APPLICATION FOR EXEMPTION FROM AUDIT           LONG FORM         LONG FORM           NAME OF GOVERNMENT ADDRESS         MANSFIELD HEIGHTS WATER AND SANITATION DISTRICT 7995 E. Prentice Avenue, Suite 103E Greenwood Village, CO 80111         For the Year Ended 12/31/2020 or fiscal year ended:           CONTACT PERSON PHONE         303-481-4960         Suite Biair         For the Year Ended           Image: Contract person PAX         303-481-4961         CERTIFICATION OF PREPARER         For the Year Ended           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:         Diame Rodriguez Accountant         Community Resources of Colorado Community Resources Resources of Colorado Community Resources of Color	DocuSign Envelope ID: B952C	FB5-071D-47ED-9DF4-796778CF0F1D				
NAME OF GOVERNMENT       MANSFIELD HEIGHTS WATER AND SANITATION DISTRICT       For the Year Ended 12/31/020         ADDRESS       Type F. Prentice Arenue, suite 103E       or fiscal year ended:         CONTACT PERSON       Sue Blair       Sue State Science and the preside of the second science and science and the second science and	CONC CONTRACTOR SIL	APPLICATION FO	R EXEMP	TION FROM	IAUDIT	
NAME OF GOVERNMENT       MANSFIELD HEIGHTS WATER AND SANITATION DISTRICT       For the Year Ended 12/31/020         ADDRESS       Type F. Prentice Arenue, suite 103E       or fiscal year ended:         CONTACT PERSON       Sue Blair       Sue State Science and the preside of the second science and science and the second science and	14 2.11	··· =	ONG FOR	M		
Greenwood Village, C0 80111       or fiscal year ended:         CONTACT PERSON       Sue Blair         9HONE       303-481-4860         EMAL       sblair@crosfcolorad.com         303-481-4861       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 freenues 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:       Diane Rodriguez         TITLE       Accountant         FIRM NAME (r applicable)       Community Resource Services of Colorado         ADDRESS       Tapicable         PHONE       303-381-4960         DATE PREPARED       Tapicable         Accountant       The Applicable to Third, a Title 10, Article 1 Special District Notice of Inactive         PREPARER (SIGNATURE REQUIRED)       If Yes, date filed:	NAME OF GOVERNMENT	For the Year Ended				
CONTACT PERSON Sue Blair Sub	ADDRESS					
PHONE       303-481-4960         EMAIL       sblar@crsofcolorado.com         Star@crsofcolorado.com       303-481-4961         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 perso independent of the entity complete the application if revanues 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:       Diare Rodriguez         Accountant       Community Resource Services of Colorado         ADDRESS       7995 E. Prentice Avenue, Suite 103E, Greenwood Village, CO 80111         9HONE       303-481-4960         Accountant       Community Resource Services of Colorado         7995 E. Prentice Avenue, Suite 103E, Greenwood Village, CO 80111         910 ADD RESS       303-481-4960         PREPARED       321-122/2.1         Accountant       333-341-4960         PREPARER (SIGNATURE REQUIRED)       321-122/2.1         Has the enkity filed for, or has the district filed, a Title 32 Article 1 Special District Notice of Inactive       YES       NO         Katu on size (Applicable to Tille 32 special districts only, pursuant to Sections 32-1-103 (9.3)       If Yes, date filed:		Greenwood Village, CO 80111				or fiscal year ended:
EMAIL FAX 303-481-4961 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 perso 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: TITLE TITLE Accountant Community Resource Services of Colorado T995 E. Prentice Avenue, Suite 103E, Greenwood Village, CO 80111 303-381-4960 Accountant PREPARED RELATIONSHIP TO ENTITY Has the entity filed for, or has the district filed, a Title 12, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Tille 32 special districts only, pursuant to Sections 32-1-103 (9.3) If Yes, date filed:	CONTACT PERSON	Sue Blair				
FAX       303-481-4961         CERTIFICATION OF PREPARER         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.         VAME:       Diane Rodriguez         Accountant       Community Resource Services of Colorado         AppRESS       Topplicable       Community Resource Services of Colorado         AppREPARED       Community Resource Services of Colorado       Topplicable         Accountant       303-381-4960       Accountant         PREPARED       Accountant       311/2/2/1         ReLATIONSHIP TO ENTITY       Accountant       311/2/2/1         PREPARED         Accountant         If yes, date filed;         If yes, date filed;	PHONE	303-481-4960				
CERTIFICATION OF PREPARER         Icertify 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.         VAME:       Diane Rodriguez         Accountant       Accountant         Community Resource Services of Colorado       Community Resource Services of Colorado         7995 E. Prentice Avenue, Suite 103E, Greenwood Village, CO 80111       303-381-4960         303-381-4960       3/1/2/2/1         Accountant       Accountant         PREPARED       3/1/2/2/1         Accountant       Accountant         PREPARER (SIGNATURE REQUIRED)       Article 1 Special District Notice of Inactive         YES       NO         Has the enviry field for, or has the district filed, a Title 32 Article 1 Special District Notice of Inactive       YES       NO         Status during the year? (Applicable to Title 32 special/districts only, pursuant to Sections 32-1-103 (9.3)       If Yes, date filed:						
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.         VAME:       Diane Rodriguez         Accountant       Accountant         Community Resource Services of Colorado       Community Resource Services of Colorado         7995 E. Prentice Avenue, Suite 103E, Greenwood Village, CO 80111       303-381-4960         PHONE       3/1/2/2/1         Accountant       Accountant         PREPARED       3/1/2/2/1         ReLATIONSHIP TO ENTITY       Accountant         PREPARER (SIGNATURE RECUIRED)       Accountant         Accountant       YES NO         It is stifte study filed for, or has the district filed, a Title 3/ Article 1 Special District Notice of Inactive       YES NO         Status during the year? (Applicable to Title 32 special/districts only, pursuant to Sections 32-1-103 (9.3)       If Yes, date filed:	AX	303-481-4961				
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 perso 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.		CERTIFICA	TION OF	PREPARER		
Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3)	FIRM NAME (if applicable) ADDRESS PHONE DATE PREPARED RELATIONSHIP TO ENTITY	Community Resource Services of Colorado 7995 E. Prentice Avenue, Suite 103E, Greenwood Village, CO 8011 303-381-4960 <u>3/12/21</u> Accountant	11			
	Has the entity filed for, or has the c	listoct filed, a Title 32, Article 1 Special District Notice of Inactive	YES	NO		
and 32-1-104 (3), C.R.S.I	Status during the year? [Applicabl and 32-1-104 (3), C.R.S.]	e to Tille 32 special districts only, pursuant to Sections 32-1-103 (9.3)	C	Z	If Yes, date filed:	

