

**APPLICATION FOR EXEMPTION FROM AUDIT
LONG FORM**

NAME OF GOVERNMENT: Mile HI Regional Emergency Medical and Trauma Advisory Council dba Mile HI RETAC
 ADDRESS: c/o Shirley Terry, BSN, RN
 2352 S Juniper Way
 Lakewood, CO 80228
 CONTACT PERSON: Shirley Terry BSN, RN
 PHONE: 303-300-4704 303.722.6734
 EMAIL: shirleyterry@comcast.net
 FAX:

5551.00

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

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: Bruce Fosdick, CPA, MBA
 TITLE: CPA
 FIRM NAME (if applicable): Bruce L. Fosdick CPA, PC
 ADDRESS: 1 Oakwood Park Professional Center, Suite 205 (P.O. Box 901), Castle Rock, Co 80104
 PHONE: 303-688-2751
 DATE PREPARED (Must be Completed prior to Board approval): 2-Mar-17
 RELATIONSHIP TO ENTITY: Independent Certified Public Accountant

PREPARER (SIGNATURE REQUIRED)

Bruce Fosdick CPA

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: |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

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RECEIVED
By Justin L. Smith at 1:54 pm, Apr 04, 2017

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

| 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* | |
| Assets | | | | | | | |
| 1-1 | Cash & Cash Equivalents | \$ 69,382 | \$ - | 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 | \$ - | \$ - | |
| | All Other Assets (specify) | \$ - | \$ - | Other Current Assets | \$ - | \$ - | |
| 1-5 | | \$ - | \$ - | Total Current Assets | \$ - | \$ - | |
| 1-6 | | \$ - | \$ - | Capital Assets, net (from Part | \$ - | \$ - | |
| 1-7 | | \$ - | \$ - | Other Long Term Assets (specify) | \$ - | \$ - | |
| 1-8 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-9 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-10 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-11 | (add lines 1-1 through 1-10) TOTAL ASSETS | \$ 69,382 | \$ - | (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 | \$ 69,382 | \$ - | TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ - | \$ - | |
| Liabilities | | | | | | | |
| 1-14 | Accounts Payable | \$ - | \$ - | Accounts Payable | \$ - | \$ - | |
| 1-15 | Accrued Payroll and Related Liabilities | \$ - | \$ - | 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 | \$ - | \$ - | TOTAL CURRENT LIABILITIES | \$ - | \$ - | |
| 1-20 | All Other Liabilities (specify) | \$ - | \$ - | Proprietary Debt Outstanding (from Part 4-4) | \$ - | \$ - | |
| 1-21 | | \$ - | \$ - | Other Liabilities (specify) | \$ - | \$ - | |
| 1-22 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-23 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-24 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-25 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-26 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-27 | | \$ - | \$ - | | \$ - | \$ - | |
| 1-28 | (add lines 1-19 through 1-27) TOTAL LIABILITIES | \$ - | \$ - | (add lines 1-19 through 1-27) TOTAL LIABILITIES | \$ - | \$ - | |
| 1-29 | TOTAL DEFERRED INFLOWS OF RESOURCES | \$ - | \$ - | TOTAL DEFERRED INFLOWS OF RESOURCES | \$ - | \$ - | |
| Fund Balance | | | | | | | |
| 1-30 | Nonspendable Prepaid | \$ - | \$ - | Net Investment in Capital Assets | \$ - | \$ - | |
| 1-31 | Nonspendable Inventory | \$ - | \$ - | | \$ - | \$ - | |
| 1-32 | Restricted (specify): TABOR Reserve | \$ 12,249 | \$ - | Emergency Reserves | \$ - | \$ - | |
| 1-33 | Committed (specify) | \$ - | \$ - | Other Designations/Reserves | \$ - | \$ - | |
| 1-34 | Assigned (specify) | \$ - | \$ - | Restricted | \$ - | \$ - | |
| 1-35 | Unassigned | \$ 57,133 | \$ - | Undesignated/Unreserved/Unrestricted | \$ - | \$ - | |
| 1-36 | Add lines 1-30 through 1-35 This total should be the same as line 1-33 TOTAL FUND BALANCE | \$ 69,382 | \$ - | Add lines 1-30 through 1-35 This total should be the same as line 1-33 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 | \$ 69,382 | \$ - | 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 | \$ - | \$ - | Property | \$ - | \$ - | |
| 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 | Add lines 2-1 through 2-7 TOTAL TAX REVENUE | \$ - | \$ - | 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 (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 | \$ 327,002 | \$ - | Grants | \$ - | \$ - | |
| 2-15 | Donations | \$ - | \$ - | Donations | \$ - | \$ - | |
| 2-16 | Charges for Sales and Services | \$ 40,103 | \$ - | Charges for Sales and Services | \$ - | \$ - | |
| 2-17 | Rental Income | \$ - | \$ - | Rental Income | \$ - | \$ - | |
| 2-18 | Fines and Forfeits | \$ - | \$ - | Fines and Forfeits | \$ - | \$ - | |
| 2-19 | Interest/Investment Income | \$ 3 | \$ - | Interest/Investment Income | \$ - | \$ - | |
| 2-20 | Tap Fees | \$ - | \$ - | Tap Fees | \$ - | \$ - | |
| 2-21 | Developer Advances | \$ - | \$ - | Developer Advances | \$ - | \$ - | |
| 2-22 | All Other (specify): Fund Raising Events | \$ 27,153 | \$ - | All Other (specify): | \$ - | \$ - | |
| 2-23 | Miscellaneous Income | \$ 14,031 | \$ - | | \$ - | \$ - | |
| 2-24 | Add lines 2-8 through 2-23 TOTAL REVENUES | \$ 408,292 | \$ - | 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 | \$ - | \$ - | |
| 2-29 | Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ 408,292 | \$ - | Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ - | \$ - | GRAND TOTALS |
| | | | | | | | \$ 408,292 |

