

1801-50

APPLICATION FOR EXEMPTION FROM AUDIT LONG FORM

NAME OF GOVERNMENT **GOLDEN GATE FIRE PROTECTION DISTRICT**
 ADDRESS **P O BOX 843
GOLDEN, CO 80402**

CONTACT PERSON **PATSY DANIEL, TREASURER**
 PHONE **303.250.5385**
 EMAIL **PATSY.DANIEL@GOLDENGATEFIRE.ORG**
 FAX

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

12/31/2016

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 \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME: **Christine A. Reeves**
 TITLE **Auditor/CPA**
 FIRM NAME (if applicable) **John Cutler and Associates, LLC**
 ADDRESS **600 17th Street, Suite 2800 S., Denver, CO 80202**
 PHONE **303-634-2259**
 DATE PREPARED **11/1/2017**
(Must be Completed prior to Board approval)

RELATIONSHIP TO ENTITY **Independent Accountant**

PREPARER (SIGNATURE REQUIRED)

Christine A. R.

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:

RECEIVED
 By the Office of the State Auditor at 1:39 pm, Nov 08, 2017

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Line #	Description	GENERAL FUND	Description	Fund*	Fund*
Assets					
1-1	Cash & Cash Equivalents	\$ 233,553	- Cash & Cash Equivalents	\$	\$
1-2	Investments	\$ 94,313	- Investments	\$	\$
1-3	Receivables	\$ 7,000	- Receivables	\$	\$
1-4	Due from Other Entities or Funds	\$ -	- Due from Other Entities or Funds	\$	\$
	All Other Assets (specify)	\$ -	- Other Current Assets	\$	\$
1-5	Prepaid Expense (2017 Liability Insurance)	\$ 9,263	-	\$	\$
1-6	Great Western Bank (LOSAP Funds)	\$ 26,905	- Capital Assets, net (from Part 6-4)	\$	\$
1-7	Fixed Assets	\$ -	- Other Long Term Assets (specify)	\$	\$
1-8		\$ -		\$	\$
1-9		\$ -		\$	\$
1-10		\$ -		\$	\$
1-11	Add Lines 1-1 through 1-10	\$ 371,034	Add Lines 1-1 through 1-10	\$	\$
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$	\$
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 371,034	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	\$
Liabilities					
1-14	Accounts Payable	\$ 15,476	- Accounts Payable	\$	\$
1-15	Accrued Payroll and Related Liabilities	\$ 2,007	- 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	\$ 55	- All Other Current Liabilities	\$	\$
1-19	TOTAL CURRENT LIABILITIES	\$ 17,538	TOTAL CURRENT LIABILITIES	\$	\$
1-20	All Other Liabilities (specify)	\$ -	- Proprietary Debt Outstanding (from Part 4-4)	\$	\$
1-21	Security Deposit	\$ 200	- Other Liabilities (specify)	\$	\$
1-22	LOSAP Pension	\$ 26,905		\$	\$
1-23		\$ -		\$	\$
1-24		\$ -		\$	\$
1-25		\$ -		\$	\$
1-26		\$ -		\$	\$
1-27		\$ -		\$	\$
1-28	Add Lines 1-14 through 1-27	\$ 44,643	Add Lines 1-14 through 1-27	\$	\$
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	\$
Fund Balance					
1-30	Nonspendable Prepaid	\$ 9,283	- Net Investment in Capital Assets	\$	\$
1-31	Nonspendable Inventory	\$ -		\$	\$
1-32	Restricted (specify: TABOR)	\$ 25,808	- Emergency Reserves	\$	\$
1-33	Committed (specify)	\$ -	- Other Designations/Reserves	\$	\$
1-34	Assigned (specify)	\$ -	- Restricted	\$	\$
1-35	Unassigned	\$ 291,520	- Undesignated/Unreserved/Unrestricted	\$	\$
1-36	Add Lines 1-30 through 1-35 This total should be the same as line 1-13	\$ 326,391	Add Lines 1-30 through 1-35 This total should be the same as line 1-13	\$	\$
1-37	Add Lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13	\$ 371,034	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	\$ 371,034	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$	\$