# DocuSign Envelope ID: B952CFB5-071D-47ED-9DF4-796778CF0F1D PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

\* Indicate Name of Fund

NOTE: Altach additional sheets as necessary

NOTE	Anach additional sheets as necessary	Governn	nental Funds		Proprietary/Fi	duciary Funds	
Line #	Description	Fund*	Fund*	Description	General Fund	Fund	Please use this space to provide explanation of any
	Assets			Assets			items on this page
1-1			- \$	- Cash & Cash Equivalents	\$ 16,578	a month of the	-
1-2		\$	- \$		\$ 498,826	\$	-
1-3			•		\$ 300		-
1-4		\$	- \$			\$	•
	All Other Assets [specify]			Other Current Assets	\$	\$	-
1-5		\$	- \$	- Total Current Assets	\$ 515,704	\$	-
1-6			- \$	- Capital Assets, net (from Part 6-4)	\$ 555,311	\$	-
1-7			- \$	- Other Long Term Assets [specify]	\$-	\$	-
1-8		•	- \$	-	\$-	\$	-
1-9		•		•	\$-	\$	-
1-10					\$-	\$	-
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	-	- \$	- (add lines 1-1 through 1-10) TOTAL ASSETS		\$	-
1-12			- \$	<ul> <li>TOTAL DEFERRED OUTFLOWS OF RESOURCES</li> </ul>	\$-	\$	-
1-13		\$	- \$	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 1,071,015	\$	-
	Liabilities			Liabilities			
1-14					\$ 5,681	Contraction of the second s	-
1-15 1-16		\$	- \$		\$ 76		-
1-16	-	•	- \$			\$	-
1-17		•	- \$			\$	-
1-10	All Other Current Liabilities TOTAL CURRENT LIABILITIES		- \$		\$ 21,450		-
1-19			- \$		\$ 27,207		<u> </u>
1-20			- \$		\$ 362,153	· · · · · · · · · · · · · · · · · · ·	-
1-21		•	- \$			\$	-
1-22			- \$				-
1-23		\$	- \$ - \$		\$ -	\$	-
1-24		\$ \$	- \$ - \$		\$	\$	-
1-25		•	- \$ .	Maa	\$ \$	\$	-
1-20			- \$		·	\$	<u></u>
1-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES	•	- \$			\$	-
1-20	TOTAL DEFERRED INFLOWS OF RESOURCES	-	- \$	(add lines 1-19 through 1-27) TOTAL LIABILITIES TOTAL DEFERRED INFLOWS OF RESOURCES			-
1-23	Fund Balance	ð	- 3 -	Net Position	<b>\$</b> -	\$	•
1-30		\$	- \$		\$ 193,158	¢	
1-31		•	- \$ .	- Net investment in capital Assets	\$ 193,158	\$	-
1-32		-	- \$	Emergency Reserves	\$ 3,400	¢	
1-33			- \$	-		-> \$	
1-34		-	- \$			э \$	-
1-35		·	- \$		• - \$ 485,097		-
1-36	Add lines 1-30 through 1-35	•	<b>v</b>		400,091	4	
	This total should be the same as line 3-33			Add lines 1-30 through 1-35 This total should be the same as line 3-33			
	TOTAL FUND BALANCE	•		TOTAL NET POSITION			
1-37	Add lines 1-28, 1-29 and 1-36	9	- \$ .		\$ 681,655	2	-
	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13			Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
		s	- s -	POSITION	\$ 1.071.015	e	
			1.		¢ 1,071,015	9	•

# PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governi	mental Funds		Proprietary/F	iduciary Funds	
ine #	Description	Fund*	Fund	Description	General Fund	Fund*	Please use this space to provide explanation of a
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$	- \$ -	Property (include mills levied in Question 10-6)	\$-	\$	
-2	Specific Ownership	\$	- \$ -	Specific Ownership	\$-	\$	-
-3	Sales and Use Tax	\$	- \$ -	Sales and Use Tax	\$ -	\$	-
-4	Other Tax Revenue [specify]:	\$	- \$ -	Other Tax Revenue [specify]:	\$ -	\$	-
-5		\$	- \$ -		\$ -	\$	-
-6		\$	- \$ -		\$ -	\$	-
-7		\$	- \$ -		\$-	\$	-
-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		- \$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$-	\$	
9	Licenses and Permits	\$	- \$ -	Licenses and Permits	\$-	\$	-
10	Highway Users Tax Funds (HUTF)	\$	- \$ -	Highway Users Tax Funds (HUTF)	\$-	\$	•
11	Conservation Trust Funds (Lottery)	\$	- \$ -	Conservation Trust Funds (Lottory)	\$-	\$	-
12	Community Development Block Grant	\$	- \$ -	Community Development Block Grant	\$ -	\$	-
13	Fire & Police Pension	\$	- \$ -	Fire & Police Pension	\$ -	\$	-
4	Grants	\$	- \$ -	Grants	\$ -	\$	-
15	Donations	\$	- \$ -	Donations	\$ -	\$	•
16	Charges for Sales and Services	\$	- \$ -	Charges for Sales and Services	\$ 108,026	\$	-
17	Rental Income	\$	- \$ -	Rental Income	\$ -	\$	-
18	Fines and Forfeits	\$	- \$ -	Fines and Forfeits	\$ -	\$	•
19	Interest/investment Income	\$	- \$ -	Interest/Investment Income	\$ 3,525	\$	-
20	Tap Fees	\$	- \$ -	Tap Fees	\$ -	\$	•
21	Proceeds from Sale of Capital Assets	\$	- \$ -	Proceeds from Sale of Capital Assets	\$ -	\$	-
22	All Other [specify]:	\$	- \$ -	All Other (specify):	\$ -	\$	-
23		\$	- \$ -	Miscellaneous	\$ 5	\$	-
24	Add lines 2-8 through 2-23 TOTAL REVENUES		- \$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 111 <u>,</u> 556	\$	-
)) }	Other Financing Sources		1	Other Financing Sources			
25	Debt Proceeds	\$	- \$ -	Debt Proceeds	\$-	\$	-
26	Developer Advances	\$	- \$ -	Developer Advances	\$ -	\$	-
27	Other [specify]:	\$	- \$ -	Other [specify]:	\$-	\$	-
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
9			- \$ -			\$	
	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES		- \$ -	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES		\$	- \$ 111