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 | |
|--------|--|--------------------|-------|--|-----------------------------|-------|
| | | General Fund* | Fund* | | Fund* | Fund* |
| 3-1 | General Government | \$ - | \$ - | 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 | \$ 427,529 | \$ - | 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 | | \$ - | \$ - | Capital Outlay | \$ - | \$ - |
| 3-14 | Capital Outlay | \$ - | \$ - | Debt Service | \$ - | \$ - |
| | Debt Service | | | Principal | \$ - | \$ - |
| 3-15 | Principal | \$ - | \$ - | Interest | \$ - | \$ - |
| 3-16 | Interest | \$ - | \$ - | Bond Issuance Costs | \$ - | \$ - |
| 3-17 | Bond Issuance Costs | \$ - | \$ - | Developer Principal Repayments | \$ - | \$ - |
| 3-18 | Developer Principal Repayments | \$ - | \$ - | Developer Interest Repayments | \$ - | \$ - |
| 3-19 | Developer Interest Repayments | \$ - | \$ - | All Other (specify): | \$ - | \$ - |
| 3-20 | All Other (specify): | \$ - | \$ - | | \$ - | \$ - |
| 3-21 | | \$ - | \$ - | | \$ - | \$ - |
| 3-22 | Add lines 3-1 through 3-21 TOTAL EXPENDITURES | \$ 427,529 | \$ - | Add lines 3-1 through 3-21 TOTAL EXPENDITURES | \$ - | \$ - |
| 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 2-28) | \$ - | \$ - |
| 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 3-26, plus line 3-27, less line 3-24, less line 3-25) 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 | \$ (19,237) | \$ - | 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 | \$ 88,619 | \$ - | 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. | \$ 69,382 | \$ - | Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36. | \$ - | \$ - |

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

GRAND TOTAL
5 427,529

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.

| | 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 checked="" type="checkbox"/> |
| 4-3 Is the entity current in its debt service payments? If no, MUST explain: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please use this space to provide any explanations or comments:

| 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 | \$ - | \$ - | \$ - | \$ - |
| Developer Advances | \$ - | \$ - | \$ - | \$ - |
| Other (specify): | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

| | YES | NO |
|--|--------------------------|-------------------------------------|
| 4-5 Does the entity have any authorized, but unissued, debt? How much? \$ - If yes: Date the debt was authorized: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? \$ - | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-7 Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? \$ - | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-8 Does the entity have any lease agreements? 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? What are the annual lease payments? \$ - | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-9 Does the entity have a certified mill levy? If yes: Please provide the following mills levied for the year reported: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Bond Redemption | | 0.00 |
| General/Other | | 0.00 |
| TOTAL | | 0.00 |

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 | \$ 69,382 | |
| 5-2 Certificates of deposit | \$ - | |
| TOTAL CASH DEPOSITS | | \$ 69,382 |
| Investments (if investment is a mutual fund, please list underlying investments): | \$ - | |
| 5-3 | \$ - | |
| | \$ - | |
| | \$ - | |
| TOTAL INVESTMENTS | | \$ - |
| TOTAL CASH AND INVESTMENTS | | \$ 69,382 |

Please use this space to provide any explanations or comments:

| | 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 checked="" 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 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 29-1-506, 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 | \$ - | \$ - | \$ - | \$ - |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

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, SO, 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 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.




