

**APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM**

NAME OF GOVERNMENT
ADDRESS

**Indian Mountain Metropolitan District
P.O. Box 25
Como, CO 80432**

For the Year Ended
12/31/2016
or fiscal year ended:

1109.00

CONTACT PERSON
PHONE
EMAIL
FAX

**Samantha Bertin
719-836-9043
indianmtn@hotmail.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 the application if revenues or expenditure are at least \$150,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME:

Dawn A. Schilling

TITLE:

CPA

FIRM NAME (if applicable):

Schilling & Company, Inc.

ADDRESS:

P.O. Box 631579, Highlands Ranch, CO 80183

PHONE:

720-348-1088

DATE PREPARED:

2/16/2017

(Must be Completed prior to Board approval)

RELATIONSHIP TO ENTITY:

Preparer of application for exemption from audit.

PREPARER (SIGNATURE REQUIRED)

See Accountant's Compilation Report

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

If Yes, date filed:

P

RECEIVED

By Justin L. Smith at 2:35 pm, Apr 04, 2017

See Accountant's Compilation Report

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary

Line #	Description	Governmental Funds		Description	Proprietary/Enterprise Funds		Please use this space to provide explanation of any items on this page	
		General Fund	Fund*		Fund*	Fund*		
Assets								
1-1	Cash & Cash Equivalents	\$	132,260 \$	-	Cash & Cash Equivalents	\$	- \$	-
1-2	Investments	\$	- \$	-	Investments	\$	- \$	-
1-3	Receivables	\$	- \$	-	Receivables	\$	- \$	-
1-4	Due from Other Entities or Funds	\$	1,261 \$	-	Due from Other Entities or Funds	\$	- \$	-
	All Other Assets (specify)			-	Other Current Assets	\$	- \$	-
1-5	Property taxes receivable	\$	134,500 \$	-	Total Current Assets	\$	- \$	-
1-6	Prepaid expenses	\$	5,954 \$	-	Capital Assets, net (from Part 4)	\$	- \$	-
1-7		\$	- \$	-	Other Long Term Assets (specify)	\$	- \$	-
1-8		\$	- \$	-		\$	- \$	-
1-9		\$	- \$	-		\$	- \$	-
1-10		\$	- \$	-		\$	- \$	-
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	273,975 \$	-	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	- \$	-
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	- \$	-	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	- \$	-
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	273,975 \$	-	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$	-
Liabilities								
1-14	Accounts Payable	\$	6,581 \$	-	Accounts Payable	\$	- \$	-
1-15	Accrued Payroll and Related Liabilities	\$	162 \$	-	Accrued Payroll and Related Liabilities	\$	- \$	-
1-16	Accrued Interest Payable	\$	- \$	-	Accrued Interest Payable	\$	- \$	-
1-17	Due to Other Entities or Funds	\$	- \$	-	Due to Other Entities or Funds	\$	- \$	-
1-18	All Other Current Liabilities	\$	- \$	-	All Other Current Liabilities	\$	- \$	-
1-19	TOTAL CURRENT LIABILITIES	\$	6,773 \$	-	TOTAL CURRENT LIABILITIES	\$	- \$	-
1-20	All Other Liabilities (specify)	\$	- \$	-	Proprietary Debt Outstanding (from Part 4)	\$	- \$	-
1-21		\$	- \$	-	Other Liabilities (specify)	\$	- \$	-
1-22		\$	- \$	-		\$	- \$	-
1-23		\$	- \$	-		\$	- \$	-
1-24		\$	- \$	-		\$	- \$	-
1-25		\$	- \$	-		\$	- \$	-
1-26		\$	- \$	-		\$	- \$	-
1-27		\$	- \$	-		\$	- \$	-
1-28	(add lines 1-14 through 1-27) TOTAL LIABILITIES	\$	6,773 \$	-	(add lines 1-14 through 1-27) TOTAL LIABILITIES	\$	- \$	-
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	134,500 \$	-	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	- \$	-
Fund Balance								
1-30	Nonspendable Prepaid	\$	5,954 \$	-	Net Investment in Capital Assets	\$	- \$	-
1-31	Nonspendable Inventory	\$	- \$	-				
1-32	Restricted (specify) Emergency Reserve/Conservation Trust	\$	10,988 \$	-	Emergency Reserves	\$	- \$	-
1-33	Committed (specify)	\$	- \$	-	Other Designations/Reserves	\$	- \$	-
1-34	Assigned (specify)	\$	62,459 \$	-	Restricted	\$	- \$	-
1-35	Unassigned	\$	53,303 \$	-	Undesignated/Unreserved/Unrestricted	\$	- \$	-
1-36	Add lines 1-30 through 1-35 This total should be the same as line 1-29 TOTAL FUND BALANCE	\$	132,702 \$	-	Add lines 1-30 through 1-35 This total should be the same as line 1-29 TOTAL NET POSITION	\$	- \$	-
1-37	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$	273,975 \$	-	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$	- \$	-