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

		Gover	nmental Fund	5		P	roprietary/Fi	duciary Funds	Place use this crees to
ne #	Description	Fund*	F	nd"	Description	Ge	neral Fund	Fund	Please use this space to provide explanation of a
	Expenditures			Expenses					items on this page
-1	General Government	\$	- \$	- General Opera	ating & Administrative	\$	1,702	\$	•
-2	Judicial	\$	- \$	<ul> <li>Salaries</li> </ul>		\$	500	\$	-
-3	Law Enforcement	\$	- \$	- Payroll Taxes		\$	38	\$	
4	Fire	\$	- \$	- Contract Servi	ices	\$	-	\$	-
5	Highways & Streets	\$	- \$	- Employee Ber	nefits	\$	-	\$	-
6	Solid Waste	\$	- \$	- Insurance		\$	4,135	S	-
7	Contributions to Fire & Police Pension Assoc.	\$	- \$	<ul> <li>Accounting ar</li> </ul>	nd Legal Fees	\$	25,103	\$	-
8	Health	\$	- \$	- Repair and Ma	aintenance	\$	16,248	\$	-
9	Culture and Recreation	\$	- \$	- Supplies		\$	-	\$	-
10	Transfers to other districts	\$	- \$	- Utilities		\$	373	\$	-
11	Other [specify]:	\$	- \$	Contributions	to Fire & Police Pension Assoc.	\$	-		-
12		\$	- \$	- Other (specify)	Engineering	\$	7,874		-
13		\$	- \$	•	Sewer Treatment	\$	29,452		-
14	Capital Outlay	\$	- \$	- Capital Outlay	r	\$	-	\$	-
	Debt Service	L		Debt Service				1.*	
15	Principal	\$	- \$	- Principal		\$	24,168	\$	-
6	Interest	S	- \$	- Interest		\$	7,606		-
7	Bond Issuance Costs	S	- \$	- Bond Issua	ince Costs	\$		S	-
8	Developer Principal Repayments	S	- \$		ncipal Repayments	\$		S	-
9	Developer Interest Repayments	\$	- \$		erest Repayments	S	-	S	-
20	All Other [specify]:	S	- \$	- All Other [specify		S		S	-
21		S	- \$		,	S		S	- GRAND TOTAL
_ (	Add lines 3-1 through 3-21				Add lines 3-1 throug	h 3-21			
2	TOTAL EXPENDITURES	\$	- \$		TOTAL EXPE		117,199	\$	- \$ 117,
23	nterfund Transfers (in)	\$	- \$	- Net Interfund Tra	nsfers (In) Out	\$	-	S	-
.4	nterfund Transfers Out	S	- S	- Other (specify	][enter negative for expense]	\$		S	-
5	Other Expenditures (Rovonuos):	S	- \$	- Depreciation		S	16,524	the second se	-
6		S	- \$		ng Sources (Uses) (from line 2-28)	\$		S	-
7		S	- \$	- Capital Outlay	•	S	-		-
8		\$	- \$	- Debt Principal			24,168		
29	(Add lines 3-23 through 3-28)	•			olus line 3-27, less line 3-24, less line		,	-	
	TOTAL TRANSFERS AND OTHER EXPENDITURES		- \$	(Ente 5-20, p	TOTAL GAAP RECONCILING		7,644	e	
30	Excess (Deficiency) of Revenues and Other Financing		- 9	Net Increase (Der	crease) in Net Position	•	/,044	Φ	
	Sources Over (Under) Expenditures				ne 3-22, plus line 3-29, plus line 3-23	less			
	Line 2-29, less line 3-22, plus line 3-29	\$	- \$	- line 3-24	te e les, processes en processes oraciones oraciones de la composición de la compo	\$	2,001	\$	-
		-	•				2,001	•	
	Fund Balance, January 1 from December 31 prior year				uary 1 from December 31 prior year	r			
	report	\$	- \$	- report		s	679,654	\$	-
32	Prior Period Adjustment (MUST explain)	S	- S	Prior Period Adiu	stment (MUST explain)	s			-
	Fund Balance, December 31	<b>.</b>	- 2	Net Position, Dec		\$	-	\$	-
	Sum of Line 3-30, 3-31, and 3-32			Line 3-30 plus lin					
	This total should be the same as line 1-36.	\$	- 5		be the same as line 1-36.	\$	681,655	\$	