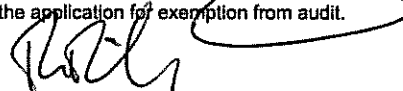
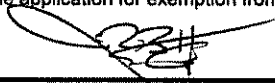
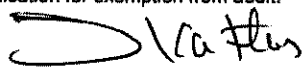

| Board Member | Print Board Member's Name | I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____ |
|--------------|---------------------------------|---|
| 1 | Charles Mains, MD, President | I, <u>Charles Mains</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>Charles Mains</u> Date: <u>3/20/17</u> My term Expires: _____ |
| 2 | Kathryn Beauchamp MD, Secretary | I, <u>Kathryn Beauchamp</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>Kathryn Beauchamp</u> Date: <u>3/25/17</u> My term Expires: _____ |
| 3 | Jackie Fitch, PA, Treasurer | I, <u>Jackie Fitch</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 _____ Date: _____ My term Expires: _____ |
| 4 | Richard Atkins, Director | I, <u>Richard Atkins</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>Richard Atkins</u> Date: <u>3/23/2017</u> My term Expires: _____ |
| 5 | Dave Baldwin | I, <u>Dave Baldwin</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>Dave Baldwin</u> Date: <u>3/16/17</u> My term Expires: _____ |
| 6 | Charles Little, DO | I, <u>Charles Little</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>Charles Little</u> Date: <u>3/16/17</u> My term Expires: <u>4/1/17</u> |
| 7 | Michael Stanley | I, <u>Michael Stanley</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>Michael Stanley</u> Date: <u>3/22/17</u> My term Expires: _____ |

PART 11 - 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

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 Dylan Luyten MD | I <u>Dylan Luyten</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed  Date: <u>3/16/17</u> |
| Board Member 9 | Print Board Members Name Rich Solomon | I <u>Rich Solomon</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed  Date: <u>3/16/17</u> |
| Board Member 10 | Print Board Members Name Jason Valing | I <u>Jason Valing</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed  Date: <u>3/23/17</u> |
| Board Member 11 | Print Board Members Name Ross Riley | I <u>Ross Riley</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed  Date: <u>3/16/17</u> |
| Board Member 12 | Print Board Members Name Ryan Broughton | I <u>Richard Broughton</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ |
| Board Member 13 | Print Board Members Name Jason Butts | I <u>Jason Butts</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed  Date: <u>3/16/17</u> |
| Board Member 14 | Print Board Members Name Burt Katubig, MD | I <u>Burt Katubig</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed  Date: <u>3/16/17</u> |
| Board Member 15 | Print Board Members Name Kevin McVaney MD | I <u>Kevin McVaney</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed _____ Date: _____ |
| Board Member 16 | Print Board Members Name Cass Kilduff | I <u>Cass Kilduff</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed  Date: <u>3/22/17</u> |
| Board Member 17 | 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. |

Original Signatures
Verified by

Justin L. Smith



CPA

Bruce L. Fosdick, CPA, PC
Certified Public Accountant

1 Oakwood Park Professional Center
Suite 205
Castle Rock, CO 80104
(303) 688-2751

To Board of Directors
Mile High Regional Medical and Trauma Advisory Council
Lakewood CO 80128

Management is responsible for the accompanying financial statements of (the) Mile High Regional Medical and Trauma Advisory Council (a governmental agency), which comprise the balance sheet as of December 31, 2016, and the related statements of revenues and expenditures for the year then ended, included in the accompanying prescribed form in accordance with accounting principles generally accepted in the United States of America. I have performed a compilation engagement in accordance with the Statement of Standards of Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. I did not audit or review the financial statements included in the accompanying prescribed form nor was I required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, I do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The financial statements included in the accompanying prescribed form are presented in accordance with the requirements of the Colorado State Auditor, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of (the) Mile High Regional Medical and Trauma Advisory Council and Colorado State Auditor, and is not intended to be and should not be used by anyone other than these specified parties.



Bruce L. Fosdick, CPA, PC
Castle Rock, Colorado 80104
March 2, 2017