## **APPLICATION FOR EXEMPTION FROM AUDIT**

#### SHORT FORM

Timnath Lakes Metropolitan District No. 2 NAME OF GOVERNMENT For the Year Ended 12/31/22 8390 E Crescent Parkway **ADDRESS** Suite 300 or fiscal year ended: Greenwood Village, CO 80111

Jason Carroll **CONTACT PERSON PHONE** 303-779-5710 **EMAIL** Jason.Carroll@claconnect.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: Jason Carroll Accountant for the District TITLE FIRM NAME (if applicable) CliftonLarsonAllen LLP 8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111

**PHONE** 303-779-5710 3/1/2023 **DATE PREPARED** 

**ADDRESS** 

## PREPARER (SIGNATURE REQUIRED)

#### SEE ATTACHED ACCOUNTANT'S COMPLIATION REPORT

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

## **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
2-1	Taxes: Property	y (report mills levied in Question 10-6)	\$	24	space to provide
2-2	Specific	ownership	\$	117	any necessary
2-3	Sales ar	nd use	\$	-	explanations
2-4	Other (s	pecify): TIF	\$	1,639	
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 services		\$	-	
2-15	Debt proceeds	(should agree with line 4-4, column	, ·	-	
2-16	Lease proceeds		\$	-	
2-17	Developer Advances received	d (should agree with line 4-	' <u> </u>	-	
2-18	Proceeds from sale of capita	l assets	\$	-	
2-19	Fire and police pension		\$	-	
2-20	Donations		\$	-	
2-21	Other (specify):		\$	-	
2-22			\$	-	
2-23			\$	-	
2-24		(add lines 2-1 through 2-23) TOTAL REVENU	<b>E</b> \$	1,780	

## 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.

	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		\$	space to provide		
3-2	Salaries		Ψ	any necessary		
3-3	Payroll taxes		\$	explanations		
3-4	Contract services		Ψ	-		
3-5	Employee benefits		Ψ	-		
3-6	Insurance		Ψ			
3-7	Accounting and legal fees		Ψ			
3-8	Repair and maintenance		Ι Ψ			
3-9	Supplies		\$			
3-10	Utilities and telephone		Ψ	-		
3-11	Fire/Police		Ψ	-		
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 a	gree with Part 4)	\$	-		
3-18	Debt service interest		\$	-		
3-19	Repayment of Developer Advance Principal (should ag	ree with line 4-4)	\$	-		
3-20	Repayment of Developer Advance Interest		\$	-		
3-21	Contribution to pension plan (should	agree to line 7-2)	\$	-		
3-22	Contribution to Fire & Police Pension Assoc. (should	agree to line 7-2)	\$	-		
3-23	Other (specify):					
3-24	Intergovernmental			'80		
3-25			\$	-		
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	/EXPENSES	\$ 1,7	780		

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

	PART 4 - DEBT OUTSTANDING				and Ri	ETIR	ED		
	Please answer the following questions by marking the	appro	priate boxe	š.		_	Yes		No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S	chod	ulo			L	J	7	
4-2	Is the debt repayment schedule attached? If no. MUST explain		uie.				]	<b></b>	]
. –	N/A					]	_		
4-3	Is the entity current in its debt service payments? If no, MUS	Техр	lain:			, c	]	7	]
	N/A					]			
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive		standing at		ssued during		d during		inding at
	numbers)	ena	of prior yea	Ti	year	)	/ear	yea	r-end
	General obligation bonds	\$	-	\$	_	\$	-	\$	
	Revenue bonds	\$	-	\$		\$	-	\$	_
	Notes/Loans	\$	-	\$	_	\$	-	\$	-
	Lease Liabilities	\$	-	\$	_	\$	-	\$	_
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	-	\$	_	\$	-	\$	_
	TOTAL	\$	-	\$	_	\$	-	\$	-
			st tie to prior	year	ending balance				
4.5	Please answer the following questions by marking the appropriate boxes	i					Yes		No
<b>4-5</b> If ves:	Does the entity have any authorized, but unissued, debt?  How much?	\$		267	,000,000.00	1 '	<b>4</b>		
ii yes.	Date the debt was authorized:	Ψ_	5/2	/200	<u> </u>	-			
4-6	Does the entity intend to issue debt within the next calendar	Voar?		200	<u> </u>	J ,		ı	<b>J</b>
If yes:	How much?	\$	<u> </u>			1 .	_	,	_
4-7	Does the entity have debt that has been refinanced that it is	Ψ	enoneihl	e for	.?	J		1	<u> </u>
If yes:	What is the amount outstanding?	\$	зропок	3 101	<u> </u>	1	_	•	_
<b>4-8</b>	Does the entity have any lease agreements?	_Ψ_				, ,		[	7
If yes:	What is being leased?					]	_		<del>_</del>
	What is the original date of the lease?								
	Number of years of lease?					] .		,	7
	Is the lease subject to annual appropriation?	Φ.				1		l	J
	What are the annual lease payments?  Please use this space to provide any	D	anations (	or co	- mmonts:				