PART 4 -	DEBT OUTST	ANDING, IS	SSUED,	AND RETIRI	ED
Please answer the following questions by marking the ap	propriate boxes.		YES	NO	Please use this space to provide any explanations or comment
Does the entity have outstanding debt?			7	8	
Is the debt repayment schedule attached? If no, MUST explain:			Ī		
Is the entity current in its debt service payments? If no, MUST explain:			Ø		
Please complete the following debt schedule, if applicable: (please only include principal amounts)	Outstanding at I beginning of year*	ssued during R year	etired during year	Outstanding at yea	ar-end
General obligation bonds Revenue bonds Notes/Loans	\$ - \$ \$ - \$ \$ 386,321 \$	- \$ - \$ - \$	-	\$ \$ \$ 36	- - 32,153
Leases	\$ - \$	- \$		\$	
Developer Advances	\$-\$ \$-\$	-   \$	and the second se	\$	-
Other (specify):	•	- \$		\$	- 52,153
IOTAL	*must agree to prior year en		24,100	\$ 30	22,155
Please answer the following questions by marking the appropriate boxes.	maat agree to phor year en	iaing balance	YES	NO	
Does the entity have any authorized, but unissued, debt?					
	\$ -				
Date the debt was authorized:					
Does the entity intend to issue debt within the next calendar year?				Z	
	\$ -		_	_	
Does the entity have debt that has been refinanced that it is still responsible fo				2	
What is the amount outstanding? Does the entity have any lease agreements?	\$				
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?	\$-				
	PART 5 - CAS	SH AND IN	/ESTME	NTS	
Please provide the entity's cash deposit and investment balances.			AMOUNT	TOTAL	Please use this space to provide any explanations or commen
YEAR-END Total of ALL Checking and Savings accounts		\$			
Certificates of deposit		\$	-		
	IUTAL CA	ASH DEPOSITS		\$ 1	6,578
Investments (if investment is a mutual fund, please list underlying investments):					
Colotrust		\$			
		\$	the second s		
		\$			
		\$	-	-	
		INVESTMENTS			98,826
	TOTAL CASH AND	INVESTMENTS		\$ 51	5,404
Please answer the following question by marking in the appropriate box		YES	NO	N/A	
Are the entity's Investments legal in accordance with Section 24-75-601, et. sec	C.R.S.?	Ø			
	.,			1.000	
Are the entity's deposits in an eligible (Public Deposit Protection Act) public de	pository (Section	2			

	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?	2		
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:			

Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year*	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	S -
Buildings	\$ -	<b>\$</b> -	\$ -	\$ -
Machinery and equipment	\$ -	\$-	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$-	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$-	\$ -	\$ -	\$ -
TOTAL	\$-	\$ -	\$ -	\$ -
Complete the following Capital Assets table for PROPRIETARY FUNDS:	Balance - beginning of the vear*	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	s -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ 996,022	\$ -	\$ -	\$ 996,022
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (424,187)	\$ (16,524)	\$ -	\$ (440,711)
TOTAL	\$ 571,835	\$ (16,524)	\$ -	\$ 555,311
	*must agree to prior yea	ar ending balance		ala anana a a ana

PAR	T 7 - PENSION	INFORMATIO	N	
Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
1 Does the entity have an "old hire" firemen's pension plan? 2 Does the entity have a volunteer firemen's pension plan? es: Who administers the plan?			<b>I</b>	
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 8 - B	UDGET IN	FORMATIO	N	
	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:	Ø			The board will be considering a resolution to amend the 2020 budget the next scheduled board meetring following a public hearing.
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:				
yes:	Please indicate the amount budgeted for each fund for the year reported				
	Fund Name Budgeted Expendi General Fund \$	tures/Expenses 112,973			
	\$ \$	-			
	PART 9 - TAX PAY	ER'S BILL	OF RIGHTS	(TABOR)	
	Please answer the following question by marking in the appropriate box	COLDER ELLISE	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 government from the 3 percent emergency reserve requirement. All governments should determine				
	PART 10 - G	ENERAL II	NFORMATIC	ON	
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
0-1	Is this application for a newly formed governmental entity?			2	
yes	Date of formation:				
10-2	Has the entity changed its name in the past or current year?				

