SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the preparer signed the application?					
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?					
Has the application been PERSONALLY reviewed and approved by the governing body?					
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?					
Will this application be submitted electronically?					
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here				
or					
	If yes, have you included a resolution?				
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?				
	Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)				
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)				
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?				

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

Please indicate whether the following financial information is recorded

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan District No. 3	For the Year Ended					
ADDRESS	C/O Pinnacle Consulting Group, Inc. 12/31/22						
7.001.200	550 W Eisenhower Blvd or fiscal year ended:						
	Loveland, CO 80537	or liscal year ended.					
CONTACT PERSON	Amanda Castle						
PHONE	970-669-3611						
EMAIL	amandac@pcgi.com						
	ART 1 - CERTIFICATION OF PREPARER						
I certify that I am skilled in govern	mental accounting and that the information in the application is comple	te and accurate, to the best of					
my knowledge.							
NAME:	Amanda Castle						
TITLE	District Accountant						
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.						
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537						
PHONE	970-669-3611						
DATE PREPARED	2/28/2023						
PREPARER (SIGNATURE REQUIRED)							
Dmanda Castar							
WYNOMORU COS	UMMONO COSSOS S						

GOVERNMENTAL

(MODIFIED ACCRUAL BASIS)

1

PROPRIETARY

(CASH OR BUDGETARY BASIS)

PART 2 - REVENUE

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

Line#		De	scription		Round to nearest Do	llar	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	stion 10-6)	\$	583	space to provide
2-2		Specific owners	ship		\$	42	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify):			\$	-	
2-5	Licenses and permits	;			\$	-	
2-6	Intergovernmental:		Grants		\$	-	
2-7			Conservation Trust	Funds (Lottery)	\$	-]
2-8			Highway Users Tax	Funds (HUTF)	\$	-]
2-9			Other (specify):		\$	-	
2-10	Charges for services				\$	-	
2-11	Fines and forfeits				\$	-	
2-12	Special assessments				\$	-	
2-13	Investment income				\$	2	
2-14	Charges for utility ser	rvices			\$	-	
2-15	Debt proceeds		(should agi	ee with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale o	f capital assets	5		\$	-	
2-19	Fire and police pensi	on			\$	-	
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-]
2-24		(add lin	es 2-1 through 2-23)	TOTAL REVENUE	\$	627	

PART 3 - EXPENDITURES/EXPENSES

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

Line#	Description		Round to nearest Dolla	ar	Please use this
3-1	Administrative		\$	-	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	615	
3-5	Employee benefits		\$	-	
3-6	Insurance		\$	-	
3-7	Accounting and legal fees		\$	-	
3-8	Repair and maintenance		\$	-	
3-9	Supplies		\$	-	
3-10	Utilities and telephone		\$	-	
3-11	Fire/Police		\$	-	
3-12	Streets and highways		\$	-	
3-13	Public health		\$	-	
3-14	Capital outlay		\$	-	
3-15	Utility operations		\$	-	
3-16	Culture and recreation		\$	-	
3-17	Debt service principal	(should agree with Part 4)	\$	-	
3-18	Debt service interest		\$	-	
3-19		should agree with line 4-4)	<u>'</u>	-	
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	Treasurer's Fees		\$	12	
3-25			\$	-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	ITURES/EXPENSES	\$	627	

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	3, IS	SUED	, A	ND RE	ETIR	ED		
	Please answer the following questions by marking the a	appropri	iate boxes.				Yes		No
4-1	Does the entity have outstanding debt?								J
	If Yes, please attach a copy of the entity's Debt Repayment So		e.						
4-2	Is the debt repayment schedule attached? If no, MUST explain	<u>n:</u>				, [1
4-3	Is the entity current in its debt service payments? If no, MUS7	Гехріа	in:			. [1
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive		anding at	Issu	ed during	Retire	ed during	Outst	anding at
	numbers)	end of	prior year*		year	3	year	ye	ar-end
				Α				Α	
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease Liabilities	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
			ie to prior ye	ar end	ing balance				
	Please answer the following questions by marking the appropriate boxes.						Yes		No
4-5	Does the entity have any authorized, but unissued, debt?					1	7		
If yes:	How much?	\$,000,000				
	Date the debt was authorized:		5/6/2	800					
4-6	Does the entity intend to issue debt within the next calendar	year?							J
If yes:	How much?	\$			-				
4-7	Does the entity have debt that has been refinanced that it is s	till res	ponsible f	for?		,			J
If yes:	What is the amount outstanding?	\$	-		-)			
4-8	Does the entity have any lease agreements?					,			J
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?	\$			-				
	Please use this space to provide any	explan	ations or	comr	nents:				

	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):			
			\$ -	
5-3			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			7
	seq., C.R.S.?			٠
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.)?	Ш	Ш	✓
If no, Ml	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIO Please answer the following questions by marking in the appropriate box		O-U	SE AS	SSE	ETS Yes		lo
6-1	Does the entity have capital assets?	c 3.						<u> </u>
6-2	Has the entity performed an annual inventory of capital asset	s in accor	dance	with Sect	ion			7
	29-1-506, C.R.S.,? If no, MUST explain:]		_
		Baland		Additions /	Must			
6-3	Complete the following capital & right-to-use assets table:	beginning year	of the	Additions (be include Part 3)	d in	Deletions		r-End ance
	Land	\$	-	\$	-	\$ -	\$	-
	Buildings Machinery and againment	\$	-	\$	-	\$ -	\$	-
	Machinery and equipment Furniture and fixtures	\$	-	\$	-	\$ -	\$	
	Infrastructure	\$	-	\$	-	\$ -	\$	-
	Construction In Progress (CIP)		-		-	\$ -	\$	-
	Leased Right-to-Use Assets	\$	-	\$	-	\$ - \$ -	\$	-
	Other (explain):	\$		\$	-	\$ -	\$	
	Accumulated Depreciation/Amortization	Φ		Φ		Φ -	\$	
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$ -	6	
	TOTAL	\$	_	\$	_	\$ -	\$ \$	
	Please use this space to provide any	_ Ŧ	ons or	-		Ψ	ΙΨ	
	DADT 7 DENCION	INICOL		TION				
	PART 7 - PENSION		KIVIA	HON				
	Please answer the following questions by marking in the appropriate box	es.				Yes		lo
7-1	Does the entity have an "old hire" firefighters' pension plan?						7	_
7-2	Does the entity have a volunteer firefighters' pension plan?					. LI	J	J
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 re	etiree as o	f Jan	_				
	1?			\$	-			
	Please use this space to provide any	explanatio	ons or	comment	s:			
	PART 8 - BUDGET I	INFOR	MA'	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							
	current year in accordance with Section 29-1-113 C.R.S.?			1				
8-2	B114 44 14 14 14 1	:41 0	4.					
V -	Did the entity pass an appropriations resolution, in accordance	ce with Se	ection	J				
	29-1-108 C.R.S.? If no, MUST explain:							
If yes:	Please indicate the amount budgeted for each fund for the ye	ar roporto	di					
ii yes.	riease indicate the amount budgeted for each fund for the ye	arreporte	u.					
	Governmental/Proprietary Fund Name	Total Ap	propria	tions By Fu	nd			
	General Fund	\$			718			

	DADTO TAYDAYEDIC DILL OF DICUTE (TAD	OD)	
	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	<u> </u>	
9-1	Please answer the following question by marking in the appropriate box Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	Yes	No
9-1	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.	✓	
f no, Ml	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		7
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?	П	
	The same state, state grant and provide a state grant and grant gr		<u>. </u>
16	DI L'ALL MENA A DDIOD		
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	7	
	Please indicate what services the entity provides:	_	_
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control		
10-4	Does the entity have an agreement with another government to provide services?	J	
If yes:	List the name of the other governmental entity and the services provided:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		✓
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	√	
If yes:			
	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		_

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

50.000 50.000

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?	1				

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.
	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 1	Jon A. Turner	appointed board member, and that I have personally reviewed and approve this application for
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or
Board Member 2	Christopher J. Frye	appointed board member, and that I have personally reviewed and approve this application for consigned by: Idit. Signed
Board	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 3	James I. Birdsall	application for e Docusigned by: Audit. Signed James Birdsall Date: My term Expires:May 2023
Board Member 4	Print Board Member's Name	IElizabeth S. Birdsall, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
	Elizabeth S. Birdsall	application for ex
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 5	Emily Kupec	application for exe Docusigned by: Signed Emily Luptu Date: May term Expires:May 2025
	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
Board Member 6		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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit is (name of government) has been prepared by (name of individual), a person skilled in governmental accounting and

Oi

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for examption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended _______, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ____ day of ______, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
Town Clerk, Beeretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	V/	

LONG FORM

FOR LOCAL GOVERNMENTS WITH EITHER REVENUES OR EXPENDITURES MORE THAN \$100,000 BUT NOT MORE THAN \$750,000

Under the Local Government Audit Law (Section 29-1-601, et seg., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 for the year.

If your local government has either revenues or expenditures of LESS than \$100,000, use the SHORT FORM.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval.

Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END. FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

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PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT THIS ADDRESS:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST						
Has the preparer signed the application?	Checkout our new web portal. Register your account and submit					
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial Statements, and more!					
Has the application been PERSONALLY reviewed and approved by the governing body?	See the link below.					
Are all sections of the form complete, including responses to all of the questions?	OSA LG Web Portal					
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?						
Will this application be submitted electronically?						
If yes, have you read and understand the new Electronic Signature Policy? See new here policy						
Oi						
☐ Have you included a resolution?						
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?						
☐ Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)						
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)						
☐ If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?						
FILING METHODS						
NEW METHOD!						

WEB PORTAL: Register and submit your Applications at our new portal:

https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver. CO 80203

QUESTIONS? Email: osa.lg@coleg.gov or Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis -- A Budget to GAAP reconciliation is provided in Part 3

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 event, AN AUDIT SHALL BE REQUIRED.

	APPLICATION FO	R EXEMP	TION FROM	M AUDIT	
		ONG FOR			
NAME OF GOVERNMENT		For the Year Ended			
ADDRESS	ERNMENT Berthoud Heritage Metropolitan District 4 c/o Pinnacle Consulting Group, Inc.				
550 W Eisenhower Blvd				12/31/2022	
	or fiscal year ended:				
CONTACT PERSON	Loveland, CO 80537 Amanda Castle	-			
PHONE	970-669-3611				
EMAIL	amandac@pcgi.com				
			THE RESERVE		
	CERTIFICA	TION OF	DDEDADE		
	CERTIFICA	CHON OF I	TREPAREI		
		dan belepakting and	A CONTRACTOR OF THE		
I certify that I am an independent accounta	ant with knowledge of governmental accounting and that the information i	in the Application i	is complete and ac	ccurate to the best of my knowledge. I am aware the	at the Audit Law requires that a person
independent of the entity complete the app	blication if revenues or expenditure are at least \$100,000 but not more than s	\$750,000, and tha	t independent mea	ans someone who is separate from the entity.	The second secon
NAME:	Amanda Castle	1			
TITLE	District Accountant				
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.				
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537				
PHONE	970-669-3611	1			
DATE PREPARED	2/28/2023				
RELATIONSHIP TO ENTITY	District Accountant				
PREPARER (SIGNATURE REQL	JIRED)			位于1000年1日中华大学中华	THE RESERVE TO SERVE THE PARTY OF THE PARTY
Mmanda (aok					
Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status			NO		
during the year? [Applicable to Title 32			If Yes, date filed:		
104 (3), C.R.S.]					