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

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	General/Optional Funds		Description	Governmental/Modular 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	\$ 193,781	\$ -	Property	\$ -	\$ -	
2-2	Specific Ownership	\$ 15,205	\$ -	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	\$ 208,986	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$ 350	\$ -	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	\$ 7,000	\$ -	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ 555	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ 100	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ 4,440	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 541	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-22	All Other (specify): Miscellaneous Revenue	\$ 7,196	\$ -	All Other (specify):	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-9 through 2-23 TOTAL TAX REVENUE	\$ 229,168	\$ -	Add lines 2-9 through 2-23 TOTAL TAX REVENUE	\$ -	\$ -	
	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	\$ -	\$ -	
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 229,168	\$ -	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	GRAND TOTALS 229,168

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 Funds		Please use this space to provide explanation of any items on this page	
		Fund*	Fund*		Fund*	Fund*		
3-1	Expenditures General Government	\$	- \$	-	General Operating & Administrative	\$	- \$	
3-2	Judicial	\$	- \$	-	Salaries	\$	- \$	
3-3	Law Enforcement	\$	- \$	-	Payroll Taxes	\$	- \$	
3-4	Fire	\$	93,158 \$	-	Contract Services	\$	- \$	
3-5	Highways & Streets	\$	- \$	-	Employee Benefits	\$	- \$	
3-6	Solid Waste	\$	- \$	-	Insurance	\$	- \$	
3-7	Contributions to Fire & Police Pension Assoc.	\$	20,580 \$	-	Accounting and Legal Fees	\$	- \$	
3-8	Health	\$	- \$	-	Repair and Maintenance	\$	- \$	
3-9	Culture and Recreation	\$	- \$	-	Supplies	\$	- \$	
3-10	Other (specify):	\$	- \$	-	Utilities	\$	- \$	
3-11		\$	- \$	-	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	\$	- \$	-	Principal	\$	- \$	
3-16	Interest	\$	- \$	-	Interest	\$	- \$	
3-17	Bond Issuance Costs	\$	- \$	-	Bond Issuance Costs	\$	- \$	
3-18	Developer Principal Repayments	\$	- \$	-	Developer Pncipal Repayments	\$	- \$	
3-19	Developer Interest Repayments	\$	- \$	-	Developer Interest Repayments	\$	- \$	
3-20	All Other (specify):	\$	- \$	-	All Other (specify):	\$	- \$	
3-21		\$	- \$	-		\$	- \$	
3-22	ADD lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	113,738 \$	-	ADD lines 3-1 through 3-21 TOTAL EXPENDITURES	\$	- \$	GRAND TOTAL 113,738
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 2-23)	\$	- \$	
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 3-23, plus line 3-27, less line 3-24, less line 3-25 TOTAL GAIN/RECOGNIZED ITEM	\$	- \$	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29	\$	115,430 \$	-	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	\$	- \$	
3-31	Fund Balance, January 1 from December 31 prior year report	\$	210,961 \$	-	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.	\$	326,391 \$	-	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) 869-3000 for assistance.

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

Please use this space to provide any explanations or comments:

	YES	NO	
4-1 Does the entity have outstanding debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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: (please only include principal amounts)			
	Outstanding at beginning of year	Issued during year	Retired during year
General obligation bonds	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -
Other (specify)	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -
4-5 Does the entity have any authorized, but unissued, debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: How much?	\$ -		
If yes: 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	
What are the annual lease payments?	\$ -		
4-9 Does the entity have a certified mill levy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes: Please provide the following mills levied for the year reported.			
Bond Redemption	0.00		
General/Other	12.67		
TOTAL	12.67		

PART 5 - CASH AND INVESTMENTS

Please answer the following questions by marking the appropriate boxes.

Please use this space to provide any explanations or comments:

	AMOUNT	TOTAL
5-1 YEAR-END Total of ALL Checking and Savings accounts	\$ 233,553	
5-2 Certificates of deposit	\$ 37,094	
TOTAL CASH DEPOSITS		\$ 270,647
Investments (if investment is a mutual fund, please list underlying investments):		
COLO TRUST	\$ 57,219	
5-3	\$ -	
	\$ -	
	\$ -	
TOTAL INVESTMENTS		\$ 57,219
TOTAL CASH AND INVESTMENTS		\$ 327,866
5-4 Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

PART 6 - CAPITAL ASSETS

Please answer the following questions by checking 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 29-1-506, C.R.S.,? If no, MUST explain: YES NO

We are a small volunteer department and did not have personnel to perform an annual inventory

