	
	<		_		Does the entity intend to issue debt within the next calendar year?	
		I			Date the debt was authorized:	
				69	How much?	yes:
	<		,		Does the entity have any authorized, but unissued, debt?	4-5
	NO	YES			Please answer the following questions by marking the appropriate boxes.	
			ar ending balance	*must agree to prior year ending balance		
		-	69	69	TOTAL	
	В	-	69	69	Other (apacity):	
		-	69	69	Developer Advances	_
		1	66	65		
			9 6	6		
			-		Revenue bonds	
		9	9	9	General obligation bonds	_
	standing at year-end	Retired during Outstan	Issued during year	Outstanding at beginning of year	Please complete the following debt schedule, if applicable: (please only include principal amounts)	
						4-4
					is the entity current in its debt service payments? If no, MUST explain:	4-3
		00			Does the entity have outstanding debt? Is the debt repayment schedule attached? If no, MUST explain:	4-2
Please use this space to provide any explanations or comments:	NO	YES		ppropriate boxes.	Please answer the following questions by marking the appropriate boxes	i.
	ם אבוואנט	FAIX 14 - DED FOOTS FAIXDING, 1330ED, AIXD	י באושטוושם,	- שבשו טטוי	- AN - +	
		ICCI IED AN	TANIDINIO	DEBT OF IT	DADTA	

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PART 6 - CAPITAL ASSETS	SSETS		
Please answer the following question by marking in the appropriate box	YES	No.	Please use this space to provide any explanations or comments:
Does the entity have capitalized assets?	Z.		
Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUST explain:	۷		

										64										G G
	TOTAL	Accumulated Depreciation (Enter a negative, or cradit, balance)	Other (explain):	Construction in Progress (cip)	Infrastructure	Furniture and fixtures	Machinery and equipment	Buildings	Land	Complete the following Capital Assets table for PROPRIETARY FUNDS:	TOTAL	Accumulated Depreciation (Enter a negative, or credit, balance)	Other (explain): Fire and EMS Apparatus	Construction in Progress (CIP)	Infrastructure	Furniture and fixtures	Machinery and equipment	Buildings	Land	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:
*must agree to prior year ending balance	69	69	-69	69	-69	69	69	69	69	Balance - beginning of the year*	\$ 600,776	\$ (1,145,355)	\$ 916,840	69	69	69	\$ 550,237	\$ 239,054	\$ 40,000	Balance - beginning of the year*
ar ending balance	69	69	69	69	<b>69</b>	€Ð	€9	69	69	Additions	\$ 273,478	\$ (74,795)	\$ 229,033	€A	69	69	\$ 71,000	\$ 48,240	€9	Additions
	69	69	69	69	€9 1	69	<del>6</del> 9	69	€9	Deletions	69	69	69	69	€9	-69	69	€Ð	<b>69</b>	Deletions
	•	\$	69	49	49	69	69	49	69	Year-End Balance	\$ 874,254	\$ (1,220,150)	\$ 1,145,873	69	69	49	\$ 621,237	\$ 287,294	\$ 40,000	Year-End Balance

					Vallet in the second in the se	
				E		
			27.984	TOTAL		
				ķ		
				69	Other (gifts, donations, etc.):	
				T		
			12,984	69	State contribution amount:	
				T		
			15,000	69	Tax (property, SO, sales, etc.):	
				1		
					Indicate the contributions from:	
					If yes: Who administers the plan?	If yes
		4			A COO CLO OTHER PROPERTY OF A COUNTY OF A	
	1					7.5
	<				7-1 Does the entity have an "old hire" firemen's pension plan?	7-1
						1
Please use this space to provide any explanations or o	8	YES			Please answer the following question by marking in the appropriate box	П
		CIME		The Part of the last		
				UART 7 LUT		Ī

	PART 8 - BUDGET INFORMATION	ORMATION		
	Please answer the following question by marking in the appropriate box YES	NO	NIA	Please use this space to provide any explanations or comments;
<u>-</u>	Did the entity file a current year budget with the Department of Local Affairs, in accordance with	0		
Ω V				
f yes	If yes: Please indicate the amount budgeted for each fund for the year reported			
	Fund Name Budgeted Expenditures/Expenses			
	\$ 470,136 \$			
	99			
	PART 9 - TAX PAYER'S BILL OF RIGHTS (TABO	FRIGHTS (T/	ABOR)	
	Please answer the following question by marking in the appropriate box	YES	. o	Please use this space to provide any explanations or comments:
9	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the	5	C	
	PART 10 - GENERAL INFORMATION	FORMATION		
	Please answer the following question by marking in the appropriate box	YES	NO	Disagning this enace to provide any explanations or comment.
10-1	is this application for a newly formed governmental entity?	0	3	
you.	Date of formation:			
10-2	10-2 Has the entity changed its name in the past or current year?		Q.	
Yes:	NEW name			
	PRIOR name			
10-3 10-4	is the entity a metropolitan district? Please indicate what services the entity provides:		Q	
10-5 f yes:	Does the entity have an agreement with another government to provide services?  List the name of the other governmental entity and the services provided:		E	
10-6	Does the entity have a certified mill levy?	<		
yes:	Please provide the number of mills levied for the year reported (do not enter \$ amounts):			
	General/Other mills 0.000			
ı	Total mills 12.066			