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary. Governmental Funds Proprietary/Fiduciary Funds Please use this space to General Fund provide explanation of any items on this page Assets Assets Cash & Cash Equivalents Cash & Cash Equivalents 1-1 - | \$ Investments Investments 1-2 \$ \$ \$ - \$ Receivables \$ \$ Receivables \$ - \$ 1-3 **Due from Other Entities or Funds** \$ 1.065 \$ **Due from Other Entities or Funds** \$ - \$ 1-4 Property Tax Receivable \$ 318,842 \$ Other Current Assets [specify...] 1.5 All Other Assets [specify...] \$ - | \$ Lease Receivable (as Lessor) \$ Total Current Assets \$ - \$ 1-6 - | \$ 1-7 \$ - | \$ Capital & Right to Use Assets, net (from Part 6-4) - \$ 1-8 \$ - \$ Other Long Term Assets [specify...] \$ - | \$ 1-9 \$ - \$ \$ - \$ 1-10 \$ \$ \$ - \$ TOTAL ASSETS \$ TOTAL ASSETS \$ 1-11 (add lines 1-1 through 1-10) 319,907 \$ (add lines 1-1 through 1-10) - \$ **Deferred Outflows of Resources: Deferred Outflows of Resources** 1-12 [specify...] \$ - | \$ [specify...] - \$ \$ - \$ - \$ 1-13 [specify...] [specify...] (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS \$ (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS \$ 1-14 - | \$ - \$ TOTAL ASSETS AND DEFERRED OUTFLOWS \$ 319,907 \$ TOTAL ASSETS AND DEFERRED OUTFLOWS \$ 1-15 - | \$ Liabilities Liabilities 1-16 Accounts Payable - | \$ Accounts Payable - \$ **Accrued Payroll and Related Liabilities** \$ **Accrued Payroll and Related Liabilities** 1-17 \$ - \$ **Accrued Interest Payable** 1-18 **Unearned Property Tax Revenue** \$ - | \$ \$ - \$ 1-19 Due to Other Entities or Funds \$ 1,065 \$ Due to Other Entities or Funds - \$ All Other Current Liabilities \$ 1-20 - | \$ All Other Current Liabilities - \$ (add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES \$ (add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES \$ 1,065 \$ 1-21 All Other Liabilities [specify...] - \$ **Proprietary Debt Outstanding** - \$ 1-22 \$ (from Part 4-4) \$ 1-23 \$ \$ Other Liabilities [specify...]: \$ - \$ 1-24 \$ - | \$ \$ - | \$ \$ 1-25 - | \$ \$ - | \$ \$ \$ - \$ 1-26 - | \$ TOTAL LIABILITIES \$ **TOTAL LIABILITIES \$** (add lines 1-21 through 1-26) 1,065 \$ (add lines 1-21 through 1-26) - \$ 1-27 Deferred Inflows of Resources: **Deferred Inflows of Resources** 318,842 \$ Pension/OPEB Related 1-28 **Deferred Property Taxes** \$ - | \$ Lease related (as lessor) \$ Other [specify...] 1-29 \$ \$ - | \$ (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS \$ 318,842 \$ (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS \$ - \$ 1-30 **Fund Balance** Net Position 1-31 Nonspendable Prepaid \$ **Net Investment in Capital Assets** \$ - \$ - | \$ 1-32 Nonspendable Inventory \$ - \$ \$ **Emergency Reserves** \$ - \$ Restricted [specify...] - | \$ 1-33 1-34 Committed [specify...] \$ - | \$ Other Designations/Reserves \$ - \$ Assigned [specify...] \$ Restricted - \$ 1-35 - | \$ Unassigned: Undesignated/Unreserved/Unrestricted 1-36 - | \$ - \$ 1-37 Add lines 1-31 through 1-36 Add lines 1-31 through 1-36 This total should be the same as line 3-33 This total should be the same as line 3-33 TOTAL FUND BALANCE TOTAL NET POSITION \$ \$ - \$ 1-38 Add lines 1-27, 1-30 and 1-37 Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET

POSITION

BALANCE

319,907 \$

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds			Proprietary/Fiduciary Funds		Discourse this server to
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 206,600	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 14,780	\$ -	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	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 221,380	\$ -	Add lines 2-1 through 2-7 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	\$ -	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	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	\$ 124	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-22	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 221,504	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	-	
	Other Financing Sources			Other Financing Sources			-
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	·		Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	•		\$ 221,504

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for 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 the OSA Local Government Division at (303) 869-3000 for assistance.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES Proprietary/Fiduciary Funds **Governmental Funds** Please use this space to Description Description provide explanation of any Expenditures Expenses items on this page **General Government** 65.211 \$ **General Operating & Administrative** Judicial \$ Salaries - | \$ 3-2 \$ Law Enforcement 3-3 \$ - \$ **Payroll Taxes** \$ - \$ 3-4 \$ - | \$ **Contract Services** \$ - | \$ **Highways & Streets Employee Benefits** \$ 3-5 \$ - | \$ - | \$ \$ 3-6 Solid Waste \$ - | \$ Insurance - | \$ 3-7 Contributions to Fire & Police Pension Assoc. \$ - \$ Accounting and Legal Fees \$ - \$ \$ Repair and Maintenance \$ 3-8 Health - | \$ - | \$ 3-9 **Culture and Recreation** \$ - | \$ Supplies \$ - \$ Transfers to other districts \$ - \$ Utilities - \$ 3-10 \$ Other [specify...]: - | \$ Contributions to Fire & Police Pension Assoc. - \$ 3-11 3-12 Treasurer's Fees \$ 4,134 \$ Other [specify...] - \$ 3-13 Payment to No. 1 for Debt 152,159 \$ \$ - | \$ Capital Outlay Capital Outlay \$ \$ - | \$ - \$ **Debt Service Debt Service** Principal \$ Principal - \$ 3-15 (should match amount in 4-4) - | \$ (should match amount in 4-4) 3-16 Interest \$ - | \$ Interest \$ - | \$ **Bond Issuance Costs** \$ **Bond Issuance Costs** \$ 3-17 - | \$ - \$ **Developer Principal Repayments** \$ **Developer Principal Repayments** 3-18 \$ - | \$ - | \$ 3-19 **Developer Interest Repayments** \$ - | \$ **Developer Interest Repayments** - | \$ 3-20 All Other [specify...]: \$ \$ All Other [specify...]: - \$ **GRAND TOTAL** 3-21 \$ - \$ - \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-21 3-22 221,504 \$ - | \$ 221,504 **TOTAL EXPENDITURES TOTAL EXPENSES** 3-23 Interfund Transfers (In) \$ - Net Interfund Transfers (In) Out - | \$ \$ 3-24 Interfund Transfers Out \$ - \$ Other [specify...][enter negative for expense] - \$ Depreciation/Amortization Other Expenditures (Revenues): \$ - \$ - \$ 3-26 \$ - | \$ Other Financing Sources (Uses) \$ - | \$ 3-27 \$ - \$ Capital Outlay (from line 3-14) - | \$ 3-28 \$ **Debt Principal** (from line 3-15, 3-18) - \$ - | \$ \$ 3-29 (Add lines 3-23 through 3-28) TOTAL (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus TRANSFERS AND OTHER EXPENDITURES line 3-24) TOTAL GAAP RECONCILING ITEMS \$ 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, less line 3-23 Line 2-29, less line 3-22, less line 3-29 \$ \$ Net Position, January 1 from December 31 prior year 3-31 Fund Balance, January 1 from December 31 prior year report \$ \$ \$ - | \$ 3-32 Prior Period Adjustment (MUST explain) Prior Period Adjustment (MUST explain) \$ \$ \$ - \$ 3-33 Fund Balance, December 31 Net Position, December 31 Sum of Lines 3-30, 3-31, and 3-32 Sum of Lines 3-30, 3-31, and 3-32 \$ This total should be the same as line 1-37. - This total should be the same as line 1-37. - | \$

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) 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 the OSA Local Government Division at (303) 869-3000 for assistance.

	PART 4 - DEBT OUTSTANDIN	NG, ISS	SUED, A	AND RETIRED	
	Please answer the following questions by marking the appropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
	Does the entity have outstanding debt? Is the debt repayment schedule attached? If no, MUST explain:			V	
4-3 I	s the entity current in its debt service payments? If no, MUST explain:			V	
a F N L	Please complete the following debt schedule, if applicable: (please only include principal beginning of year* loss depinning o	- \$ - \$ - \$ - \$	- - -	Outstanding at year-end \$ - \$ - \$ -	
	Developer Advances \$ - \$ Other (specify): \$ - \$	- \$ - \$	-	\$ -	
	TOTAL \$ - \$ *must agree to prior year ending balar	- \$	-	-	
F	Please answer the following questions by marking the appropriate boxes.	nce	YES	NO	
4-5 [Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]? How much? Date the debt was authorized: 5/6/2008		V		
4-6 E	Does the entity intend to issue debt within the next calendar year?			V	
4-7 E	How much? Does the entity have debt that has been refinanced that it is still responsible for?			V	
	What is the amount outstanding? Does the entity have any lease agreements?			V	
If yes: V	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 - CASH AN	ID INVE	STME	NTS	
	Please provide the entity's cash deposit and investment balances.		AMOUNT	TOTAL	Please use this space to provide any explanations or comments:
	YEAR-END Total of ALL Checking and Savings accounts Certificates of deposit TOTAL CASH DEF	\$ \$ POSITS	-	\$ -	
Ī	Investments (if investment is a mutual fund, please list underlying investments):	\$			
5-3		\$	- - -		
Ĭ	TOTAL INVESTI			\$ -	
	TOTAL CASH AND INVESTI		NO	-	
	Please answer the following question by marking in the appropriate box YES Are the entity's Investments legal in accordance with Section 24-75-601, et seg. C.R.S.2		NO	N/A	
E E .	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? 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, MUST explain:			▽	

	PART	6 - CAPITAL	AND RIG	HT.	TO-USE	ASSETS	_
	Please answer the following question by marking in the appropriate box	0 0/11/11/12	7 11 12 1 11 2		YES	NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?					V	
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:			\neg			
6-3							
0-3	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the	Additions		Deletions	Year-End Balance	
	Complete the following Capital & Right-10-0se Assets table for GOVERNIMENTAL FORDs.	year 1			Deletions	Tear-Ellu Balailce	
	Land		\$	- \$	-	\$	
	Buildings		-	- \$		\$	-
	Machinery and equipment	\$ -	Ψ	- \$	-		-
	Furniture and fixtures		Ψ	- \$	-		-
	Infrastructure		Ψ	- \$	-		-
	Construction In Progress (CIP) Leased Right-to-Use Assets		· ·	- \$ - \$	-	\$	<u>-</u>
	Intangible Assets			- \$	-		<u>-</u>
	Other (explain):			- \$	-		-
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)		Ψ	- \$	-		-
	Accumulated Depreciation (Enter a negative, or credit, balance)	·	7	- \$	-		<u>-</u>
	TOTAL	•	\$	- \$	-	\$	•
		Balance -					
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the	Additions		Deletions	Year-End Balance	
	Land	year*	\$	- \$	-	¢	
	Buildings			- \$	-		<u>-</u>
	Machinery and equipment		-	- \$	-		-
	Furniture and fixtures		7	- \$	-	•	-
	Infrastructure		Ψ	- \$	-	•	<u>-</u>
	Construction In Progress (CIP) Leased Right-to-Use Assets		Ψ	- \$ - \$	-		-
	Intangible Assets		-	- \$	-		<u>-</u>
	Other (explain):			- \$	-		-
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)		\$	- \$	-		-
	Accumulated Depreciation (Enter a negative, or credit, balance)	· .		- \$	-		-
	TOTAL			- \$	-	\$	-
		* Must agree to prior year- Generally capital asset		reporte	ed at capital outla	ay on line 3-14 and capitalized	in.
		accordance with the gove					
			-NICIONI IN	IEC		NA I	
		PART 7 - PE	ENSION IN	IFU			
					YES	NO	Please use this space to provide any explanations or comments:
	Does the entity have an "old hire" firefighters' pension plan?					V	
	Does the entity have a volunteer firefighters' pension plan? 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?		\$	-			