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
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):			
	CSAFE		\$ 13	3
5-3			- \$	
3-3			\$ -	
			_ \$ -	
	Total Investments			\$ 13
	Total Cash and Investments			\$ 13
	Please answer the following questions by marking in the appropriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et.	<u> </u>		
	seq., C.R.S.?			_
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			<b>☑</b>
	depository (Section 11-10.5-101, et seq. C.R.S.)?	Ш	Ц	ഥ
If no. MI	UST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-L	ISE ASSE	FTS	
	Please answer the following questions by marking in the appropriate box		OL AGGI	Yes	No
6-1	Does the entity have capital assets?				Ø
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordance	with Section	<b>-</b>	☑
	N/A				
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	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	Φ.		Φ.	<u> </u>
	(Please enter a negative, or credit, balance)	- \$	\$ -	\$ -	\$ -
	TOTAL	\$ -	-	\$ -	-
	Please use this space to provide any	explanations or	comments:		
	PART 7 - PENSION		ATION		
	Please answer the following questions by marking in the appropriate box			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				<u> </u>
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan?			⊔ l	☑
If yes:					
	Indicate the contributions from:			1	
	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 re	etiree as of lan			
	1?	om or our	\$ -		
	Please use this space to provide any	explanations or	comments:		
	· · · · · · · · · · · · · · · · · · ·	·			
	PART 8 - BUDGET	INFORMA	TION		
	Please answer the following questions by marking in the appropriate box		Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affai	irs for the			
	current year in accordance with Section 29-1-113 C.R.S.?		- <u>-</u>		ы
			_		
8-2	Did the entity pass an appropriations resolution, in accordan	ce with Section			
	29-1-108 C.R.S.? If no, MUST explain:				Ц
			7		
If yes:	Please indicate the amount budgeted for each fund for the year.	ar reported:	]		
ii yes.					
	Governmental/Proprietary Fund Name		ations By Fund		
	General Fund	\$	8,000		
		1			
		1		I	

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABC	R)	
	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)]?		
	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.	Ŭ.	П

If no, MUST explain:

	DADT 40 CENEDAL INCODMATION		
	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?		Image: section of the content of the
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		$\Box$
If yes:	Please list the NEW name & PRIOR name:		
you.	Trouble flot the NEW Harrie & Fried Harrie.		
10-3	Is the entity a metropolitan district?	✓	
	Please indicate what services the entity provides:	1	
		_	_
10-4	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:	I	
10-5	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during	, $\square$	<b>4</b>
If yes:	Date Filed:		
		_	_
10-6	Does the entity have a certified Mill Levy?	<b></b> ✓	
If yes:	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		
	General/Other mills		25.000
	Total mills		25.000
	Please use this space to provide any explanations or comments:		

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

10-4: The District operations in connection with Tlmnath Lakes Metro District No. 1, 3, 4, 5 and 6. Districts 1 through 5 are the financing Districts and District 6 is the operating District.

	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?	V			

# 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 <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board	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
Member 1	Theodore Antenucci	audit. Signed flucture fluctuation Date: 5720000040000000000000000000000000000000
Board	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 this application for exemption from audit.
Member 2	Robert Bol	Signed Toolsgard by: Date: FEBTOROGARATO 3/2/2023  My term Expires: May 2025
Board	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 approve this application for exemption from audit.
Member 3	Janis Emanuel	Signed Date: January 2023  My term Expires: May 2023
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
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 Member 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 8390 East Crescent Pkwy., Suite 300 Greenwood Village, CO 80111

phone 303-779-5710 fax 303-779-0348 **CLAconnect.com** 

#### **Accountant's Compilation Report**

Board of Directors Timnath Lakes Metropolitan District No. 2 Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Timnath Lakes Metropolitan District No. 2 as of and for the year ended December 31, 2022, 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 Lakes Metropolitan District No. 2.

Greenwood Village, Colorado

Clifton Larson allen LL

March 1, 2023