APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Timnath Farms North Metropolitan District No. 1	For the Year Ended
ADDRESS	8390 E Crescent Parkway	12/31/18
	Suite 300	or fiscal year ended:
	Greenwood Village, CO 80111	
CONTACT PERSON	Jason Carroll	
PHONE	303-779-5710	
EMAIL	Jason.Carroll@claconnect.com	
FAX	303-779-0348	
P	ART 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:	Jason Carroll
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111
PHONE	303-779-5710
DATE PREPARED	2/19/2019

PREPARER (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types	7	

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#		De	scription	Round to nearest Dollar	Please use this
2-1	Taxes: Prop	erty	(report mills levied in Question 10-6)	\$ 39	space to provide
2-2	Spec	ific owners	ship	\$ -	any necessary
2-3	Sales	and use		\$ -	explanations
2-4	Othe	r (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			\$ _	
2-14	Charges for utility service	S		\$ _	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances rece	ived	(should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of ca	oital assets		\$ -	
2-19	Fire and police pension			\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22				\$ -	
2-23				\$ -	
2-24		(add lin	es 2-1 through 2-23) TOTAL REVENUE	\$ 39	

PART 3 - EXPENDITURES

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
3-1	Administrative		\$	1 space to provide
3-2	Salaries	Γ	\$ -	any necessary
3-3	Payroll taxes	Γ	\$ -	explanations
3-4	Contract services	Γ	\$ -	
3-5	Employee benefits	Γ	\$ -	
3-6	Insurance	Γ	\$ -	
3-7	Accounting and legal fees	Γ	\$ -	
3-8	Repair and maintenance	Γ	\$ -	
3-9	Supplies	Γ	\$ -	
3-10	Utilities and telephone	Γ	\$ -	
3-11	Fire/Police	Γ	\$ -	
3-12	Streets and highways	Γ	\$ -	
3-13	Public health	Γ	\$ -	
3-14	Culture and recreation	Γ	\$ -	
3-15	Utility operations		\$ -	
3-16	Capital outlay		\$ -	
3-17	Debt service principal (should agr	ee with Part 4)	\$ -	
3-18	Debt service interest	Γ	\$ -	
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 ag	ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should ag	ree to line 7-2)	\$ -	
3-23	Other (specify):	Γ		
3-24			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPE	NDITURES	\$	1
	REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GRE	ATER than	\$100.000 - STOP You may	not use this

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may form. Please use the "Application for Exemption from Audit -<u>LONG FORM</u>".

	PART 4 - DEBT OUTSTANDING		, AND RE	ETIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt?		J		
4-2	If Yes, please attach a copy of the entity's Debt Repayment Schedule. 2 <u>Is the debt repayment schedule attached? If no, MUST explain:</u>				
4-2	Is the debt repayment schedule attached? If no, MUST explai	n:			
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:		′	
	N/A				
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	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance	<u>, ·</u>	. ·
	Please answer the following questions by marking the appropriate boxes	•		Yes	No
4-5	Does the entity have any authorized, but unissued, debt?				
If yes:	How much?		67,000,000.00	Į	
	Date the debt was authorized:	5/2/2	006	J	
4-6	Does the entity intend to issue debt within the next calendar	year?			\checkmark
If yes:	How much?	\$	-	J	
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		7
If yes:	What is the amount outstanding?	\$	-		
4-8	Does the entity have any lease agreements?				1
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?	\$			L
	Please use this space to provide any	T	comments:	J	

	PART 5 - CASH AND INVESTME	ENTS				
	Please provide the entity's cash deposit and investment balances.		Am	ount	Tot	tal
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	-]	
5-2	Certificates of deposit		\$	-]	
	Total Cash Deposits				\$	-
	Investments (if investment is a mutual fund, please list underlying investments):					
			\$	-	ו	
5-3			\$	-]	
0=0			\$	-]	
			\$	-		
	Total Investments				\$	-
	Total Cash and Investments				\$	-
	Please answer the following questions by marking in the appropriate boxes	Yes	N	lo	N/	Α
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?				1	
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.)?				1	
If no, M	UST use this space to provide any explanations:					