Sign Enve	10pe ID: 8C9B1907-3BD3-461B-86E1-89AZA4C9EC86				
	PART	8 - BUDGET INI	ORMATION	1	
	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 wi	th 🔽			
	Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?		_		
8-2	If no, MUST explain:	✓			
If yes:	Please indicate the amount appropriated for each fund separately for the year reported				
	Governmental/Proprietary Fund Name Total A	ppropriations By Fund	l		
	General Fund \$	223,996			
	\$		-		
	\$	-			
	PART 9 - TAX	PAYER'S BILL (DE RIGHTS	(TABOR)	
	Please answer the following question by marking in the appropriate box	TATILITO DILL (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, Sect	tion 20(5)]?	V		
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from requirement. All governments should determine if they meet this requirement of TABOR.	the 3 percent emergency reserve			
		0 - GENERAL IN	JEORMATIC	M	
		U - OLINLIAL II			
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?			V	
If yes:	Date of formation:				
	Date of formation.				
10-2	Has the entity changed its name in the past or current year?			V	
			٦		
If Yes:	NEW name				
	PRIOR name				
			J		
	Is the entity a metropolitan district?		✓		
10-4	Please indicate what services the entity provides:		7		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, park & recreation, transportation, television relay and most	squito control	J		
	Does the entity have an agreement with another government to provide services?		V		
ii yes:	List the name of the other governmental entity and the services provided:		7		
	All services provided by Berthoud Heritage Metropolitan District No. 1.		J		
	Does the entity have a certified mill levy?		V		
If yes:	Please provide the number of mills levied for the year reported (do not enter \$ amounts): Bond Redemption mills	37.975	7		
	General/Other mills	16.275	-		
	Total mills	54.250			
	Please use this space to provide a	ny additional explanati	ons or comments	not previously in	cluded:

OSA USE ONLY						
Entity Wide:		General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$	- Unrestricted Fund Balance	\$	- Total Tax Revenue	\$ 221,380	
Current Liabilities	\$	1,065 Total Fund Balance	\$	- Revenue Paying Debt Service	\$	
Deferred Inflow	\$	318,842 PY Fund Balance	\$	- Total Revenue	\$ 221,504	
		Total Revenue	\$	221,504 Total Debt Service Principal	\$ -	
		Total Expenditures	\$	221,504 Total Debt Service Interest	\$	
Governmental		Interfund In	\$			
Total Cash & Investments	\$	- Interfund Out	\$	- Enterprise Funds		
Transfers In	\$	- Proprietary		Net Position	\$ -	
Transfers Out	\$	- Current Assets	\$	- PY Net Position	\$ -	
Property Tax	\$	206,600 Deferred Outflow	\$	- Government-Wide		
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$ -	
Total Expenditures	\$	221,504 Deferred Inflow	\$	- Authorized but Unissued	\$ 20,000,000	
Total Developer Advances	\$	- Cash & Investments	\$	- Year Authorized	5/6/2008	
Total Developer Repayments	\$	- Principal Expense	\$			

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?	✓	

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

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.

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, each 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 Jon A. Turner	I,Jon A. Turner, attest that I am a duly elected or appointed board member, and that I have personally reviewe this application for exemption from audit. Signed
2	Full Name Christopher J. Frye	I,Christopher J. Frye, attest that I am a duly elected or appointed board member, and that I have personally reviewed in the personal previewed in the personal previe
3	Full Name James I. Birdsall	I,James I. Birdsall, attest that I am a duly elected or appointed board member, and that I have personally reviewed
4	Full Name	I,Matthew Harkness, attest that I am a duly elected or appointed board member, and that I have
	Matthew Harkness	personally reviewe Docussigned by Is application for exemption from audit. Signed Date: 3/13/2023 18:52:14 MDT My term Expires: 2008647EBDAZ2
	Full Name	I,Emily Kupec, attest that I am a duly elected or appointed board member, and that I
5	Emily Kupec	have personally revie this application for exemption from audit. Signed Date:
	Full Name	I,, 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 Date: My term Expires:
	Full Name	I,, 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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required, the wording may be used as a basis for your own local government document, if needed, however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT (Pursuant to Section 29-1-604, C.R.S.) A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 20XX FOR THE (name of government), STATE OF COLORADO. WHEREAS, the (governing body) of (name of government) wishes to claim except of from the audit requirements of Section 29-1-603, C.R.S.; and WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and [Choose 1 or 2 below, whichever is applicable] (1)WHEREAS, neither revenue nor expenditures for (name of converted) exceeded \$100,000 for Year 20XX; and WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting; and (2)WHEREAS, neither revenues nor expendence for (same of government) exceeded \$750,000 for Year 20XX; and WHEREAS, an application for exemption from an dit for (name of government) has been prepared by (name of individual or firm), an independent accountant with nowledge of governmental accounting; and WHEREAS, said application for exemption from auxit has been completed in accordance with regulations, issued by the State Auditor. NOW THEREFORE, be it resolved/or laived by the (governing body) of the (name of government) that the application for exemption from a dit for (name of covernment) for the year ended , 20XX, has been personally reviewed and is here y approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a poor of, the application for exemption from audit of the (name of government) for the , 20XX. year ended ADOPTED THIS day of , A.D. 20XX.

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
Type or Print Names of	Date Term	
Members of Governing Body	<u>Expires</u>	Signature

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the preparer signed the application?			
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?			
Has the	application been PERSONALLY reviewed and approved by the governing body?		
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?			
Will this application be submitted electronically?			
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here		
or			
	If yes, have you included a resolution?		
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?		
	Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)		
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)		
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?		

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan District No. 5	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc.	12/31/22
	550 W Eisenhower Blvd	or fiscal year ended:
	Loveland, CO 80537	
CONTACT DEDSON	Amanda Castle	

EMAIL amandac@pcgi.com

970-669-3611

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:	Amanda Castle
TITLE	District Accountant
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537
PHONE	970-669-3611
DATE PREPARED	2/28/2023

PREPARER (SIGNATURE REQUIRED)

PHONE

Honanda Kaasa Governmental or Proprietary fund types

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)

(CASH OR BUDGETARY BASIS)

PART 2 - REVENUE

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

Line#		Des	scription		Round to nearest Dollar	Please use this
2-1	Taxes: P	roperty	(report mills levied in Quest	ion 10-6)	\$ 1,870	space to provide
2-2	S	pecific owners	ship		\$ 134	any necessary
2-3	S	ales and use			\$ -	explanations
2-4	0	ther (specify):			\$ -	
2-5	Licenses and permits				\$ -	
2-6	Intergovernmental:		Grants		\$ -	
2-7			Conservation Trust F	unds (Lottery)	\$ -	
2-8			Highway Users Tax F	unds (HUTF)	\$ -	
2-9			Other (specify):		\$ -	
2-10	Charges for services				\$ -	
2-11	Fines and forfeits				\$ -	
2-12	Special assessments				\$ -	
2-13	Investment income				\$ 1	
2-14	Charges for utility serv	/ices			\$ -	
2-15	Debt proceeds		(should agre	e with line 4-4, column 2)	\$ -	
2-16	Lease proceeds				\$ -	
2-17	Developer Advances r	eceived	(s	hould agree with line 4-4)	\$ -	
2-18	Proceeds from sale of	capital assets			\$ -	
2-19	Fire and police pension	n			\$ -	
2-20	Donations				\$ -	
2-21	Other (specify):				\$ -	
2-22					\$ -	
2-23					\$ -	
2-24		(add lin	es 2-1 through 2-23)	TOTAL REVENUE	\$ 2,005	

PART 3 - EXPENDITURES/EXPENSES

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

Line#	Description		Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ 1,968	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies		\$ -	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police		\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations		\$ -	
3-16	Culture and recreation		\$ -	
3-17	Debt service principal	(should agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		(should agree with line 4-4)	 -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	Contribution to pension plan	(should agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24	Treasurer's Fees		\$ 37	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENI	DITURES/EXPENSES	\$ 2,005	

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	G, ISSUED	, AND RE	ETIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt?	ala a deel a			√
4-2	If Yes, please attach a copy of the entity's Debt Repayment S				7
4-2	Is the debt repayment schedule attached? If no, MUST explain	<u>n:</u>) L	<u> </u>
4-3	Is the entity current in its debt service payments? If no, MUS	T avelain:		J	[7]
4-3	is the entity current in its debt service payments? If no, wos	і ехріані.) <u></u>	Ů.
4-4					
-44	Please complete the following debt schedule, if applicable:	Outstanding at	Issued during	Retired during	Outstanding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance	,	
	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?	\$	20,000,000		
	Date the debt was authorized:	5/6/2	800	_	_
4-6	Does the entity intend to issue debt within the next calendar	year?			7
If yes:	How much?	\$	-	J	
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		J
If yes:	What is the amount outstanding?	\$	-		
4-8	Does the entity have any lease agreements?				J
If yes:	What is being leased?				
	What is the original date of the lease?				
	Number of years of lease?			J	
	Is the lease subject to annual appropriation?	<u> </u>		⊔ 1	Ш
	What are the annual lease payments?	\$ avalanations or	-		
	Please use this space to provide any	explanations or	comments:		

	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):			
			\$ -	
5-3			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			[J]
	seq., C.R.S.?			<u> </u>
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.)?	Ш	Ш	✓
If no, Ml	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIC	GHT-TO-U	JSE ASSI	ETS	
	Please answer the following questions by marking in the appropriate box	es.		Yes	No
6-1	Does the entity have capital assets?				7
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	s in accordance	e with Section		7
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	\$ -	\$ -	\$ -	
	(Please enter a negative, or credit, balance)	\$ -	\$ -	r	\$ - \$ -
_	TOTAL Please use this space to provide any				\$ -
	PART 7 - PENSION		ATION		
7-1	Please answer the following questions by marking in the appropriate box. Does the entity have an "old hire" firefighters' pension plan?	es.		Yes	No ✓
7-1 7-2	Does the entity have an old line intenginers pension plan? Does the entity have a volunteer firefighters' pension plan?			H	7
If yes:	Who administers the plan?			າ ່	
ii yes.	Indicate the contributions from:			_	
				1	
	Tax (property, SO, sales, etc.):		\$ -	_	
	State contribution amount:		\$ -	-	
	Other (gifts, donations, etc.): TOTAL		\$ - \$ -	-	
		tires as of lan		-	
	What is the monthly benefit paid for 20 years of service per re 1?	tiree as of Jan	\$ -		
	Please use this space to provide any	explanations o	_ r comments:		_
	risass ass and spass to provide any	охрішницоно о			
	PART 8 - BUDGET I	NEODMA	TION		
	Please answer the following questions by marking in the appropriate box			Ma	NI/A
8-1	Did the entity file a budget with the Department of Local Affai		Yes	No	N/A
0-1	current year in accordance with Section 29-1-113 C.R.S.?	is for the	J		
	current year in accordance with dection 25-1-115 o.ix.o.:				
8-2			_		
0-2	Did the entity pass an appropriations resolution, in accordance	ce with Section	J		
	29-1-108 C.R.S.? If no, MUST explain:				
			7		
If ves:	Please indicate the amount budgeted for each fund for the ye	ar reported:			
ii yes.		ar reported.		_	
	Governmental/Proprietary Fund Name		ations By Fund	Į	
	General Fund	\$	2,232	1	
				-	
				-{	
				J	