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund*		Fund*	Fund*	
	Tax Revenue			Tax Revenue			
2-1	Property	\$ 132,925	\$ -	- Property	\$ -	\$ -	
2-2	Specific Ownership	\$ 16,217	\$ -	- 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	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 149,142	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
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 (LSTF)	\$ 867	\$ -	- Conservation Trust Funds (LSTF)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	- Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	- Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	- Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	- Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ 2,900	\$ -	- Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ 11,297	\$ -	- Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	- Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 570	\$ -	- Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	- Tap Fees	\$ -	\$ -	
2-21	Developer Advances	\$ -	\$ -	- Developer Advances	\$ -	\$ -	
2-22	All Other (specify) Reimbursements	\$ 15,639	\$ -	- All Other (specify):	\$ -	\$ -	
2-23	Miscellaneous income	\$ 40	\$ -	-	\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 180,454	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	- Debt Proceeds	\$ -	\$ -	
2-26	Proceeds from Sale of Capital Assets	\$ -	\$ -	- Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-27	Other (specify)	\$ -	\$ -	- Other (specify):	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	GRAND TOTALS
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 180,454	\$ -	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ 180,454

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) 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.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund*		Fund*	Fund*	
3-1	Expenditures			Expenditures			
3-1	General Government	\$ 48,918	\$ -	- 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	\$ 63,192	\$ -	- Supplies	\$ -	\$ -	
3-10	Other (specify)	\$ -	\$ -	- Utilities	\$ -	\$ -	
3-11		\$ -	\$ -	- Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	
3-12		\$ -	\$ -	- Other (specify)	\$ -	\$ -	
3-13		\$ -	\$ -	-	\$ -	\$ -	
3-14	Capital Outlay	\$ 11,860	\$ -	- Capital Outlay	\$ -	\$ -	
	Debt Service			- Debt Service			
3-15	Principal	\$ 38,081	\$ -	- Principal	\$ -	\$ -	
3-16	Interest	\$ 8,629	\$ -	- 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)	\$ -	\$ -	- All Other (specify)	\$ -	\$ -	
3-21	Capital outlay - noncapitalizable items	\$ 4,905	\$ -	-	\$ -	\$ -	
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ 173,585	\$ -	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ -	\$ -	173,585
3-23	Interfund Transfers (In)	\$ -	\$ -	- Net Interfund Transfers (In)	\$ -	\$ -	
3-24	Interfund Transfers Out	\$ -	\$ -	- Net Interfund Transfers Out	\$ -	\$ -	
3-25	Other Expenditures (Revenues)	\$ -	\$ -	- Depreciation	\$ -	\$ -	
3-26		\$ -	\$ -	- Other Financing Sources (Uses) (from line 3-28)	\$ -	\$ -	
3-27		\$ -	\$ -	- Capital Outlay (from line 3-14)	\$ -	\$ -	
3-28		\$ -	\$ -	- Debt Principal (from line 3-15)	\$ -	\$ -	
3-29	(Add lines 3-23 through 3-28) TOTAL TRANSFERS AND OTHER EXPENDITURES	\$ -	\$ -	(Line 3-25, plus line 3-27, less line 3-24, less line 3-26) TOTAL GAAP RECONCILING ITEMS	\$ -	\$ -	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 3-29, less line 3-22, plus line 3-29	\$ 6,889	\$ -	Net Increase (Decrease) in Net Position Line 3-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-23	\$ -	\$ -	
3-31	Fund Balance, January 1 from December 31 prior year report	\$ 125,833	\$ -	Net Position, January 1 from December 31 prior year report	\$ -	\$ -	
3-32	Prior Period Adjustment (MUST explain)	\$ -	\$ -	Prior Period Adjustment (MUST explain)	\$ -	\$ -	
3-33	Fund Balance, December 31 Sum of Line 3-30, 3-31, and 3-32 This total should be the same as line 1-36.	\$ 132,702	\$ -	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36.	\$ -	\$ -	

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 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3800 for assistance.