	PART 6 - CAPITAL ASSETS		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
6-1	Does the entity have capital assets?		1
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:		~

6-3	Complete the following capital assets table:	beginni	ince - ng of the ear*	be in	ons (Must cluded in art 3)	letions	ear-End alance
	Land	\$	-	\$	-	\$ -	\$ -
	Buildings	\$	-	\$	-	\$ -	\$ -
	Machinery and equipment	\$	-	\$	-	\$ -	\$ -
	Furniture and fixtures	\$	-	\$	-	\$ -	\$ -
	Infrastructure	\$	-	\$	-	\$ -	\$ -
	Construction In Progress (CIP)	\$	-	\$	-	\$ -	\$ -
	Other (explain):	\$	-	\$	-	\$ -	\$ -
	Accumulated Depreciation	\$	-	\$	-	\$ -	\$ -
	TOTAL	\$	-	\$	-	\$ -	\$ -

Please use this space to provide any explanations or comments:

	PART 7 - PENSION INFORMA	TIOI	N		
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firemen's pension plan?				7
7-2	Does the entity have a volunteer firemen's pension plan?				1
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	\$	-		
	Please use this space to provide any explanations or	comme	ents:		

	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.?	7		
-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	7		

If yes: Please indicate the amount budgeted for each fund for the year reported:

General Fund	\$ 50,000
Capital Projects Fund	\$ 12,000,000

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	DR)	
	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,		
	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, M	UST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	Is this application for a newly formed governmental entity?		J
10-1			
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		1
If yes:	Please list the NEW name & PRIOR name:		
II 900.			
10-3	Is the entity a metropolitan district?	4	
	Please indicate what services the entity provides:		
	See below		
10-4	Does the entity have an agreement with another government to provide services?	1	
If yes:	List the name of the other governmental entity and the services provided:		
	See below		_
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		4
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	~	
If yes:			
	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		
	General/Other mills		35.00
	Total mills		35.00

Please use this space to provide any explanations or comments:

10-3: District provides for the design, acquisition, contruction, installation and financing of street, park and recreation, water, sanitation, mosquito control and safety protection.

10-4: The District operates in connection with Timnath Farms North Metro District No. 2 and 3.

	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?	4	

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.

P	rint the names of ALL current governin board members below.	ng A <u>MAJORITY</u> of the governing board members must complete and sign in the column below.
Board Member 1	Print Board Member's Name	I Theodore Antenucci, 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 Date: 3/4/2019 My term Expires:May 2020
Board Member 2	Print Board Member's Name	I Robert Bol, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve Driv Signed Signed Date: 3/1/2019 My term Expires:May 2022
Board Member 3	Print Board Member's Name	I Janis Emanuel, attest I am a duly elected or appointed board member, and that I have personally reviewed and approxisigned signed
Board Member 4	Print Board Member's Name	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 Date: My term Expires:
Board Member 5	Print Board Member's Name	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 Date: My term Expires:
Board Member 6	Print Board Member's Name	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 Date: My term Expires:
Board ⁄lember 7	Print Board Member's Name	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 Date: My term Expires:



CliftonLarsonAllen LLP www.CLAConnect.com

Accountant's Compilation Report

Board of Directors Timnath Farms North Metropolitan District No. 1 Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Timnath Farms North Metropolitan District No. 1 as of and for the year ended December 31, 2018, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, which differ from accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

We are not independent with respect to Timnath Farms North Metropolitan District No. 1.

Clifton Larson allen III

Greenwood Village, Colorado February 19, 2019



Certificate Of Completion

Envelope Id: 49DEDB67A5134C898E0C824D9B99B2F3 Subject: Please DocuSign: TFNMD1_2018_Audit_Exemption.pdf Client Name: Timnath Farms North Metropolitan District No. 1 Client Number: 011-042967-01 Source Envelope: **Document Pages: 8** Signatures: 3 Certificate Pages: 5 Initials: 0 AutoNav: Enabled EnvelopeId Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

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Signer Events Janis Emanuel

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Electronic Record and Signature Disclosure:

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Robert Bol

robbolus@vahoo.com Security Level: Email, Account Authentication (None)

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Envelope Sent	Hashed/Encrypted	3/1/2019 4:20:01 PM
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