	DARTO TAVRAVERIS BILL OF DICUTS (TAR	OB)	
	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB		
0.4	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	4	
	reserve requirement. All governments should determine if they meet this requirement of TABOR.		
f no, Ml	JST 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?		7
10-1			<u>~</u>
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		J
If yes:	Please list the NEW name & PRIOR name:		
11 ycs.	riedse list the NEW hame & FRIOR hame.		
10-3	Is the entity a metropolitan district?	J	
	Please indicate what services the entity provides:		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control		
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:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during	Ш	7
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	7	
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

50.000

50.000

	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?	7					

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	IJon A. Turner, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 1	Jon A. Turner	application for exemp Docusigned by: Signed Date: 3/21/2023 14: AB7589BAREDB47D My term Expires:May 2023
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 2	Christopher J. Frye	application for exemptio Docusiqued by: Signed
Board	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 3	James I. Birdsall	application for exemy Docusigned by: Signed James Birdsall Date: My term Expires:May 2023
	Print Board Member's Name	IElizabeth S. Birdsall, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 4	Elizabeth S. Birdsall	application for exempti — Docusigned by: Signed — Elizabeth Birdsall — Date: 3/14/2023 16:5 — F9AB0E5CF6204D1 My term Expires:May 2025
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 5	Emily Kupec	application for exemp Docusioned by: Signed Date:May 2025
	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
Board Member 6		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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither exerces nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of individual), a person skilled in governmental accounting and

03

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended ________, 20XX.

ADOPTED THIS ____ day of ______, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires Si	gnatur
	//_	
		_
\\		

LONG FORM

FOR LOCAL GOVERNMENTS WITH EITHER REVENUES OR EXPENDITURES MORE THAN \$100,000 BUT NOT MORE THAN \$750,000

Under 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 neither revenues nor expenditures exceed \$750,000 for the year.

If your local government has either revenues or expenditures of LESS than \$100,000, use the SHORT FORM.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval.

Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END. FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT THIS ADDRESS:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIS I	
Has the preparer signed the application?	Checkout our new web portal. Register your account and submit
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial Statements, and more!
Has the application been PERSONALLY reviewed and approved by the governing body?	See the link below.
Are all sections of the form complete, including responses to all of the questions?	OSA LG Web Portal
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	
If yes, have you read and understand the new Electronic Signature Policy? See new here policy	
Ol'	
☐ Have you included a resolution?	
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
☐ Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
☐ If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?	
FILING METHODS	
NEW METHOD!	

WEB PORTAL: Register and submit your Applications at our new portal:

https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor Denver. CO 80203

QUESTIONS? Email: osa.lg@coleg.gov or Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis -- A Budget to GAAP reconciliation is provided in Part 3

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 event, AN AUDIT SHALL BE REQUIRED.

	APPLICATION FOI	R EXEMPT	ION FROM	M AUDIT	
		ONG FORI	M		
NAME OF GOVERNMENT	Berthoud Heritage Metropolitan District 6	ONO I ON	VI		
ADDRESS	c/o Pinnacle Consulting Group, Inc.				For the Year Ended
	550 W Eisenhower Blvd				12/31/2022
	Loveland, CO 80537				or fiscal year ended:
CONTACT PERSON	Amanda Castle				
PHONE	970-669-3611				
EMAIL	amandac@pcgi.com				
	CONTRACTOR OF THE PROPERTY OF			Control of the Contro	
	CERTIFICA	TION OF F	PREPAREI	R	
certify that I am an independent accoun	stant with knowledge of governmental accounting and that the information is	- Alex Acadination			
ndependent of the entity complete the a	ntant with knowledge of governmental accountin g and that the information in application if revenues or expenditure are at least \$100,000 but not more than \$	in the Application is	s complete and ad	ccurate to the best of my knowledge. I am aware	that the Audit Law requires that a person
NAME:	Amanda Castle	730,000, and that	independent mea	ans someone who is separate from the entity.	
TITLE	District Accountant	7			
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.				
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537				
PHONE	970-669-3611				15
DATE PREPARED	2/28/2023				
RELATIONSHIP TO ENTITY	District Accountant				
PREPARER (SIGNATURE REC	The goal and the deal are the second and the second	No.		the state of the s	
Mmanda 1					
	trict filed, a Title 32, Article 1 Special District Notice of Inactive Status	YES	NO		
during the year? [Applicable to Title:	32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-			If Yes, date filed:	
104 (3), C.R.S.]					

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: A	attach additional sheets as necessary.						
		Governme	ntal Funds		Proprietary/Fi	duciary Funds	Please use this space to
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	provide explanation of any
							items on this page
	Assets			Assets			
1-1	Cash & Cash Equivalents	·	\$ -	Cash & Cash Equivalents		\$	-
1-2	Investments	•	\$ -	Investments		\$	-
1-3	Receivables	•	\$ -	Receivables		\$	-
1-4	Due from Other Entities or Funds	\$ 1,066	·	Due from Other Entities or Funds	\$ -	\$	
1-5	Property Tax Receivable	\$ 229,652	\$ -	Other Current Assets [specify]	•		7
	All Other Assets [specify]			1		\$	-
1-6	Lease Receivable (as Lessor)	\$ -	· · · · · · · · · · · · · · · · · · ·	Total Current Assets		\$	-
1-7		•	\$ -	Capital & Right to Use Assets, net (from Part 6-4)		\$	<u>-</u>
1-8		•	\$ -	Other Long Term Assets [specify]		\$	
1-9			\$ -			\$	<u>-</u>
1-10		*	\$ -			\$	
1-11	, , , , , , , , , , , , , , , , , , ,	\$ 230,718	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ -	\$	
	Deferred Outflows of Resources:			Deferred Outflows of Resources		T .	
1-12	[specify]	\$ -	·	[specify]		\$	_
1-13	[specify]		\$ -	[specify]	·	\$	
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		· · · · · · · · · · · · · · · · · · ·	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		\$	-
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 230,718	\$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ -	\$	-
	Liabilities			Liabilities			=
1-16	Accounts Payable	\$ -		Accounts Payable		\$	
1-17	Accrued Payroll and Related Liabilities		\$ -	Accrued Payroll and Related Liabilities		\$	_
1-18	Unearned Property Tax Revenue		\$ -	Accrued Interest Payable		\$	-
1-19	Due to Other Entities or Funds	\$ 1,066	·	Due to Other Entities or Funds		\$	-
1-20	All Other Current Liabilities		\$ -	All Other Current Liabilities		\$	-
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		·	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		\$	_
1-22	All Other Liabilities [specify]	•	\$ -	Proprietary Debt Outstanding (from Part 4-4)		\$	-
1-23		•	\$ - \$ -	Other Liabilities [specify]:		\$	-
1-24		•	·				-
1-25		•	\$ -			\$	-
1-26	(add lines 1-21 through 1-26) TOTAL LIABILITIES	·	\$ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES		\$	-
1-27		\$ 1,066	Φ -	,	φ -	\$	
1 20	Deferred Inflows of Resources:	\$ 229,652	¢	Deferred Inflows of Resources Pension/OPEB Related	¢	e	\neg
1-28	Deferred Property Taxes Lease related (as lessor)		\$ -	Other [specify]		\$	4
1-29 1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	•	·	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	T	\$	\exists
1-30	Fund Balance	Ψ 229,002	Ψ -	Net Position	Ψ -	Ψ	
1.24	Nonspendable Prepaid	\$ -	¢	Net Investment in Capital Assets	\$ -	\$	П
1-31	Nonspendable Inventory	*	\$ -	Not invostinent in Capital Assets	Ψ -	Ψ .	
1-32	Restricted [specify]		\$ -	Emergency Reserves	\$ -	\$	7
1-34	Committed [specify]	· .	\$ -	Other Designations/Reserves		\$	-
1-34	Assigned [specify]		\$ -	Restricted		\$	-
1-36	Unassigned:		\$ -	Undesignated/Unreserved/Unrestricted	\$ -	\$	_
1-37	Add lines 1-31 through 1-36	Ψ -	Ψ -	Add lines 1-31 through 1-36	-	Ψ .	-
07	Add lines 1-31 through 1-36 This total should be the same as line 3-33			Add lines 1-31 through 1-36 This total should be the same as line 3-33			
	This total should be the same as line 3-33 TOTAL FUND BALANCE	Φ.	Φ.	TOTAL NET POSITION		Φ.	
1-38		a -	\$ -		*	\$	-
1-30	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15			Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	\$ 230,718	¢	POSITION		\$	
		φ 230,718	Φ -		φ -	φ .	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

	Governmental		al Funds	I	Proprietary/	Fiduciary Funds	51 (1) (1)	
Line #	Description	General Fun	t	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue				Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 206	950 \$	-	Property [include mills levied in Question 10-6]	\$	- \$	
2-2	Specific Ownership	\$ 14	805 \$	-	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	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		755 \$	-	Add lines 2-1 through 2-7 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	\$	- \$	-	Grants	\$	- \$	
2-15	Donations	\$	- \$	-	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	\$ 7	164 \$	-	Interest/Investment Income	\$	- \$	
2-20	Tap Fees	\$	- \$	-	Tap Fees	\$	- \$	
2-21	Proceeds from Sale of Capital Assets	\$	- \$	-	Proceeds from Sale of Capital Assets	\$	- \$	
2-22	All Other [specify]:	\$	- \$	-	All Other [specify]:	\$	- \$	-
2-23		\$	- \$	-		7	- \$	-
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES		919 \$	-	Add lines 2-8 through 2-23 TOTAL REVENUES		- \$	
	Other Financing Sources				Other Financing Sources			_
2-25	Debt Proceeds	\$	- \$	-	Debt Proceeds	\$	- \$	
2-26	Lease Proceeds	\$	- \$	-	Lease Proceeds	\$	- \$.
2-27	Developer Advances	\$	- \$	-	Developer Advances	\$	- \$	
2-28	Other [specify]:	\$	- \$	-	Other [specify]:	\$	- \$	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		- \$		Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		- \$	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES		919 \$		Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES		- \$	- \$ 228,919