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.		YES	NO	Please use this space to provide any explanations or comments	
4-1	Does the entity have outstanding debt?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4-2	Is the debt repayment schedule attached? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4-3	Is the entity current in its debt service payments? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4-4	Please complete the following debt schedule. If applicable. (Please only include principal amounts)				
		Outstanding at beginning of year	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	-
	Revenue bonds	\$ -	\$ -	\$ -	-
	Notes/Loans	\$ -	\$ -	\$ -	-
	Leases	\$ 198,823	\$ -	\$ 38,061	\$ 160,762
	Developer Advances	\$ -	\$ -	\$ -	-
	Other (specify)	\$ -	\$ -	\$ -	-
	TOTAL	\$ 198,823	\$ -	\$ 38,061	\$ 160,762

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
	What are the annual lease payments?		
4-9	Does the entity have a certified mill levy?	<input type="checkbox"/>	<input type="checkbox"/>
If yes:	Please provide the following mills levied for the year reported.		
	Bond Redemption	0.000	
	General/Other	8.943	
	TOTAL	8.943	

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances		AMOUNT	TOTAL	Please use this space to provide any explanations or comments
5-1	YEAR-END Total of ALL Checking and Savings accounts	\$ 132,260		
5-2	Certificates of deposit	\$ -		
	TOTAL CASH DEPOSITS		\$ 132,260	
	Investments (if investment is a mutual fund, please list underlying investments)	\$ -		
		\$ -		
5-3		\$ -		
		\$ -		
	TOTAL INVESTMENTS		\$ -	
	TOTAL CASH AND INVESTMENTS		\$ 132,260	
Please answer the following question 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 6 - CAPITAL ASSETS

Please answer the following question 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
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-509, C.R.S.? If no, MUST explain: YES NO

6-3 Complete the following Capital Assets table for GOVERNMENTAL FUNDS.

	Balance - beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ 508,845	\$ -	\$ -	508,845
Buildings	\$ 931,248	\$ 11,880	\$ -	943,128
Machinery and equipment	\$ 8,677	\$ -	\$ -	8,677
Furniture and fixtures	\$ 28,376	\$ -	\$ -	28,376
Infrastructure	\$ 5,965	\$ -	\$ -	5,965
Construction in Progress (CIP)	\$ -	\$ -	\$ -	-
Other (explain) (Self course and trail improvements)	\$ 12,399	\$ -	\$ -	12,399
Accumulated Depreciation (Enter a negative or credit balance)	\$ (248,381)	\$ (35,725)	\$ -	(282,086)
TOTAL	\$ 1,247,149	\$ (23,845)	\$ -	1,223,304

6-4 Complete the following Capital 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)	\$ -	\$ -	\$ -	-
Other (explain)	\$ -	\$ -	\$ -	-
Accumulated Depreciation (Enter a negative or credit balance)	\$ -	\$ -	\$ -	-
TOTAL	\$ -	\$ -	\$ -	-

PART 7 - PENSION INFORMATION

Please answer the following question 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" 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, SIC, 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? \$ -

PART 8 - BUDGET INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO	N/A	Please use this space to provide any explanations or comments
8-1	Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Fund Name	Budgeted Expenditures
General Fund	\$ 230,028
	\$ -
	\$ -
	\$ -

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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.

PART 10 - GENERAL INFORMATION

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments
10-1	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: Date of formation:				
10-2	Has the entity changed its name in the past or current year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes: NEW name:				
PRIOR name:				
10-3	Is the entity a metropolitan district?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10-4	Please indicate what services the entity provides:			
District provides park and recreation facilities to residents within the District's boundaries				
10-5	Does the entity have an agreement with another government to provide services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: List the name of the other governmental entity and the services provided:				

Please use this space to provide any additional explanations or comments not previously included.