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

	Balance - beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	-
Buildings	\$ 555,671	\$ -	\$ -	555,671
Machinery and equipment	\$ 569,594	\$ -	\$ -	569,594
Furniture and fixtures	\$ 265,020	\$ -	\$ -	265,020
Infrastructure	\$ -	\$ -	\$ -	-
Construction In Progress (CIP)	\$ -	\$ -	\$ -	-
Other (explain):	\$ -	\$ -	\$ -	-
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (931,666)	\$ (77,172)	\$ -	(1,008,838)
TOTAL	\$ 458,619	\$ (77,172)	\$ -	381,447

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 questions by checking 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? LOSAP is Administered by Great Western

Indicate the contributions from:

Tax (property, SO sales, etc.):	\$ 20,580
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
TOTAL	\$ 20,580

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1? \$ 300

The department as one active volunteer firefighter in the FPPA Pension Plan & 11 retired volunteers drawing 300.00 per month from FPPA. All other active volunteer firefighters and in the LOSAP pension plan that is funded 100% by the district. When a firefighter is no longer with the department, they have the option to withdraw funds deposited on their behalf.

PART 8 - BUDGET INFORMATION

Please indicate the following information by checking the appropriate box:

		YES	NO	N/A	
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"/>	Please use this space to provide any explanations or comments:
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	\$	160,260
	\$	-
	\$	-
	\$	-

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

Please indicate the following information by checking the appropriate box:

		YES	NO		
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"/>		Please use this space to provide any explanations or comments:

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 indicate the following information by checking the appropriate box:

		YES	NO		
10-1	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Please use this space to provide any explanations or comments:
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"/>		Please use this space to provide any explanations or comments:
If Yes:	NEW name				
	PRIOR name				
10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Please use this space to provide any explanations or comments:
10-4	Please indicate what services the entity provides:				
10-5	Does the entity have an agreement with another government to provide services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Please use this space to provide any explanations or comments:
If yes:	List the name of the other governmental entity and the services provided:				
	Mutual Aid Agreements with other Mountain Fire Departments to aid in fire fighting				

Please use this space to provide any additional explanations or comments in response to questions.

OSA USE ONLY

		General Fund		Governmental Funds		Notes	
Entity Wide:							
Unrestricted Cash & Investments	\$	327,866	Unrestricted Fund Balance	\$	281,520	Total Tax Revenue	\$ 208,986
Current Liabilities	\$	17,538	Total Fund Balance	\$	326,391	Revenue Paying Debt Service	\$ -
Deferred Inflow	\$	-	PY Fund Balance	\$	210,981	Total Revenue	\$ 229,168
			Total Revenue	\$	229,168	Total Debt Service Principal	\$ -
			Total Expenditures	\$	113,738	Total Debt Service Interest	\$ -
			Interfund In	\$	-		
Governmental			Interfund Out	\$	-		
Total Cash & Investments	\$	327,866	- Proprietary	\$	-	Enterprise Funds	
Transfers In	\$		- Current Assets	\$	-	Net Position	\$ -
Transfers Out	\$		Deferred Outflow	\$	-	- PY Net Position	\$ -
Property Tax	\$	193,781	Deferred Inflow	\$	-	- Government-Wide	
Debt Service Principal	\$		- Cash & Investments	\$	-	- Total Outstanding Debt	\$ -
Total Expenditures	\$	113,738	- Principal Expense	\$	-	- Authorized but Unissued	\$ -
Total Developer Advances	\$					- Year Authorized	\$ -
Total Developer Repayments	\$						

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	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: _____
1	Sam Patton	I, <u>Sam Patton</u> , 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>[Signature]</u> Date: <u>11/5/17</u> My term Expires: <u>05-2018</u>
2	David Kinnard	I, <u>David Kinnard</u> , 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>[Signature]</u> Date: <u>11/5/17</u> My term Expires: <u>05-2020</u>
3	Aaron Primmer	I, <u>Aaron Primmer</u> , 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>[Signature]</u> Date: <u>11-5-17</u> My term Expires: <u>05-2018</u>
4	Patsy Daniel	I, <u>Patsy Daniel</u> , 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>Patsy Daniel</u> Date: <u>11-2-19</u> My term Expires: <u>05-2020</u>
5	Jason Greninger	I, <u>Jason Greninger</u> , 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>[Signature]</u> Date: <u>11-5-17</u> My term Expires: <u>05-2018</u>
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: _____
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