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for 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 the OSA Local Government Division at (303) 869-3000 for assistance.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES										
	Governme	ental Funds		Proprietary/	Fiduciary Funds	Please use this space to				
Line # Description	General Fund	Fund*	Description	Fund*	Fund*	provide explanation of any				
Expenditures			Expenses			items on this page				
3-1 General Government	\$ 51,839		General Operating & Administrative	\$	- \$	-				
3-2 Judicial	*	\$ -	Salaries	\$	- \$	<u>-</u>				
3-3 Law Enforcement	\$ -	T	Payroll Taxes	7	- \$	-				
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 Transfers to other districts	\$ -	1	Utilities	-	- \$	_				
3-11 Other (specify):	\$ -	\$ -	Contributions to Fire & Police Pension Assoc.	\$	- \$ - \$					
the state of the s	*			· ·		-				
	\$ 4,282		Other [specify]	Ψ	- \$	-				
3-13 Payment to No. 1 for Debt	\$ 172,798	<u> </u>		Ψ	- \$	<u>-</u>				
3-14 Capital Outlay	\$ -	- \$	Capital Outlay	\$	- \$					
Debt Service			Debt Service							
3-15 Principal (should match amount in 4-4)	\$ -	\$ -	Principal (should match amount in 4-4)	\$	- \$	-				
3-16 Interest	\$ -	\$ -	Interest	\$	- \$	-				
3-17 Bond Issuance Costs	\$ -	\$ -	Bond Issuance Costs	\$	- \$	-				
3-18 Developer Principal Repayments	\$ -	-	Developer Principal Repayments		- \$	_				
3-19 Developer Interest Repayments	\$ -	\$ -	Developer Interest Repayments	\$	- \$	_				
3-20 All Other [specify]:	\$ -	-	All Other [specify]:	-	- \$	_				
3-21	\$ -	\$ -	All Other [specify].	\$	- \$ - \$	- GRAND TOTAL				
Add lines 3-1 through 3-21	Ψ	1	Add lines 3-1 through 3-21	*		- GRAND TOTAL				
3-22 TOTAL EXPENDITURES	\$ 228,919	-	TOTAL EXPENSES	\$	- \$	- \$ 228,919				
3-23 Interfund Transfers (In)	\$ -	\$ -	Net Interfund Transfers (In) Out	\$	- \$	-				
3-24 Interfund Transfers Out	\$ -	\$ -	Other [specify][enter negative for expense]	\$	- \$	-				
3-25 Other Expenditures (Revenues):	\$ -		Depreciation/Amortization	-	- \$	_				
3-26		\$ -	Other Financing Sources (Uses) (from line 2-28)		- \$	_				
3-27		\$ -	Capital Outlay (from line 3-14)	\$	- \$	_				
3-28	\$ -	\$ -		\$	- \$ - \$	-				
	Φ -			φ	- p	-				
			(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus							
TRANSFERS AND OTHER EXPENDITURES	\$ -	-	line 3-24) TOTAL GAAP RECONCILING ITEMS	\$	- \$	-				
3-30 Excess (Deficiency) of Revenues and Other Financing			Net Increase (Decrease) in Net Position							
Sources Over (Under) Expenditures			Line 2-29, less line 3-22, plus line 3-29, less line 3-23							
Line 2-29, less line 3-22, less line 3-29	\$ -	-	Line 2-23, less line 3-22, plus line 3-23, less line 3-23	\$	- \$	-				
			Not Booition, January 4 from Boombox 24 prior year							
3-31 Fund Balance, January 1 from December 31 prior year report			Net Position, January 1 from December 31 prior year							
	\$ -	- \$	report	\$	- \$	-				
3-32 Prior Period Adjustment (MUST explain)	\$ -	\$ -	Prior Period Adjustment (MUST explain)	\$	- S					
3-33 Fund Balance, December 31	φ -	- φ	Net Position, December 31	φ	- φ	-				
Sum of Lines 3-30, 3-31, and 3-32			Sum of Lines 3-30, 3-31, and 3-32							
This total should be the same as line 1-37.	\$ -	\$ -	This total should be the same as line 1-37.	\$	- \$					
This total should be the same as line 1-37.	φ -	-	This total should be the same as line 1-57.	φ	- φ					

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) 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 the OSA Local Government Division at (303) 869-3000 for assistance.

	PART 4 - DEBT OUTSTANDIN	IG, ISSL	JED, A	AND RETIRED	
	Please answer the following questions by marking the appropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
	Does the entity have outstanding debt? Is the debt repayment schedule attached? If no, MUST explain:			V	
4-3	Is the entity current in its debt service payments? If no, MUST explain:	<u> </u>		V	
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts) General obligation bonds Revenue bonds Notes/Loans Lease Liabilities Developer Advances Outstanding at beginning of year* \$ - \$ S Lease only include principal and beginning of year* \$ - \$ S Lease only include principal and beginning of year* \$ - \$ S Poweloper Advances	- \$ - \$ - \$ - \$	- - -	S - S - S - S - S - S - S - S - S - S -	
	Other (specify): \$ - \$ TOTAL \$ - \$	- \$ - \$	-	+ -	
	*must agree to prior year ending balance			1	
4-5 If yes:	Please answer the following questions by marking the appropriate boxes. Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]? How much? Stoppont 5/6/2008		YES	<u>NO</u> □	
	Date the debt was authorized: 5/6/2008 Does the entity intend to issue debt within the next calendar year? How much? \$ -			V	
4-7	Does the entity have debt that has been refinanced that it is still responsible for? What is the amount outstanding?			V	
4-8	Does the entity have any lease agreements? What is being leased?			V	
ii yes.	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 - CASH ANI	O INVES	STME	NTS	
5-1	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings accounts Certificates of deposit TOTAL CASH DEP	\$	OUNT -	TOTAL	Please use this space to provide any explanations or comments:
	Investments (if investment is a mutual fund, please list underlying investments):	Φ.			
5-3		\$ \$ \$ \$	- - -		
	TOTAL INVESTM TOTAL CASH AND INVESTM			\$ -	
	Please answer the following question by marking in the appropriate box YES	I-N12	NO	N/A	
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?				
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.)? If no, MUST explain:			V	

	PART	6 - CAPITAL	AND RIGH	-T-	TO-USE	ASSE	TS	
	Please answer the following question by marking in the appropriate box	O-OALITAL	AND MOI	'''	YES	. AOOL	NO NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?						✓	. Naco ass and opace to prome any explanations of comments.
	Has the entity performed an annual inventory of capital assets in accordance with	Section 29-1-506 C	P S 2 If no					
6-2	MUST explain:	3ection 25-1-500, G	.K.3. f II IIO,				7	
	MOST explain.							
6-3								I
0-3		Balance -	Additions					
	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	beginning of the			Deletions	Year-E	nd Balance	
		year 1						
	Land			- \$	-		-	
	Buildings	\$ -		Ψ-	-		-	
	Machinery and equipment	\$ -		Ψ-	-		-	
	Furniture and fixtures		\$ -	Ψ-	-			
	Infrastructure		\$ -		-			
	Construction In Progress (CIP)		\$ -	+ *		\$		-
	Leased Right-to-Use Assets	\$ -	\$ - \$ -	_	-			-
	Intangible Assets	•	\$ -	_	-			-
	Other (explain): Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)	·	\$ -	_	-			-
	Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	_	-			
	TOTAL	T		1		\$		
	TOTAL	•	\$ -	- ф	-		-	
		Balance -						
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the	Additions		Deletions	Year-E	nd Balance	
		year*						
	Land		\$ -		-			
	Buildings	\$ -	•	-	-			
	Machinery and equipment	•	\$ - \$ -	Ψ-	-		-	
	Furniture and fixtures	\$ -		Ψ	-		-	
	Infrastructure	\$ - \$ -		_ -		\$		
	Construction In Progress (CIP) Leased Right-to-Use Assets		\$ -	Ψ.	-			
	Intangible Assets		\$ -	-		\$		•
	Other (explain):	•	\$ -	-	-			
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)	\$ -	·		-			
	Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	_	-			
	TOTAL			1.		\$		
	TOTAL	* Must agree to prior yea	· ·	- ψ	- 1	Ψ		
		- Generally capital asset		eported	d at capital outla	y on line 3-14	4 and capitalized in	
		accordance with the gove	ernment's capitalizatio	n polic	cy. Please expla	in any discre	pancy .	
		<u> PART 7 - PE</u>	<u>ENSION INI</u>	FOI	RMATIC)N		
					YES		NO	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firefighters' pension plan?						7	
	Does the entity have a volunteer firefighters' pension plan?							
	Who administers the plan?							
	•							
	Indicate the contributions from:			_				
	Tax (property, SO, sales, etc.):		\$ -	.				
	State contribution amount:		\$ -	_				
			\$ -	\dashv				
	Other (gifts, donations, etc.):		*	-				
		TOTAL						
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		\$ -					

	ΡΔΡΤ 8 - Ε	BUDGET IN	ORMATION	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	V			rease use this space to provide any explanations of comments.						
0-1	Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?	_	ы								
8-2	If no, MUST explain:	✓									
If yes:	Please indicate the amount appropriated for each fund separately for the year reported										
		iations By Fund	l								
	General Fund \$	230,685	-								
	\$		-								
	\$	-									
	PART 9 - TAX PAY	ER'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 Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 pe	· /#	✓								
	requirement. All governments should determine if they meet this requirement of TABOR.										
	PART 10 - GENERAL INFORMATION										
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:						
10-1	Is this application for a newly formed governmental entity?			V							
If yes:	Date of formation:										
	Date of formation.										
10-2	Has the entity changed its name in the past or current year?			7							
If Yes:	NEW name		1								
	NEW HUND		-								
	PRIOR name										
	Is the entity a metropolitan district?		✓								
10-4	Please indicate what services the entity provides:		7								
	Streets, traffic & safety, water, sanitary sewer, storm drainage, park & recreation, transportation, television relay and mosquito co	ontrol	_	_							
	Does the entity have an agreement with another government to provide services?		V								
it yes:	List the name of the other governmental entity and the services provided:		7								
	All services provided by Berthoud Heritage Metropolitan District No. 1.		J								
	Does the entity have a certified mill levy?		V								
If yes:	Please provide the number of mills levied for the year reported (do not enter \$ amounts): Bond Redemption mills 51	.644	1								
		5.493									
		.137									
	Please use this space to provide any ad	lditional explanati	ons or comments	not previously in	cluded:						

OSA USE ONLY									
Entity Wide:		General Fund		Governmental Funds			Notes		
Unrestricted Cash & Investments	\$	 Unrestricted Fund Bala 	n \$	- Total Tax Revenue	\$	221,755			
Current Liabilities	\$	1,066 Total Fund Balance	\$	- Revenue Paying Debt Service	\$	-			
Deferred Inflow	\$	229,652 PY Fund Balance	\$	- Total Revenue	\$	228,919			
		Total Revenue	\$	228,919 Total Debt Service Principal	\$	-			
		Total Expenditures	\$	228,919 Total Debt Service Interest	\$	-			
Governmental		Interfund In	\$						
Total Cash & Investments	\$	- Interfund Out	\$	- Enterprise Funds					
Fransfers In	\$	- Proprietary		Net Position	\$	-			
ransfers Out	\$	- Current Assets	\$	- PY Net Position	\$	-			
Property Tax	\$	206,950 Deferred Outflow	\$	- Government-Wide					
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$	-			
Total Expenditures	\$	228,919 Deferred Inflow	\$	- Authorized but Unissued	\$	20,000,000			
Total Developer Advances	\$	- Cash & Investments	\$	- Year Authorized		5/6/2008			
Total Developer Repayments	\$	- Principal Expense	\$						

PART 12 - GOVERNING BODY APPROVAL

		المستحدث الم
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 Procedures

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.

