

Applying for Exemption from Audit

In accordance with the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.), any local government may apply for an exemption from audit if revenues or expenditures for the year are not more than \$750,000. This means that neither revenues nor expenditures can exceed \$750,000 in the year.

General Instructions **READ ALL INSTRUCTIONS BEFORE COMPLETING OR SUBMITTING THIS FORM**

Exemptions from audit are not automatic. Every year, in order to be exempt from audit, the local government must complete an Application for Exemption from Audit and submit it to the Office of the State Auditor. An exemption from audit is only granted upon the review and approval of the Office of the State Auditor.

The application must be received and filed with the Office of the State Auditor within 3 months after the end of the year. The application must be received in our office on or before March 31 for governments with a December 31 year-end. **POSTMARK DATES WILL NOT BE CONSIDERED.**

The appropriate version of the Application for Exemption from Audit must be used.

Prior years' forms are obsolete and will not be accepted. Applications submitted on forms other than those prescribed by the State Auditor will also not be accepted.

The application must be fully and accurately completed.

The preparer must sign the application.

The application must be **personally reviewed and approved** by the governing body. Approval is evidenced by one of the following two methods:

- 1) If the completed application is going to be submitted electronically using **email or fax**, the application **MUST** include a resolution of the governing body that states the completed application was personally reviewed and approved by a majority of the body in an open public meeting. The resolution **MUST** include the signatures of a majority of the governing body ([see sample resolution](#)).
- 2) If the completed application is going to be submitted through postal mail (U.S. Post Office, UPS, FedEx), the application must include the original ink signatures of a majority of the governing body.

USE ONLY ONE OF THE ABOVE METHODS WHEN FILING THE APPLICATION.

The mailing address is:

Office of the State Auditor

Local Government Audit Division

1525 Sherman St, 7th Floor

Denver, CO 80203

The fax number is: (303) 869-3061

The e-mail address is: OSA.LG@state.co.us

We Moved!
Please note our new address:
1525 Sherman St., 7th Floor
Denver, CO 80203
303-869-3000

Two forms are available:

- 1) The **"short form"** should be submitted if both revenues and expenditures are less than or equal to \$100,000. **A preparer of the short form must be a person skilled in governmental accounting.**
- 2) The **"long form"** should be submitted if either revenues or expenditures are greater than \$100,000 but are less than or equal to \$750,000. **A preparer of the long form must be an independent accountant with knowledge of governmental accounting.**

Please call (303) 869-3000 if you need help completing the Application for Exemption from Audit forms.

Important: All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor. Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year. In that case, an audit shall be required.

APPLICATION FOR EXEMPTION FROM AUDIT - LONG FORM - FOR GOVERNMENTS WITH REVENUE OR EXPENDITURES GREATER THAN \$100,000 BUT NOT MORE THAN \$750,000

Name of Government:	Launch High School	For the Year
Address:	3115 Larkspur Dr Colorado Springs, CO 80907	
Contact Person:	John Shepherd	Ended December 31, 2015
Telephone:	719-203-6128	
Email:	johns@launchhigh.org	or fiscal year ended: 6/30/2016
Fax:		

Return to: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203
Fax: 303-869-3061
Email: OSA.LG@state.co.us
Call (303) 869-3000 if you need help completing this form.

PLEASE READ THE ABOVE INSTRUCTIONS BEFORE SUBMITTING THE COMPLETED APPLICATION

Section 29-1-604, C.R.S., outlines the provisions for an exemption from audit. Generally, any local government for which neither revenue nor expenditures exceed \$750,000 in any year may qualify for an exemption.

If either revenues or expenditures are \$100,000 or greater, but not more than \$750,000, you may use this form. If both revenues and expenditures are less than \$100,000 individually, use the short form application for exemption from audit.

Please review ALL instructions prior to the completion of this form.

