

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

Otis Firemans Pension Fund
221 Gilpin St.
Otis, CO 80743

For the Year Ended
12/31/22
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL

Paul Davis
970-466-9608
seniorbird82@gmail.com

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
DATE PREPARED

Paul Davis
Secretary-Treasurer
221 Gilpin St. Otis, CO 80743Q
970-466-9608
3/29/2023

PREPARER (SIGNATURE REQUIRED)

Paul J Davis

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)



PROPRIETARY
(CASH OR BUDGETARY BASIS)



PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
2-1	Taxes: Property (report mills levied in Question 10-6)	\$ -	
2-2	Specific ownership	\$ -	
2-3	Sales and use	\$ -	
2-4	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental: Grants	\$ -	
2-7	Conservation Trust Funds (Lottery)	\$ -	
2-8	Highway Users Tax Funds (HUTF)	\$ -	
2-9	Other (specify):	\$ -	
2-10	Charges for services	\$ -	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ 631	
2-14	Charges for utility services	\$ -	
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds	\$ -	
2-17	Developer Advances received (should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capital assets	\$ -	
2-19	Fire and police pension	\$ 3,250	
2-20	Donations	\$ -	
2-21	Other (specify):	\$ -	
2-22	Otis Rural Fire Protection District	\$ 2,500	
2-23	Town of Otis	\$ 1,000	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 7,381	

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
3-1	Administrative	\$ -	
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ -	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ -	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Capital outlay	\$ -	
3-15	Utility operations	\$ -	
3-16	Culture and recreation	\$ -	
3-17	Debt service principal (should agree with Part 4)	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance Principal (should agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan (should agree to line 7-2)	\$ 6,780	
3-22	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$ -	
3-23	Other (specify):	\$ -	
3-24	Surety Bond	\$ 100	
3-25	Safety Deposit Box Rent	\$ 10	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES	\$ 6,890	

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - **STOP**. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

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? If Yes, please attach a copy of the entity's Debt Repayment Schedule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4-2	Is the debt repayment schedule attached? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>		
4-3	Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)				
	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end	
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -

*must tie to prior year ending balance

		Yes	No
Please answer the following questions by marking the appropriate boxes.			
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 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 checked="" type="checkbox"/>
	What are the annual lease payments?	\$ -	

Please use this space to provide any explanations or comments:

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	\$ 11,688	
5-2	Certificates of deposit	\$ 124,910	
Total Cash Deposits			\$ 136,598
Investments (if investment is a mutual fund, please list underlying investments):			
		\$ -	
		\$ -	
		\$ -	
		\$ -	
Total Investments			\$ -
Total Cash and Investments			\$ 136,598

		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.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If no, MUST use this space to provide any explanations:

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

Please answer the following questions by marking in the appropriate boxes.

- | | | Yes | No |
|-----|---|--------------------------|-------------------------------------|
| 6-1 | Does the entity have capital assets? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Complete the following capital & right-to-use assets table:	Balance - beginning of the year ^a	Additions (Must be included in Part 3)	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Leased Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

Please use this space to provide any explanations or comments:

PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- | | | Yes | No |
|-----|--|-------------------------------------|--------------------------|
| 7-1 | Does the entity have an "old hire" firefighters' pension plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7-2 | Does the entity have a volunteer firefighters' pension plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If yes: Who administers the plan? Paul Davis

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$ 3,500
State contribution amount:	\$ 3,250
Other (gifts, donations, etc.):	\$ 631
TOTAL	\$ 7,381

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?
\$ 50

Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- | | | Yes | No | N/A |
|-----|--|-------------------------------------|--------------------------|--------------------------|
| 8-1 | Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? | <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 budgeted for each fund for the year reported:

Governmental/Proprietary Fund Name	Total Appropriations By Fund
Super Now 900100990/ TBK Bank Otis, CO	\$ 11,688

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in 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"/>

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.

If no, MUST explain:

PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.

		Yes	No
10-1	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Date of formation: <input style="width: 300px;" type="text"/>		
10-2	Has the entity changed its name in the past or current year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes: Please list the NEW name & PRIOR name:

10-3	Is the entity a metropolitan district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Please indicate what services the entity provides:

10-4	Does the entity have an agreement with another government to provide services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If yes: List the name of the other governmental entity and the services provided:

10-5	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If yes: Date Filed:

10-6	Does the entity have a certified Mill Levy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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If yes:

Please provide the following mills levied for the year reported (do not report \$ amounts):

Bond Redemption mills	-
General/Other mills	-
Total mills	-

Please use this space to provide any explanations or comments:

PART 11 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

YES

NO

12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedure

Policy - Requirements

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. Required elements and safeguards are as follows:

- 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 members of the governing body.
- 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 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.
- Office of the State Auditor staff will not coordinate obtaining signatures.