10-2	Has the entity changed its name in the past or current year?		Ø	
If Yes	NEW name			
	PRIOR name			
10-3	Is the entity a metropolitan district?			
10-4	Please indicate what services the entity provides:		1.773	
	Water and sewage treatment services			
10-5	Does the entity have an agreement with another government to provide services?			
If yes:	List the name of the other governmental entity and the services provided:			
	Hillcrest Water & Sanitation District provides services to oversee the operation and maintenance of the sanitary outfall line.			
10-6	Does the entity have a certified mill levy?		Ø	
If yes	Please provide the number of mills levied for the year reported (do not enter \$ amounts):	-		
	Bond Redemption mills 0.000			
	General/Other mills 0.000			
	Total mills 0.000			
	Please use this space to provide any additional expla	anations or comments	not previously included:	

					OSA USE ON	ILY		
Entity Wide:	a statistica white		General Fund	111		Governmental Funds		Notes
Unrestricted Cash & Investments	\$	515,404	Unrestricted Fund Bala	n \$		Total Tax Revenue	S	
Current Liabilities	\$	27,207	Total Fund Balance	\$		Revenue Paying Debt Service	s	
Deferred Inflow	\$	1	PY Fund Balance	\$ 40	19 10 19 19 19 19 19 19 19 19 19 19 19 19 19	Total Revenue	\$	Charles and the state of the st
			Total Revenue	\$		Total Debt Service Principal	\$	
			Total Expenditures	\$		Total Debt Service Interest	\$	· · · · · · · · · · · · · · · · · · ·
Governmental			Interfund In	\$	and the second of the			
Total Cash & Investments	\$	Englisher and a get	Interfund Out	5		Enterprise Funds		
Transfers In	\$	a start and a start a	Proprietary			Net Position	s	681,655
Transfers Out	\$		Current Assets	S	515,704	PY Net Position	\$	679,654
Property Tax	\$		Deferred Outflow	\$	NEW STREET, ST	Government-Wide		
Debt Service Principal	5	- And State of Contest	Current Liabilities	\$	27,207	Total Outstanding Debt	\$	362,153
Total Expenditures	\$	13 Hotel States	Deferred Inflow	\$		Authorized but Unissued	\$	
Total Developer Advances	\$	NATE REAL	Cash & investments	\$	515,404	Year Authorized		1/0/1900
Total Developer Repayments	\$	the second -	Principal Expense	\$	24,168			

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PART 12 - 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?		۵							
Office of the State Auditor — Local Government Division - Exemption Form Electronic S	ignatures Policy ar	nd Procedures							
Policy - Requirements									
The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exerce 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- members of the governing body. • The application must be accompanied by the signature history document created by the electronic signature software. The s parties, and include the dates the individual board members signed the document. The signature history must also show the in • Office of the State Auditor staff will not coordinate obtaining signatures.	-1-604 (3), C.R.S., that state	s the application shall must show when the d	be personally reviewed, approved, and signed by a majority of the						
The application for exemption from audit form created by our office includes a section for governing body approval. Local go 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 re-	-	pproval and submit the	application through one of the following three methods:						

Below is the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual 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 <u>ALL</u> members of the governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
1	Full Name Richard Fullerton	I. <u>Bichard Eylleron</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. 3/23/2021 Signet in the second from a s
	Full Name	Devis Devis Devisioned by that I am a duly elected or appointed board member, and that I have personally reviewed and approve
2	David Brenman	this application for exemption from audit. 3/24/2021 Signification for exemption from audit. Date:
	Full Name	
3	Candice Goldstein	I, cand Receive this application for exemption from audit. Sign (AIAAUL DUAAL COLORS UIA Date: My term Express May 2922
1.	Full Name	I, Bill Kingersmink, attest that I am a duly elected or appointed board member, and that I have personally reviewed and
4	Bill Klingensmith	and the second s
	Full Name	I. Graham 990 fig. at that I am a duly elected or appointed board member, and that I have personally reviewed and approv
5	Graham Hollis	this application for exemption from audit. 3/23/2021 Signe 27/2020 Date:
	Full Name	, attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit. Signed
	Full Name	, attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:

		DocuSigni
Certificate Of Completion		
Envelope Id: B952CFB5071D47ED9DF4796778CF0F1D Subject: Mansfield Heights - 2020 Audit Exemption Source Envelope	-0F1D 1	Status: Completed
Document Pages: 9	Signatures: 5	Envelope Originator:
Certificate Pages: 5	Initials: 0	Marcos Pacheco
AutoNav: Enabled Envelopeld Stamping: Enabled Time Zone: (UTC-08:00) Pacific Time (US & Canada)	da)	mpacheco@crsofcolorado.com IP Address: 96.88.70.121
Record Tracking		
Status: Original 3/23/2021 10:50:31 AM	Holder: Marcos Pacheco mpacheco@crsofcolorado.com	Location: DocuSign
Signer Events	Signature	Timestamp
Bill Klingensmith bill.klingensmith@mac.com Security Level: Email, Account Authentication	Bill Elingunsmith esargersisteres	Sent: 3/23/2021 11:03:06 AM Viewed: 3/24/2021 11:45:30 AM Signed: 3/24/2021 11:46:22 AM
(NORE)	Signature Adoption: Pre-selected Style Using IP Address: 71.205.111.170	
Electronic Record and Signature Disclosure: Accepted: 3/24/2021 11:45:30 AM ID: 2a960795-1dbf-4cad-bb77-5f22e8538bab		
Candice Benge Goldstein candicebenge@gmail.com Security Level: Email, Account Authentication	Doursigned by Landice Brunge Goldstrine	Sent: 3/23/2021 11:03:05 AM Viewed: 3/23/2021 11:20:26 AM Signed: 3/23/2021 11:21:06 AM
(NOTE)	Signature Adoption: Pre-selected Style Using IP Address: 161,69,122,14	
Electronic Record and Signature Disclosure: Accepted: 3/23/2021 11:20:26 AM ID: 8ac45655-0add-4673-ba05-1c1897180e26		
David Brenman davidbrenman@comcast.net Security Level: Email, Account Authentication	Dowed grand by: David Brinnaln AFTSSS002BD54DB	Sent: 3/23/2021 11:03:05 AM Viewed: 3/24/2021 6:16:38 AM Signed: 3/24/2021 6:17:09 AM
(BION)	Signature Adoption: Pre-selected Style Using IP Address: 71.205.110.195 Signed using mobile	
Electronic Record and Signature Disclosure: Accepted: 3/24/2021 6:16:38 AM ID: 71ea4f6c-6214-4422-90bb-09596aa86bdf		
Graham Hollis gramhollis@icloud.com Security Level: Email, Account Authentication	Docustomed by: Gralicam Hollis 	Sent: 3/23/2021 11:03:05 AM Viewed: 3/23/2021 4:22:00 PM Signed: 3/23/2021 4:25:22 PM
(NORE)	Signature Adoption: Pre-selected Style Using IP Address: 75.70.32.107	
Electronic Record and Signature Disclosure: Accepted: 3/23/2021 4:22:00 PM ID: df56ece9-2edb-41fc-b003-52ee3e95c3d0		

Signer Events

Richard Fullerton rbfullerton@gmail.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 3/23/2021 11:33:52 AM ID: 8d2787df-eb71-443e-9bda-2de3e2f1a4ab

3/24/2021 11:46:22 AM 3/23/2021 11:33:52 AM 3/23/2021 11:39:11 AM 3/23/2021 11:03:06 AM Timestamps Timestamps Timestamp Timestamp Timestamp Timestamp Timestamp Timestamp Timestamp Timestamp Hashed/Encrypted Security Checked Security Checked Security Checked Signature Signature Signature Status Status Status Status Status Status Status Intermediary Delivery Events **Envelope Summary Events Certified Delivery Events** In Person Signer Events **Editor Delivery Events** Agent Delivery Events **Carbon Copy Events** Payment Events Witness Events Notary Events **Certified Delivered** Signing Complete Envelope Sent Completed

**Electronic Record and Signature Disclosure** 

Timestamp Sent: 3/23/202

Fullenton

Signature Docusioned by: Richard 7 BISSF8431ADE400 Signature Adoption: Pre-selected Style Using IP Address: 73.217.106.223

Sent: 3/23/2021 11:03:05 AM Viewed: 3/23/2021 11:33:52 AM Signed: 3/23/2021 11:39:11 AM