- Instructions:**
- Prepare this form completely and accurately. Please note that there are 11 parts to this form and all questions must be answered for the application to be considered complete.
 - Please use whole dollars. Do not include any cents. Please round consistently to ensure that the financial information balances between schedules.
 - File this form with the Office of the State Auditor within 3 months after the end of the year.
For years ended December 31, the form **must be received** by the Office of the State Auditor by **March 31**.
 - The form **must** be completed by an independent accountant (separate from the entity) with knowledge of governmental accounting.
 - The application must be personally reviewed and approved by a majority of the governing body as evidenced by one of the following methods:
 - Resolution of the governing body - application may be emailed, faxed, or mailed.
 - Original signatures - application must be mailed. Email or fax will NOT be accepted.
 - The preparer **must sign** the application that is submitted in order for it to be accepted.
 - Additional information may be attached to the exemption at the preparer's discretion.

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. Independent means someone who is separate from the entity.

Name:	Kari D. Hering
Title:	Owner
Firm Name (if applicable):	Smarter Directions, LLC
Address:	8320 Pilot Court
Telephone Number:	719-465-7288
Date Prepared:	8/10/2016

I affirm that I am independent from this entity and skilled in governmental accounting (Required): The application will be rejected if not signed by the preparer.

Financial Consultant -

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. Independent means someone who is separate from the entity. Please describe your relationship to the entity in the above box, with your signature.

Has the Entity Filed for 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:
		X	

PART 1 - Financial Statements - Balance Sheet

Ln #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds	
		Fund*	Fund*		Fund*	Fund*
Assets						
1-1	Cash & Cash Equivalents	\$ 61,926	\$ -	Cash & Cash Equivalents	\$ -	\$ -
1-2	Investments	\$ -	\$ -	Investments	\$ -	\$ -
1-3	Receivables	\$ 126,971	\$ -	Receivables	\$ -	\$ -
1-4	Due from Other Entities or Funds	\$ -	\$ -	Due from Other Entities or Funds	\$ -	\$ -
	<i>All Other Assets (specify)</i>			<i>Other Current Assets</i>	\$ -	\$ -
1-5	Prepaid Rent	\$ 16,068	\$ -	Total Current Assets	\$ -	\$ -
1-6		\$ -	\$ -	Capital Assets, net (from Part 6-3)	\$ -	\$ -
1-7		\$ -	\$ -	Other Long Term Assets (specify)	\$ -	\$ -
1-8		\$ -	\$ -		\$ -	\$ -
1-9		\$ -	\$ -		\$ -	\$ -
1-10		\$ -	\$ -		\$ -	\$ -
1-11	Total Assets (add lines 1-1 through 1-10)	\$ 204,965	\$ -	Total Assets (add lines 1-5 through 1-10)	\$ -	\$ -
1-12	Total Deferred Outflows of Resources	\$ -	\$ -	Total Deferred Outflows of Resources	\$ -	\$ -
1-13	Total Assets and Deferred Outflows	\$ 204,965	\$ -	Total Assets and Deferred Outflows	\$ -	\$ -
Liabilities and Fund Balance						
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	\$ 33,644	\$ -	All Other Current Liabilities	\$ -	\$ -
1-19	Total Current Liabilities	\$ 33,644	\$ -	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	Total Liabilities (add lines 1-14 through 1-27)	\$ 33,644	\$ -	Total Liabilities (add lines 1-14 through 1-27)	\$ -	\$ -
1-29	Total Deferred Inflows of Resources	\$ -	\$ -	Total Deferred Inflows of Resources	\$ -	\$ -
Fund Balance						
Nonspendable :						
1-30	Prepaid	\$ -	\$ -	Net Investment in Capital Assets	\$ -	\$ -
1-31	Inventory	\$ -	\$ -			
Restricted:						
1-32	(specify)	\$ -	\$ -	Emergency Reserves	\$ -	\$ -
Committed:						
1-33	(specify)	\$ -	\$ -	Other Designations/Reserves	\$ -	\$ -
Assigned:						
1-34	(specify)	\$ -	\$ -	Restricted	\$ -	\$ -
Unassigned:						
1-35		\$ 171,321	\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$ -
1-36	Total Fund Balance (add lines 1-30 through 1-35) This total should be the same as line 3-31.	\$ 171,321	\$ -	Total Net Position (add lines 1-30 through 1-35) This total should be the same as line 3-31.	\$ -	\$ -
1-37	Total Liabilities, Deferred Inflows, and Fund Balance (add lines 1-28, 1-29 and 1-36) This total should be the same as line 1-13	\$ 204,965	\$ -	Total Liabilities, Deferred Inflows, and Net Position (add lines 1-28, 1-29 and 1-36) This total should be the same as line 1-13	\$ -	\$ -