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, each 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 Jon A. Turner	I,Jon A. Turner, attest that I am a duly elected or appointed board member, and that I have personally reviewe this application for exemption from audit. Signed				
2	Full Name Christopher J. Frye	I,Christopher J. Frye, attest that I am a duly elected or appointed board member, and that I have personally review				
3	Full Name James I. Birdsall	I,James I. Birdsall, attest that I am a duly elected or appointed board member, and that I have personally reviewe his application for exemption from audit. Signed				
	Full Name	Flizaboth S Rindeall attact that I am a duly elected or appointed board member, and that I have				
4	Elizabeth S. Birdsall	I,Elizabeth S. Birdsall, attest that I am a duly elected or appointed board member, and that I have personally reviewed				
	Full Name	I,Emily Kupec, attest that I am a duly elected or appointed board member, and that I				
5	Emily Kupec	have personally Docustioned by d approve this application for exemption from audit. Signed Date:				
6	Full Name	I,, 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. Signed Date: My term Expires:				
	Full Name	I, , 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:				

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required, the wording may be used as a basis for your own local government document, if needed, however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT (Pursuant to Section 29-1-604, C.R.S.) A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 20XX FOR THE (name of government), STATE OF COLORADO. WHEREAS, the (governing body) of (name of government) wishes to claim except of from the audit requirements of Section 29-1-603, C.R.S.; and WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and [Choose 1 or 2 below, whichever is applicable] (1)WHEREAS, neither revenue nor expenditures for (name of converted) exceeded \$100,000 for Year 20XX; and WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting; and (2)WHEREAS, neither revenues nor expendence for (same of government) exceeded \$750,000 for Year 20XX; and WHEREAS, an application for exemption from an dit for (name of government) has been prepared by (name of individual or firm), an independent accountant with nowledge of governmental accounting; and WHEREAS, said application for exemption from auxit has been completed in accordance with regulations, issued by the State Auditor. NOW THEREFORE, be it resolved/or laived by the (governing body) of the (name of government) that the application for exemption from a dit for (name of covernment) for the year ended , 20XX, has been personally reviewed and is here y approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a poor of, the application for exemption from audit of the (name of government) for the , 20XX. year ended ADOPTED THIS day of , A.D. 20XX.

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
5 P	Date	
Type or Print Names of Members of Governing Body	Term Expires	Signature

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the	preparer signed the application?					
Has the	Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?					
Has the	application been PERSONALLY reviewed and approved by the governing body?					
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?					
Will this	application be submitted electronically?					
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here					
or						
	If yes, have you included a resolution?					
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?					
	Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)					
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)					
	If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?					

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

			_			
NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dis	For the Year Ended				
ADDRESS	C/O Pinnacle Consulting Group, Inc	•	12/31/22			
	550 W Eisenhower Blvd		or fiscal year ended:			
	Loveland, CO 80537		1			
CONTACT PERSON	Amanda Castle		1			
PHONE	970-669-3611		1			
EMAIL	amandac@pcgi.com					
THE PARTY OF THE P	ART 1 - CERTIFICATION	ON OF PREPARER				
	nmental accounting and that the inform	nation in the application is comple	ete and accurate, to the best of			
my knowledge.						
NAME:	Amanda Castle					
TITLE	District Accountant					
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.					
ADDRESS	550 W Eisenhower Blvd, Loveland, CC	80537				
PHONE	970-669-3611		u u			
DATE PREPARED	2/28/2023					
DDEDADED (SIGNATURE						
PREPARER (SIGNATURE	: REQUIRED)					
Amanda Caste						
		GOVERNMENTAL	PROPRIETARY			
using Governmental or Proprietary	ng financial information is recorded	(MODIFIED ACCRUAL BASIS)	(CASH OR BUDGETARY BASIS)			
using Governmental of Proprietary	Turiu types					

J

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: Pr	operty	(report mills levied in Ques	stion 10-6)	\$ 1,000	space to provide
2-2	Sp	ecific owner	ship		\$ 572	any necessary
2-3	Sa	les and use			\$ -	explanations
2-4	Ot	her (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				\$ 31	
2-14	Charges for utility serv	ices			\$ -	
2-15	Debt proceeds		(should ag	ree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds				\$ -	
2-17	Developer Advances re			(should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of				\$ -	
2-19	Fire and police pension	1			\$ -	
2-20	Donations				\$ -	
2-21	Other (specify):				\$ -	
2-22					\$ -	
2-23					\$ -	
2-24		(add lin	es 2-1 through 2-23)	TOTAL REVENUE	\$ 8,598	

PART 3 - EXPENDITURES/EXPENSES

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

Line#	Description	Totado faria oquity ilifori	riacio	Round to nearest Dollar	Please use this
3-1	Administrative		\$	-	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	8,438	
3-5	Employee benefits		\$	-	
3-6	Insurance		\$	-	
3-7	Accounting and legal fees		\$	-	
3-8	Repair and maintenance		\$	-	
3-9	Supplies		\$	-	
3-10	Utilities and telephone		\$	-	
3-11	Fire/Police		\$	-	
3-12	Streets and highways		\$	-	
3-13	Public health		\$	-	
3-14	Capital outlay		\$	-	
3-15	Utility operations		\$	-	
3-16	Culture and recreation		\$	-	
3-17	Debt service principal	(should agree with Part 4)	\$	-	
3-18	Debt service interest		\$	-	
3-19	1 2 1	should agree with line 4-4)	\$	-	
3-20	Repayment of Developer Advance Interest		\$	-	
3-21	Contribution to pension plan	(should agree to line 7-2)	\$	-	
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$	-	
3-23	Other (specify):				
3-24	Treasurer's Fees		\$	160	
3-25			\$	-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	ITURES/EXPENSES	\$	8,598	

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	G, ISSUED	, AND RE	ETIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt?	ala a deel a			√
4-2	If Yes, please attach a copy of the entity's Debt Repayment S				7
4-2	Is the debt repayment schedule attached? If no, MUST explain	<u>n:</u>) L	<u> </u>
4-3	Is the entity current in its debt service payments? If no, MUS	T avelain:		J	[7]
4-3	is the entity current in its debt service payments? If no, wos	і ехріані.) <u> </u>	Ų.
4-4					
-44	Please complete the following debt schedule, if applicable:	Outstanding at	Issued during	Retired during	Outstanding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance	,	
	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?	\$	20,000,000		
	Date the debt was authorized:	5/6/2	800	_	_
4-6	Does the entity intend to issue debt within the next calendar	year?			7
If yes:	How much?	\$	-	J	
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		J
If yes:	What is the amount outstanding?	\$	-		
4-8	Does the entity have any lease agreements?				J
If yes:	What is being leased?				
	What is the original date of the lease?				
	Number of years of lease?			J	
	Is the lease subject to annual appropriation?	<u> </u>		⊔ 1	Ш
	What are the annual lease payments?	\$ avalanations or	-		
	Please use this space to provide any	explanations or	comments:		

	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):			
			\$ -	
5-3			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			[J]
	seq., C.R.S.?			<u> </u>
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.)?	Ш	Ш	✓
If no, Ml	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-L	JSE ASSE	ETS	
	Please answer the following questions by marking in the appropriate box	es.		Yes	No
6-1	Does the entity have capital assets?				7
6-2	Has the entity performed an annual inventory of capital asset	s in accordance	with Section		J
	29-1-506, C.R.S.,? If no, MUST explain:				
6-3		Balance -	Additions (Must		
6-3	Complete the following capital & right-to-use assets table:	beginning of the	be included in	Deletions	Year-End
	3 .,	year*	Part 3)		Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Leased Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation/Amortization	\$ -	\$ -	\$ -	
	(Please enter a negative, or credit, balance)	<u> </u>	<u> </u>	<u> </u>	\$ -
	TOTAL Please use this space to provide any	\$ -	\$ -	\$ -	-
	Flease use this space to provide any	explanations of	comments.		
	PART 7 - PENSION	INFORMA	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?				J
7-2	Does the entity have a volunteer fire fighters' pension plan?				7
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	Tax (property, SO, sales, etc.):		\$ -	1	
	State contribution amount:		\$ -	1	
	Other (gifts, donations, etc.):		\$ -]	
	TOTAL		\$ -		
	What is the monthly benefit paid for 20 years of service per re	etiree as of Jan	\$ -		
	1?		ф -		
	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			_	
	current year in accordance with Section 29-1-113 C.R.S.?		7		
]		
8-2	Did the entity was an appropriations recolution in accorden	as with Castian	_		
	Did the entity pass an appropriations resolution, in accordan	ce with Section	7		
	29-1-108 C.R.S.? If no, MUST explain:		_		
If wood	Please indicate the amount budgeted for each fund for the year.	ar reported:	_		
If yes:	ricase malcate the amount budgeted for each fund for the ye	ai reporteu.			
	Governmental/Proprietary Fund Name	Total Appropria	ations By Fund		
	General Fund	\$	8,579]	
				ļ	
				ļ	
		<u> </u>		J	

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?	V	П
	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.	<u> </u>	
f no, Ml	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?	П	7
10-1			
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		~
If yes:	Please list the NEW name & PRIOR name:		
,			
10-3	Is the entity a metropolitan district?	√	
	Please indicate what services the entity provides:		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control		
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:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		7
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	√	
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Rond Padamation mills		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

20.000

20.000

	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?	7	

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.					
	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or					
Board		appointed board member, and that I have personally reviewed and approve this					
Member 1	Jon A. Turner	application for exemption Docusiqued by: Signed Date: 3/21/2023 14:41:55/s/MDTASED847D My term Expires: May 2023					
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or					
Board		appointed board member, and that I have personally reviewed and approve this					
Member 2	Christopher J. Frye	application for exempti — Docusigned by: Signed Date:					
	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or					
		appointed board member, and that I have personally reviewed and approve this					
Board Member 3	James I. Birdsall	application for exempti Docusigned by: Signed James Birdsall Date: 3/21/2023 11:53:297EMDICD9140F My term Expires:May 2023					
Board Member 4	Print Board Member's Name	IElizabeth S. Birdsall, attest I am a duly elected or					
		appointed board member, and that I have personally reviewed and approve this					
	Elizabeth S. Birdsall	application for exempti Docusigned by: Signed Elizabeth Birdsall Date:3/14/2023 16:FRANDESCFREZUAD1 My term Expires:May 2025					
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or					
Board		appointed board member, and that I have personally reviewed and approve this					
Member 5	Emily Kupec	application for exemption fr Docusigned by: Signed					
	Print Board Member's Name	I, attest I am a duly elected or appointed board					
Board		member, and that I have personally reviewed and approve this application for					
Member		exemption from audit.					
6		Signed					
		Date:					
	Print Board Member's Name	My term Expires:					
	Finit 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					
Board		exemption from audit.					
Member		Signed					
7		Date:					
		My term Expires:					

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither exerces nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of individual), a person skilled in governmental accounting and

03

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended ________, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires Si	gnatur
	//_	
		_
\\		

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

FOR LOCAL GOVERNMENTS WITH EITHER REVENUES OR EXPENDITURES MORE THAN \$100,000 BUT NOT MORE THAN \$750,000

Under the Local Government Audit Law (Section 29-1-601, et seg., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 for the year.

If your local government has either revenues or expenditures of LESS than \$100,000, use the SHORT FORM.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval.

Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END. FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

CHECKLIST

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT THIS ADDRESS:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

OT LEGITATION							
Has the preparer signed the application?	Checkout our new web portal. Register your account and submit						
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial Statements, and more!						
Has the application been PERSONALLY reviewed and approved by the governing body?							
Are all sections of the form complete, including responses to all of the questions? OSA LG Web Portal							
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?							
Will this application be submitted electronically?							
If yes, have you read and understand the new Electronic Signature Policy? See new here policy							
0)'							
☐ Have you included a resolution?							
Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?							
☐ Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)							
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)							
☐ If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?							
FILING METHODS							

NEW METHOD!

WEB PORTAL: Register and submit your Applications at our new portal:

https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor Denver. CO 80203

2011/01, 00 0020

QUESTIONS? Email: osa.lg@coleg.gov or Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis -- A Budget to GAAP reconciliation is provided in Part 3

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 event, AN AUDIT SHALL BE REQUIRED.