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. Include electronic signatures obtained through a software program such as DocuSign or EchoSign in accordance with the requirements noted above.

Print the names of ALL members of current governing body below.		A MAJORITY of the members of the governing body must complete and sign in the column below.
Board Member 1	Print Board Member's Name Bob Thompson	I <u>Bob Thompson</u> , attest 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>Bob Thompson</u> Date: <u>3/30/23</u> My term Expires: <u>2024</u>
Board Member 2	Print Board Member's Name Jeremy Mandel	I <u>Jeremy Mandel</u> , attest 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>Jeremy Mandel</u> Date: <u>3-30-23</u> My term Expires: <u>2024</u>
Board Member 3	Print Board Member's Name Kirby Pelton	I <u>Kirby Pelton</u> , attest 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>Kirby Pelton</u> Date: <u>3-30-23</u> My term Expires: <u>2027</u>
Board Member 4	Print Board Member's Name Wes Perry	I <u>James W Perry</u> , attest 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>James W Perry</u> Date: <u>3/30/23</u> My term Expires: <u>2027</u>
Board Member 5	Print Board Member's Name Brooke Price	I <u>Brooke Price</u> , attest 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>Brooke Price</u> Date: <u>3-30-23</u> My term Expires: <u>2024</u>
Board Member 6	Print Board Member's Name Paul Davis	I _____, attest 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>Paul Davis</u> Date: <u>3/30/23</u> My term Expires: _____
Board Member 7	Print Board Member's Name Bryant McCall	I <u>BRYANT MCCALL</u> , attest 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>Bryant McCall</u> Date: <u>3-30-23</u> My term Expires: <u>2027</u>

2022 Annual Report of Otis Firemen's Pension Fund

Total Cash and Investments December 31, 2021:

CD #41905 (TBK Bank) (1.65%)	124,910.00
Super Now Account #100990	<u>11,197.38</u>

Income For 2022: 136,107.38

CD #41905 (TBK Bank) (1.65%)	623.68
Super Now Account #100990	6.93
F.P.P.A.	3,250.00
Otis Rural Fire Protection District	2,500.00
Town of Otis	<u>1,000.00</u>
Total	<u>7,380.61</u>

Expenses for 2021:

Paid in pensions	6,780.00
Safety Deposit Box Rent	10.00
Postage	
Checks	
Surety Bond	100.00

Total Expenses for 2021: 6,890.00

Net Gain: 490.61

Total Cash and Investments December 31, 2022

CD #41905 (TBK Bank) (.04993%)	124,910.00
Super now Account #100990	<u>1,1687.99</u>
	136,597.99

Respectfully submitted,


Paul Davis Sec-Treas.

Payment made to	Expenses for 2022											
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Paul Davis			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Rick Holcomb			\$ 135.00			\$ 135.00			\$ 135.00			\$ 135.00
Ernest U. Wagner			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Ronald R. Gratton			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Larry C. Smith												
Jerry Boe			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Leroy Maggard			\$ 135.00			\$ 135.00			\$ 135.00			\$ 135.00
Jesse Stackhouse			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Ronn Miller			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Jim Wiebers			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Dave Allen			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Gene Thomas			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Lonny Patterson			\$ 150.00			\$ 150.00			\$ 150.00			\$ 150.00
Safety Deposit Box Rent	\$ 10.00											
V.F.I.S.	\$ 100.00											
U.S. Postmaster												

Total Expenses \$ 110.00 \$ - \$ 1,770.00 \$ - \$ - \$ 1,770.00 \$ 1,620.00 \$ 1,620.00 \$ 6,890.00

Total Expenses Source	Income for: 2022
CD #41905 Interest	\$ 309.27
	\$ 314.41
	\$ 623.68

Interest S. Now #100990	\$ 0.36	\$ 0.40	\$ 0.50	\$ 0.65	\$ 0.68	\$ 0.64	\$ 0.52	\$ 0.64	\$ 0.66	\$ 0.59	\$ 0.56	\$ 0.73	\$ 6.93
FPPA												\$ 3,250.00	
Rural Fire Prot. Dist.												\$ 2,500.00	
Town of Otis												\$ 1,000.00	

Total Income \$ 0.36 \$ 0.40 \$ 309.77 \$ 0.65 \$ 0.68 \$ 0.64 \$ 0.52 \$ 0.64 \$ 315.07 \$ 0.59 \$ 0.56 \$ 6,750.73 \$ 7,380.61