*Indicate Name of Fund
 Note: Attach additional sheets as necessary.

PART 2 - Financial Statements - Operating Statement - Revenues

		Governmental Funds		Proprietary/Fiduciary Funds		Grand Totals
		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	Total Tax Revenue	\$ -	\$ -	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	\$ 169,059	\$ -	Grants	\$ -	\$ -
2-15	Donations	\$ 290,061	\$ -	Donations	\$ -	\$ -
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -
2-19	Interest/Investment Income	\$ 13	\$ -	Interest/Investment Income	\$ -	\$ -
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -
2-21	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -
2-22	All Other (specify)	\$ -	\$ -	All Other (specify)	\$ -	\$ -
2-23		\$ -	\$ -		\$ -	\$ -
2-24	Total Revenues (Add lines 2-8 through 2-23)	\$ 459,133	\$ -	Total Revenues (Add lines 2-8 through 2-23)	\$ -	\$ -
	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) - Grants/Donations	\$ -	\$ -	Other (specify)	\$ -	\$ -
2-28	Total Other Financing Sources (Add lines 2-25 through 2-27)	\$ -	\$ -	Total Other Financing Sources (Add lines 2-25 through 2-27)	\$ -	\$ -
2-29	Total Revenues and Other Financing Sources (Add lines 2-24 and 2-28)	\$ 459,133	\$ -	Total Revenues and Other Financing Sources (Add lines 2-24 and 2-28)	\$ -	\$ 459,133

Note: If Total Revenues and Other Financing Sources - Total of 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 us at (303) 869-3000 for assistance.

PART 3 - Financial Statements - Operating Statement - Expenditures

		Governmental Funds		Proprietary/Fiduciary Funds		Grand Totals
		Fund*	Fund*	Fund*	Fund*	
Expenditures				Expenditures		
3-1	General Government	\$ 299,011	\$ -	General Operating & Administrative	\$ - \$ -	
3-2	Judicial	\$ -	\$ -	Salaries	\$ - \$ -	
3-3	Law Enforcement	\$ -	\$ -	Payroll Taxes	\$ - \$ -	
3-4	Fire	\$ -	\$ -	Contract Services	\$ - \$ -	
3-5	Highways & Streets	\$ -	\$ -	Employee Benefits	\$ - \$ -	
3-6	Solid Waste	\$ -	\$ -	Insurance	\$ - \$ -	
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	Accounting and Legal Fees	\$ - \$ -	
3-8	Health	\$ -	\$ -	Repair and Maintenance	\$ - \$ -	
3-9	Culture and Recreation	\$ -	\$ -	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 (matches part 4)	\$ -	\$ -	Principal (matches part 4)	\$ - \$ -	
3-16	Interest	\$ -	\$ -	Interest	\$ - \$ -	
3-17	Bond Issuance Costs	\$ -	\$ -	Bond Issuance Costs	\$ - \$ -	
3-18	Developer Repayments (matches part 4)	\$ -	\$ -	Developer Repayments (matches part 4)	\$ - \$ -	
3-19	All Other (specify)	\$ -	\$ -	All Other (specify)	\$ - \$ -	
3-20		\$ -	\$ -		\$ - \$ -	
3-21	Total Expenditures (Add lines 3-1 through 3-20)	\$ 299,011	\$ -	Total Expenditures (Add lines 3-1 through 3-20)	\$ - \$ -	\$ 299,011
3-22	Interfund Transfers In	\$ -	\$ -	Net Interfund Transfers In	\$ - \$ -	
3-23	Interfund Transfers (Out)	\$ -	\$ -	Net Interfund Transfers (Out)	\$ - \$ -	
3-24	Other (specify):	\$ -	\$ -	Depreciation	\$ - \$ -	
3-25		\$ -	\$ -	Other Financing Sources (from line 2-28)	\$ - \$ -	
3-26		\$ -	\$ -	Capital Outlay (from line 3-14)	\$ - \$ -	
3-27		\$ -	\$ -	Debt Principal (from line 3-15)	\$ - \$ -	
3-28	Total Transfers and Other Expenditures (Add lines 3-22 through 3-27)	\$ -	\$ -	Total Reconciling Items (Line 3-26, plus line 3-27, less line 3-24, less line 3-25)	\$ - \$ -	
3-29	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures (Line 2-29, less line 3-21, plus line 3-28)	\$ 160,122	\$ -	Net Increase (Decrease) in Equity (Line 2-29, less line 3-21, plus line 3-28, plus line 3-22, less line 3-23)	\$ - \$ -	
3-30	Fund Balance, January 1 from December 31 prior year report	\$ 11,199	\$ -	Net Position, January 1 from December 31 prior year report	\$ - \$ -	
3-31	Fund Balance, December 31 (Line 3-29 plus line 3-30) This total should be the same as line 1-36.	\$ 171,321	\$ -	Net Position, December 31 (Line 3-29 plus line 3-30) This total should be the same as line 1-36.	\$ - \$ -	