CALLED BY CALL	APPLICATION FOI	R EXEMPT	ION FROM	AUDIT	SACRES CARRIED STATE OF THE SACRE
		ONG FORI	M		
AME OF GOVERNMENT	Berthoud Heritage Metropolitan District 8	OITO I OIT	VI		For the Year Ended
DDRESS	c/o Pinnacle Consulting Group, Inc.				12/31/2022
	550 W Eisenhower Blvd				or fiscal year ended:
	Loveland, CO 80537	1			of fiscal year ended:
ONTACT PERSON	Amanda Castle	i			1
HONE	970-669-3611				1
MAIL	amandac@pcgi.com				1
	CERTIFICA	TION OF F	PREPARE	2	
portify that I am an independent account	stant with knowledge of accommental accounting and that the information is	m tha Amaliantian i		A CONTRACTOR OF THE CONTRACTOR	
idenendent of the entity complete the a	ntant with knowledge of governmental accounting and that the information in application if revenues or expenditure are at least \$100,000 but not more than \$	Title Application is	s complete and ac	curate to the best of my knowledge. I am aware	that the Audit Law requires that a person
AME:	Amanda Castle	\$750,000, and that	. пиерепиеті теа	his someone who is separate from the entity.	7
ITLE	District Accountant				-
IRM NAME (if applicable)	Pinnacle Consulting Group, Inc.				-
DDRESS	550 W Eisenhower Blvd, Loveland, CO 80537				-
HONE	970-669-3611				-
ATE PREPARED	2/28/2023				-
ELATIONSHIP TO ENTITY	District Accountant	1			-
PREPARER (SIGNATURE REC	QUIRED)	A DESCRIPTION OF THE PERSON OF	PROPERTY OF A	MARKS IN LAST THE RESIDENCE	There is the same of the same
Amanda	Caste	и и			
	trict filed, a Title 32, Article 1 Special District Notice of Inactive Status	YES	NO		
uring the year? [Applicable to Title in the control of the control	32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-		Ø	If Yes, date filed:	

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

NOTE: A	OTE: Attach additional sheets as necessary. Governmental Funds Proprietary/Fiduciary Funds									
		Governme	itai Funds		Proprietary/Fiduciary	Please use this space to				
Line #	Description	General Fund	Fund*	Description	Fund*	Fund* provide explanation of any				
	Annata			Acceta		items on this page				
4.4	Assets Cash & Cash Equivalents	\$ -	Φ.	Assets Cash & Cash Equivalents	\$ - \$					
1-1 1-2	Investments	7	\$ -	Investments	\$ - \$	-				
1-2	Receivables		\$ -	Receivables	\$ - \$	-				
1-3	Due from Other Entities or Funds	\$ 1,100		Due from Other Entities or Funds	\$ - \$	-				
1-4	Property Tax Receivable	\$ 225,228	•	Other Current Assets [specify]	- 5					
1-5	All Other Assets [specify]	Ψ 223,220	Ψ -	Other Guitent Addets [specify]	\$ - \$					
1-6	Lease Receivable (as Lessor)	\$ -	¢	Total Current Assets		_				
1-7	Lease Receivable (as Lessol)	· .	\$ -	Capital & Right to Use Assets, net (from Part 6-4)	\$ - \$	-				
1-8			\$ -	Other Long Term Assets [specify]	\$ - \$	-				
1-9		-	\$ -	Other Long Term Assets [specify]	\$ - \$	-				
1-10			\$ -		\$ - \$	-				
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	•	·	(add lines 1-1 through 1-10) TOTAL ASSETS		-				
	Deferred Outflows of Resources:	Ψ 220,020	Ψ -	Deferred Outflows of Resources	- Ψ					
1-12	[specify]	\$ -	\$ -	[specify]	\$ - \$	_				
1-13	[specify]	*	\$ -	[specify]	\$ - \$					
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	•	<u> </u>	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		_				
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS			TOTAL ASSETS AND DEFERRED OUTFLOWS		-				
	Liabilities	Ψ 220,020	<u> </u>	Liabilities	Ψ Ψ					
1-16	Accounts Payable	\$ -	\$ -	Accounts Payable	\$ - \$	-				
1-17	Accrued Payroll and Related Liabilities	\$ -	\$ -	Accrued Payroll and Related Liabilities	\$ - \$	-				
1-18	Unearned Property Tax Revenue	\$ -	\$ -	Accrued Interest Payable	\$ - \$	-				
1-19	Due to Other Entities or Funds	\$ 1,100	\$ -	Due to Other Entities or Funds	\$ - \$	-				
1-20	All Other Current Liabilities	\$ -	\$ -	All Other Current Liabilities	\$ - \$	-				
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ 1,100	\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ - \$	-				
1-22	All Other Liabilities [specify]	-	\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$ - \$					
1-23			\$ -	Other Liabilities [specify]:	\$ - \$					
1-24			\$ -		\$ - \$					
1-25		*	\$ -		\$ - \$					
1-26			\$ -		\$ - \$	-				
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 1,100	\$ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ - \$	-				
	Deferred Inflows of Resources:			Deferred Inflows of Resources						
1-28	Deferred Property Taxes	\$ 225,228	·	Pension/OPEB Related	\$ - \$	-				
1-29	Lease related (as lessor)	•	\$ -	Other [specify]	\$ - \$	-				
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ 225,228	-	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ - \$	-				
1 24	Nonspendable Prepaid	\$ -	¢	Net Investment in Capital Assets	\$ - \$					
	Nonspendable Inventory	-	\$ -	Het investillent in Capital Assets	φ - \$					
1-32	Restricted [specify]		\$ -	Emergency Reserves	\$ - \$					
1-34	Committed [specify]		\$ -	Other Designations/Reserves	\$ - \$					
1-34	Assigned [specify]		\$ -	Restricted	\$ - \$					
1-36	Unassigned:		\$ -	Undesignated/Unreserved/Unrestricted	\$ - \$					
1-37	Add lines 1-31 through 1-36	Ψ	<u> </u>	Add lines 1-31 through 1-36	· · · · · · · · · · · · · · · · · · ·					
	This total should be the same as line 3-33			This total should be the same as line 3-33						
	TOTAL FUND BALANCE	\$ -	\$ -	TOTAL NET POSITION						
1-38	Add lines 1-27, 1-30 and 1-37	Ψ -	Ψ -	Add lines 1-27, 1-30 and 1-37						
	This total should be the same as line 1-15			This total should be the same as line 1-15						
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET						
	BALANCE	\$ 226,328	\$ -	POSITION	4 \$ - \$	-				

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ntal Funds		Proprietary/F	iduciary Funds	Bloom the control
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 213,425	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$	
2-2	Specific Ownership	\$ 15,268	\$ -	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		\$ -	\$ -		\$ -	\$	<u>-</u>
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 228,693	\$ -	Add lines 2-1 through 2-7 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	\$ -	\$ -	Grants	\$ -	\$	
2-15	Donations	\$ -	\$ -	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	\$ 9,874	\$ -	Interest/Investment Income	\$ -	\$	-
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$ -	\$	
2-22	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$ -	\$	
2-23		\$ -	\$ -		\$ -	\$	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 238,567	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES		\$	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$	
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$	
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$.
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES	¢	\$ -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	•	•	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES		\$	• \$ 238,567

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for 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 the OSA Local Government Division at (303) 869-3000 for assistance.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES Proprietary/Fiduciary Funds **Governmental Funds** Please use this space to Description Description provide explanation of any Expenditures Expenses items on this page **General Government** 54.023 \$ General Operating & Administrative Judicial \$ Salaries - | \$ 3-2 \$ Law Enforcement 3-3 \$ - \$ **Payroll Taxes** \$ - \$ 3-4 \$ - | \$ **Contract Services** \$ - | \$ **Highways & Streets Employee Benefits** \$ 3-5 \$ - | \$ - | \$ \$ 3-6 Solid Waste \$ - | \$ Insurance - | \$ 3-7 Contributions to Fire & Police Pension Assoc. \$ - \$ Accounting and Legal Fees \$ - \$ \$ Repair and Maintenance \$ 3-8 Health - | \$ - | \$ 3-9 **Culture and Recreation** \$ - | \$ Supplies \$ - \$ Transfers to other districts \$ - \$ Utilities - \$ 3-10 \$ Other [specify...]: - | \$ Contributions to Fire & Police Pension Assoc. - \$ 3-11 3-12 Treasurer's Fees \$ 4,466 \$ Other [specify...] - \$ 3-13 Payment to No. 1 for Debt 180,078 \$ \$ - | \$ Capital Outlay Capital Outlay \$ \$ - | \$ - \$ **Debt Service Debt Service** Principal \$ Principal - \$ 3-15 (should match amount in 4-4) - | \$ (should match amount in 4-4) 3-16 Interest \$ - | \$ Interest \$ - | \$ **Bond Issuance Costs** \$ **Bond Issuance Costs** \$ 3-17 - | \$ - \$ **Developer Principal Repayments** \$ **Developer Principal Repayments** 3-18 \$ - | \$ - | \$ 3-19 **Developer Interest Repayments** \$ - | \$ **Developer Interest Repayments** - | \$ 3-20 All Other [specify...]: \$ \$ All Other [specify...]: - \$ **GRAND TOTAL** 3-21 \$ - \$ - \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-21 3-22 238,567 \$ - | \$ 238.567 **TOTAL EXPENDITURES TOTAL EXPENSES** 3-23 Interfund Transfers (In) \$ - Net Interfund Transfers (In) Out - | \$ \$ 3-24 Interfund Transfers Out \$ - \$ Other [specify...][enter negative for expense] - \$ Depreciation/Amortization Other Expenditures (Revenues): \$ - \$ - \$ 3-26 \$ - | \$ Other Financing Sources (Uses) \$ - | \$ 3-27 \$ - \$ Capital Outlay (from line 3-14) - | \$ 3-28 \$ **Debt Principal** (from line 3-15, 3-18) - \$ - | \$ \$ 3-29 (Add lines 3-23 through 3-28) TOTAL (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus TRANSFERS AND OTHER EXPENDITURES line 3-24) TOTAL GAAP RECONCILING ITEMS \$ 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, less line 3-23 Line 2-29, less line 3-22, less line 3-29 \$ \$ Net Position, January 1 from December 31 prior year 3-31 Fund Balance, January 1 from December 31 prior year report \$ \$ \$ - | \$ 3-32 Prior Period Adjustment (MUST explain) Prior Period Adjustment (MUST explain) \$ \$ \$ - \$ 3-33 Fund Balance, December 31 Net Position, December 31 Sum of Lines 3-30, 3-31, and 3-32 Sum of Lines 3-30, 3-31, and 3-32 \$ This total should be the same as line 1-37. - This total should be the same as line 1-37. - | \$

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) 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 the OSA Local Government Division at (303) 869-3000 for assistance.