OSA USE ONLY

Entity Wide:	General Fund	Governmental Funds	Notes
Unrestricted Cash & Investments \$	132,260 Unrestricted Fund Balance \$	115,762 Total Tax Revenue \$	149,142
Current Liabilities \$	6,773 Total Fund Balance \$	132,702 Revenue Paying Debt Service \$	180,454
Deferred Inflow \$	134,500 FY Fund Balance \$	125,833 Total Revenue \$	180,454
	Total Revenue \$	180,454 Total Debt Service Principal \$	38,061
	Total Expenditures \$	173,585 Total Debt Service Interest \$	6,820
	Interfund In \$		
Governmental	Interfund Out \$	Enterprise Funds	
Total Cash & Investments \$	132,260	Net Position \$	-
Transfers In \$	- Proprietary	- PY Net Position \$	-
Transfers Out \$	- Current Assets \$	- Government-Wide	
Property Tax \$	132,825 Deferred Outflow \$	- Total Outstanding Debt \$	180,762
Debt Service Principal \$	38,061 Current Liabilities \$	- Authorized but Unissued \$	-
Total Expenditures \$	173,585 Deferred Inflow \$	- Year Authorized \$	-
Total Developer Advances \$	- Cash & Investments \$		
Total Developer Repayments \$	- Principal Expense \$		

PART 12 - GOVERNING BODY APPROVAL

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government. Governing board members may be verified. Also by signing, the board member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting, completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

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	1	Print Board Member's Name Susan Stoval	I, Susan Stoval, 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 <u><i>Susan Stoval</i></u> Date <u>3-11-2017</u> My term Expires <u>May 2018</u>
Board Member	2	Print Board Member's Name Louise Mark	I, Louise Mark, 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 <u><i>Louise Mark</i></u> Date <u>3/11/17</u> My term Expires <u>May 2020</u>
Board Member	3	Print Board Member's Name Glenn Haas	I, Glenn Haas, 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 <u><i>Glenn Haas</i></u> Date <u>3-11-2017</u> My term Expires <u>May 2018</u>
Board Member	4	Print Board Member's Name Tom Odle	I, Tom Odle, 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 <u><i>Thomas H. Odle</i></u> Date <u>3-11-2017</u> My term Expires <u>May 2018</u>
Board Member	5	Print Board Member's Name Bret Crouch	I, Bret Crouch, 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 <u><i>Bret Crouch</i></u> Date <u>3-11-2017</u> My term Expires <u>May 2020</u>
Board Member	6	Print Board Member's Name _____	I, _____, 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 _____ Date: _____ My term Expires: _____
Board Member	7	Print Board Member's Name _____	I, _____, 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 _____ Date: _____ My term Expires: _____

**Original Signatures
Verified by**

Justin L. Smith



**INDIAN MOUNTAIN METROPOLITAN DISTRICT
SCHEDULE OF DEBT SERVICE REQUIREMENTS TO MATURITY
December 31, 2016**

**\$400,000 Capital Lease
Dated July 30, 2010
Interest Rate at 4.299%
Principal and Interest
Payments Due July 30**

Year Ending December 31,	Principal	Interest	Total
2017	\$ 37,642	\$ 7,049	\$ 44,691
2018	39,292	5,398	44,690
2019	41,015	3,675	44,690
2020	42,813	1,877	44,690
	<u>\$ 160,762</u>	<u>\$ 17,999</u>	<u>\$ 178,761</u>

See Accountant's Compilation Report



SCHILLING & COMPANY, INC.

Certified Public Accountants

P.O. Box 631579
HIGHLANDS RANCH, CO 80163

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Accountant's Compilation Report

Board of Directors
Indian Mountain Metropolitan District
Park County, Colorado

Management is responsible for the accompanying financial statements and other financial information of Indian Mountain Metropolitan District as of and for the year ended December 31, 2016, included in the accompanying prescribed form (Application for Exemption from Audit). We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements and other financial information included in the accompanying prescribed form nor were we required to perform procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Other Matter

The Application for Exemption from Audit is presented in accordance with the requirements of the State of Colorado's Office of the State Auditor, and is not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

The supplementary information on page 10 of the prescribed form is presented for purposes of additional analysis and is not a required part of the financial information in the prescribed form. The information is the representation of Indian Mountain Metropolitan District. The information was subject to our compilation engagement however, we have not audited or reviewed the supplementary information and, accordingly, do not express an opinion, a conclusion, nor provide any assurance on such supplementary information.

SCHILLING & COMPANY, INC.

February 16, 2017