Note: If Total Expenditures - Total of All Funds (Line 3-21) 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 us 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	Please use this space to provide any explanations or comments:		
4-1	Does the entity have outstanding debt?				x			
4-2	Is the debt repayment schedule attached? If no, please explain:				x			
4-3	Is the entity current in its debt service payments? If no, please explain:				na			
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:	\$	-	\$	-	\$	-	
Please answer the following questions by marking the appropriate boxes.				Yes	No			
4-5	Does the entity have any authorized, but unissued, debt?				x			
If yes:	How much?	\$	-					
	Date the debt was authorized:							
4-6	Does the entity intend to issue debt within the next calendar year?				x			
If yes:	How much?	\$	-					
4-7	Does the entity have debt that has been refinanced that it is still responsible for?				x			
If yes:	What is the amount outstanding?	\$	-					
4-8	Does the entity have any lease agreements?			Yes				
If yes:	What is being leased?		a building					
	What is the original date of the lease?		5/1/2016					
	Number of years of lease?		1					
	Is the lease subject to annual appropriation?			x				
	What are the annual lease payments?	\$	140,004.00					
4-9	Does the entity have a certified mill levy?				x			
If yes:	Please provide the following current year mills levied:							
	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	Please use this space to provide any explanations or comments:
5-1	Checking accounts			\$ 61,911		
5-2	Savings accounts			\$ 15		
5-3	Certificates of deposit				x	
	Total Cash Deposits				\$ 61,926	
	Investments (if investment is a mutual fund, please list underlying investments):					
5-4				\$ -		
5-5				\$ -		
5-6				\$ -		
5-7				\$ -		
	Total Investments				\$ -	
	Total Cash and Investments				\$ 61,926	
Please answer the following question by marking in the appropriate box				Yes	No	
5-8	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, please explain:			x		

PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes.				Yes	No	Please use this space to provide any explanations or comments:	
6-1	Does the entity have capital assets?				x		
If yes:	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, please explain:			x			
6-2	Complete the following table for GOVERNMENTAL FUNDS:			Balance - beginning of the year	Additions	Deletions	
	Land	\$ -	\$ -	\$ -	\$ -	\$ -	
	Buildings	\$ -	\$ -	\$ -	\$ -	\$ -	
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -	\$ -	
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -	\$ -	
	Infrastructure	\$ -	\$ -	\$ -	\$ -	\$ -	
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -	\$ -	
	Other (explain):	\$ -	\$ -	\$ -	\$ -	\$ -	
	Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	
	Total	\$ -	\$ -	\$ -	\$ -	\$ -	
6-3	Complete the following 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	\$ -	\$ -	\$ -	\$ -	\$ -	
	Total	\$ -	\$ -	\$ -	\$ -	\$ -	

PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.				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?				x	
7-2	Does the entity have a volunteer firemen's pension plan?				x	
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 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Yes	No	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? If no, please explain:			
8-2	Did the entity pass an appropriations resolution? If no, please explain:			
If yes: Please indicate the amount appropriated for each fund for the current year				
	Fund Name	Budgeted Expenditures		
		\$	-	
		\$	-	
		\$	-	

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

Please answer the following question by marking in the appropriate box		Yes	No	Please use this space to provide any explanations or comments:
9-1	Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))?	x		
Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.				

PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Yes	No	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?	x		
If yes: Date of formation: 12/1/2015				
10-2	Has the entity changed its name in the past or current year?		x	
If Yes: Please list the NEW name & PRIOR name:				
10-3	Is the entity a metropolitan district?		x	
10-4	Please indicate what services the entity provides:			
10-5	Does the entity have an agreement with another government to provide services?	x		
If yes: List the name of the other governmental entity and the services provided:				
Charter School Institute, Launch High School is a charter school				

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

OSA USE ONLY

Entity Wide:			
Unrestricted Cash & Investments	\$ 61,926	General Fund Unrestricted Fund Balance	\$ 171,321
Current Liabilities	\$ 33,644	Total Fund Balance	\$ 171,321
Deferred Inflow	\$ -	PY Fund Balance	\$ 11,199
		Total Revenue	\$ 459,133
		Total Expenditures	\$ 299,011
		Interfund In	\$ -
		Interfund Out	\$ -
Governmental		- Proprietary	
Total Cash & Investments	\$ 61,926	- Current Assets	
Transfers In	\$ -	- Deferred Outflow	
Transfers Out	\$ -	- Current Liabilities	
Property Tax	\$ -	Deferred Inflow	\$ -
Debt Service Principal	\$ -	- Cash & Investments	
Total Expenditures	\$ 299,011	- Principal Expense	
Total Developer Advances	\$ -		
Total Developer Repayments	\$ -		
		Governmental Funds	
		Total Tax Revenue	\$ -
		Revenue Paying Debt Service	\$ -
		Total Revenue	\$ 459,133
		Total Debt Service Principal	\$ -
		Total Debt Service Interest	\$ -
		Enterprise Funds	
		Net Position	\$ -
		- PY Net Position	\$ -
		- Government-Wide	
		- Total Outstanding Debt	\$ -
		- Authorized but Unissued	\$ -
		- Year Authorized	\$ -

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 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 a person skilled in governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of all current governing board members below.

A MAJORITY of the governing board members must complete and sign in the column below.

Board Member 1	Print Board Members Name <u>Brad Casari</u>	I <u>Brad Casari</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>8/18/16</u> My term Expires: _____
Board Member 2	Print Board Members Name <u>Dana Barton</u>	I <u>Dana Barton</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>8/18/16</u> My term Expires: _____
Board Member 3	Print Board Members Name <u>Bobby Stutzman</u>	I <u>Bobby Stutzman</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>08/18/16</u> My term Expires: _____
Board Member 4	Print Board Members Name <u>Judi Larson</u>	I <u>Judi Larson</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>8/18/16</u> My term Expires: _____
Board Member 5	Print Board Members Name <u>Patrick Cush</u>	I <u>Patrick Cush</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>8/18/16</u> My term Expires: _____
Board Member 6	Print Board Members Name <u>Jonathan Bell</u>	I <u>Jonathan Bell</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit. Signed <u>[Signature]</u> Date: <u>8/18/16</u> My term Expires: _____
Board Member 7	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. Signed _____ Date: _____ My term Expires: _____