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Entity Wide:	General Fund	Governmental Funds	Notes
Unrestricted Cash & Investments \$	792,493 Unrestricted Fund Balan \$	791,400 Total Tax Revenue	\$ 393,678
Current Liabilities \$	41,783 Total Fund Balance \$	798,100 Revenue Paying Debt Service	•
Deferred Inflow \$	361,791 PY Fund Balance \$	759,915 Total Revenue	\$ 624,846
	Total Revenue \$	624,846 Total Debt Service Principal	69
	Total Expenditures \$	586,661 Total Debt Service Interest	69
Governmental	Interfund in \$		
Total Cash & Investments \$	792,493 Interfund Out \$	- Enterprise Funds	
Transfers in \$	Proprietary	Net Position	•
Transfers Out \$	Current Assets \$	PY Net Position	•
Property Tax \$	366,210 Deferred Outflow \$	- Government-Wide	
Debt Service Principal \$	Current Liabilities \$	- Total Outstanding Debt	•
Total Expenditures \$	586,661 Deferred Inflow \$	Authorized but Unissued	•
Total Developer Advances \$	Cash & Investments \$	Year Authorized	1/0/1900
Total Developer Repayments \$	Principal Expense &		

#### 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. Required elements and safeguards are as follows: 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. Policy - Requirements Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures 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 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 Office of the State Auditor staff will not coordinate obtaining signatures. 12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy? Please answer the following question by marking in the appropriate box PART 12 - GOVERNING BODY APPROVAL YES NO

with knowledge of governmental accounting, completed to the best of their knowledge and is accounted and true. Use additional page if needed Anomal Anomala accounting completed to the best of their knowledge and is accounted the destroy with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant.

Print the names of ALL members of the normalisations of the normal

b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

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 three 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>c</b> a	CR .		tu .	2	•
Full Name	Full Name	Scott Ryplewski	Full Name Christopher Vigil	Fall Nation Kelley Lehman	Foll Name  Marc Rosenberg	Print the names of <u>ALL</u> members of the governing body below.  Full Name  Charles Scott Kellar
personally reviewed and approve this application for exemption from audit.  Signed  Date:  Date:	,, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed  Wy term Expires:	personally reviewed and approve this application for exemption from audit.  Signed	bersonally reviewed and approve this application for exemption from audit.  Signed 1907 2021  My term Expires: May 2021	, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed	n, MARE (6.5 cm) attest that I am a duly elected or appointed board member, and that I have personally reviewed approve this application for exemption from audity.  Signed Date: 5/2 //2 /	A IM-JORITY of the heal are of the governing body must complete and sign in the column below.  I,

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#### APPLICATION FOR EXEMPTION FROM AUDIT

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	II Tes, Cate Hieck	•	0	Status during the year? [Applicable to Wile 2 special disMCts only, paysuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.	Status during the years [Applicable to 7/19/92 spi	Status di and 32-1
		NO	YES	Has the entity field for or has the district word, a Title 32, Article 1 Staglal District Notice of inactive	entity field for or has the district wind, a T	Has the
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				Independent Certified Sublic Accountants	OBEN	RELATIO
s *				200	CHONE PAREDARED 3/19/2021	OHONE HONE
	AN INCHES OF THE RESIDENCE CONTRACTOR OF THE PARTY OF THE			1745 Shea Center Drive, Suite 400; Highlands Ranch, CO 80129	1	ADDRESS
•				arc, James and Associates, PC	FIRM NAME (Mapphon for)	TRM NA
.1				der	Shareholder	
1				Gregory Viergutz, CPA	Gragory	NAME:
he best of my knowledge. I am awere that the Audit Law requires that a person ne who is separate from the entity.	id accurate to the best of my knowledge. I am a means someone who is separate from the entit	ation is complete an	tion in the Applic than \$750,000, a	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 aw independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity	hat I am an independent accountant with kno tent of the entity complete the application if re	certify th
		CERTIFICATION OF PREPARER	ATION OF	CERTIFIC		
						FAX
1.				officemanager@lhfr.org	officema	EMAIL
1						PHONE
1					CONTACT PERSON Anita Fritz	CONTAC
1				Indian Hills, Co 80484	Indian H	
or fiscal year ended:						
12/31/2020				4476 Paramiee Guich		
For the Year Ended				Indian Hills Fire Protection District	NAME OF GOVERNMENT Indian H	NAMEO
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