	PART 4 - DEBT OUTSTANDIN	NG, ISS	SUED, A	AND RETIRED	
	Please answer the following questions by marking the appropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
	Does the entity have outstanding debt? Is the debt repayment schedule attached? If no, MUST explain:			V	
4-3 I	s the entity current in its debt service payments? If no, MUST explain:			V	
a F N L	Please complete the following debt schedule, if applicable: (please only include principal beginning of year* loss depinning o	- \$ - \$ - \$ - \$	- - -	Outstanding at year-end \$ - \$ - \$ -	
	Developer Advances \$ - \$ Other (specify): \$ - \$	- \$ - \$	-	\$ -	
	TOTAL \$ - \$ *must agree to prior year ending balar	- \$	-	-	
F	Please answer the following questions by marking the appropriate boxes.	lice	YES	NO	
4-5 [Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]? How much? Date the debt was authorized: 5/6/2008		V		
4-6 E	Does the entity intend to issue debt within the next calendar year?			V	
4-7 E	How much? Does the entity have debt that has been refinanced that it is still responsible for?			V	
	What is the amount outstanding? Does the entity have any lease agreements?			V	
If yes: V	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 - CASH AN	ID INVE	STME	NTS	
	Please provide the entity's cash deposit and investment balances.		AMOUNT	TOTAL	Please use this space to provide any explanations or comments:
	YEAR-END Total of ALL Checking and Savings accounts Certificates of deposit TOTAL CASH DEF	\$ \$ POSITS	-	\$ -	
Ī	Investments (if investment is a mutual fund, please list underlying investments):	\$			
5-3		\$	- - -		
Ĭ	TOTAL INVESTI		\$ -		
	TOTAL CASH AND INVESTI		NO	-	
	Please answer the following question by marking in the appropriate box YES Are the entity's Investments legal in accordance with Section 24-75-601, et seg. C.R.S.2		NO	N/A	
E E .	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? 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, MUST explain:			▽	

	PART	6 - CAPITAL	AND RIG	HT.	TO-USE	ASSETS	_
	Please answer the following question by marking in the appropriate box	0 0/11/11/12	7 11 12 1 11 2		YES	NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?					V	
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:			\neg			
6-3							
0-3	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the	Additions		Deletions	Year-End Balance	
	Complete the following Capital & Right-10-0se Assets table for GOVERNIMENTAL FORDs.	year 1			Deletions	Tear-Ellu Balance	
	Land		\$	- \$	-	\$	
	Buildings		-	- \$		\$	-
	Machinery and equipment	\$ -	Ψ	- \$	-		-
	Furniture and fixtures		Ψ	- \$	-		-
	Infrastructure		Ψ	- \$	-		-
	Construction In Progress (CIP) Leased Right-to-Use Assets		· ·	- \$ - \$	-	\$	<u>-</u>
	Intangible Assets			- \$	-		<u>-</u>
	Other (explain):	•		- \$	-		-
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)		Ψ	- \$	-		-
	Accumulated Depreciation (Enter a negative, or credit, balance)	·	7	- \$	-		<u>-</u>
	TOTAL	•	\$	- \$	-	\$	•
		Balance -					
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the	Additions		Deletions	Year-End Balance	
	Land	year*	\$	- \$	-	¢	
	Buildings			- \$	-		<u>-</u>
	Machinery and equipment		-	- \$	-		-
	Furniture and fixtures		7	- \$	-	•	-
	Infrastructure		Ψ	- \$	-	•	<u>-</u>
	Construction In Progress (CIP) Leased Right-to-Use Assets		Ψ	- \$ - \$	-		-
	Intangible Assets		-	- \$	-		<u>-</u>
	Other (explain):			- \$	-		-
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)		\$	- \$	-		-
	Accumulated Depreciation (Enter a negative, or credit, balance)	· .		- \$	-		-
	TOTAL			- \$	-	\$	-
		* Must agree to prior year- Generally capital asset		reporte	ed at capital outla	ay on line 3-14 and capitalized	in.
		accordance with the gove					
			-NICIONI IN	IEC		NA I	
		PART 7 - PE	ENSION IN	IFU			
					YES	NO	Please use this space to provide any explanations or comments:
	Does the entity have an "old hire" firefighters' pension plan?					V	
	Does the entity have a volunteer firefighters' pension plan? 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?		\$	-			

Sign Enve	lobe ID: 8C3R1301-3RD3-461R-86E1-89AZA4C3EC86				
	PAR	T 8 - BUDGET INI	FORMATION	1	
	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	e with			
	Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.	3.?	_		
8-2	If no, MUST explain:	o. r ✓			
If yes:	Please indicate the amount appropriated for each fund separately for the year reported				
	Governmental/Proprietary Fund Name Tot	al Appropriations By Fund			
	General Fund \$	236,231			
	\$	<u> </u>	 		
	\$	-			
	PART 9 - TA	X PAYER'S BILL (OF RIGHTS	(TABOR)	
	Please answer the following question by marking in the appropriate box	MI MILITO DILL (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, S	Section 20(5)]?	V		
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government requirement. All governments should determine if they meet this requirement of TABOR.	from the 3 percent emergency reserve	9		
		10 - GENERAL IN	JEORMATIC	M	
		10 - OLIVLIVAL II			
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
	Is this application for a newly formed governmental entity?			V	
If yes:	Date of formation:				
	Date of formation.				
10-2	Has the entity changed its name in the past or current year?			V	
			¬		
IT Yes:	NEW name				
	PRIOR name				
			_	_	
	Is the entity a metropolitan district?		✓		
10-4	Please indicate what services the entity provides:		٦		
40.5	Streets, traffic & safety, water, sanitary sewer, storm drainage, park & recreation, transportation, television relay and	mosquito control			
	Does the entity have an agreement with another government to provide services?		ŭ		
ii yes.	List the name of the other governmental entity and the services provided:		٦		
	All services provided by Berthoud Heritage Metropolitan District No. 1.		J		
	Does the entity have a certified mill levy? Please provide the number of mills levied for the year reported (do not enter \$ amounts):		V		
it yes:	Bond Redemption mills	51.167	٦		
	General/Other mills	15.350	-		
	Total mills	66.517			
	Please use this space to provice	le any additional explanati	ons or comments	not previously inc	cluded:

OSA USE ONLY							
Entity Wide:		General Fund		Governmental Funds			Notes
Unrestricted Cash & Investments	\$	 Unrestricted Fund Balan 	\$	- Total Tax Revenue	\$	228,693	
Current Liabilities	\$	1,100 Total Fund Balance	\$	- Revenue Paying Debt Service	\$	-	
Deferred Inflow	\$	225,228 PY Fund Balance	\$	- Total Revenue	\$	238,567	
		Total Revenue	\$	238,567 Total Debt Service Principal	\$	-	
		Total Expenditures	\$	238,567 Total Debt Service Interest	\$	-	
Governmental		Interfund In	\$				
Total Cash & Investments	\$	- Interfund Out	\$	- Enterprise Funds			
Transfers In	\$	- Proprietary		Net Position	\$	-	
Transfers Out	\$	- Current Assets	\$	- PY Net Position	\$	-	
Property Tax	\$	213,425 Deferred Outflow	\$	- Government-Wide			
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$	-	
Total Expenditures	\$	238,567 Deferred Inflow	\$	- Authorized but Unissued	\$	20,000,000	
Total Developer Advances	\$	- Cash & Investments	\$	- Year Authorized		5/6/2008	
Total Developer Repayments	\$	- Principal Expense	\$				

PART 12 - GOVERNING BODY APPROVAL

Please answ	er 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 Procedures

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.

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, each 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 MAJORITY of the members of the governing body must complete and sign in the column below.
1	Full Name Jon A. Turner	I,Jon A. Turner, attest that I am a duly elected or appointed board member, and that I have personally reviewe this application for exemption from audit. Signed
2	Full Name Christopher J. Frye	I,Christopher J. Frye, attest that I am a duly elected or appointed board member, and that I have personally review his application for exemption from audit his application for exemption from audit
3	Full Name James I. Birdsall	I,James I. Birdsall, attest that I am a duly elected or appointed board member, and that I have personally reviews————————————————————————————————————
	Full Name	I,Jeff DeMars, attest that I am a duly elected or appointed board member, and that I have
4	Jeff DeMars	personally reviewed of the state of the stat
	Full Name	I,Emily Kupec, attest that I am a duly elected or appointed board member, and that I
5	Emily Kupec	have personally revi Docusigned by: rove this application for exemption from audit. Signed Date: 3/21/2023 11:10:18 PDT My term Expires: 12/2024 11:0:18 PDT
6	Full Name	I,, 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. Signed Date: My term Expires:
7	Full Name	I,, 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. Signed Date: My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required, the wording may be used as a basis for your own local government document, if needed, however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT (Pursuant to Section 29-1-604, C.R.S.) A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 20XX FOR THE (name of government), STATE OF COLORADO. WHEREAS, the (governing body) of (name of government) wishes to claim except of from the audit requirements of Section 29-1-603, C.R.S.; and WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and [Choose 1 or 2 below, whichever is applicable] (1)WHEREAS, neither revenue nor expenditures for (name of converted) exceeded \$100,000 for Year 20XX; and WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting; and (2)WHEREAS, neither revenues nor expendence for (same of government) exceeded \$750,000 for Year 20XX; and WHEREAS, an application for exemption from an dit for (name of government) has been prepared by (name of individual or firm), an independent accountant with nowledge of governmental accounting; and WHEREAS, said application for exemption from auxit has been completed in accordance with regulations, issued by the State Auditor. NOW THEREFORE, be it resolved/or laived by the (governing body) of the (name of government) that the application for exemption from a dit for (name of covernment) for the year ended , 20XX, has been personally reviewed and is here y approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a poor of, the application for exemption from audit of the (name of government) for the , 20XX. year ended ADOPTED THIS day of , A.D. 20XX.

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
Type or Print Names of	Date Term	
Members of Governing Body	<u>Expires</u>	Signature

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the preparer signed the application?					
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?					
Has the application been PERSONALLY reviewed and approved by the governing body?					
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?					
Will this application be submitted electronically?					
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here				
or					
	If yes, have you included a resolution?				
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?				
	Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)				
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)				
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?				

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dis	trict No. 11	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc	•	12/31/22
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		1
CONTACT PERSON	Amanda Castle		1
PHONE	970-669-3611		1
EMAIL	amandac@pcgi.com		1
	PART 1 - CERTIFICATION	ON OF PREPARER	
I certify that I am skilled in gov my knowledge.	ernmental accounting and that the inform	nation in the application is comple	ete and accurate, to the best of
NAME:	Amanda Castle		
TITLE	District Accountant		
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.		
ADDRESS	550 W Eisenhower Blvd, Loveland, CC	80537	
PHONE	970-669-3611		
DATE PREPARED	2/28/2023		
PREPARER (SIGNATU	RE REQUIRED)	是一种工作。	THE PARTY OF A
Umanda (rote		
(, ,	wing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)

1

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#		D	escription		Round to nearest Dolla	ar	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	stion 10-6)	\$	-	space to provide
2-2		Specific owner	rship		\$	-	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify)):		\$	-	
2-5	Licenses and permit	S			\$	-	
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	6			\$	-]
2-11	Fines and forfeits				\$	-	
2-12	Special assessments	S			\$	-]
2-13	Investment income				\$	-]
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds		(should agr	ee with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital asset	S		\$	-	
2-19	Fire and police pens	ion			\$	-]
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-	_
2-24		(add li	nes 2-1 through 2-23)	TOTAL REVENUE	\$	-	ı

PART 3 - EXPENDITURES/EXPENSES

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

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

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	G, ISSUED	, AND RE	ETIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment So				J
4-2	Is the debt repayment schedule attached? If no, MUST explain				
4-3	Is the entity current in its debt service payments? If no, MUS) 		
4-4	Please complete the following debt schedule, if applicable:				
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at
	numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance		
	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?	-	90,000,000.00	J	
	Date the debt was authorized:	3/23/2	2021	J	
4-6	Does the entity intend to issue debt within the next calendar	year?			7
If yes:	How much?	\$	-]	
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		J
If yes:	What is the amount outstanding?]			
4-8	Does the entity have any lease agreements?		J		
If yes:	What is being leased?]	
	What is the original date of the lease?				
	Number of years of lease?			J	
	Is the lease subject to annual appropriation?				
	What are the annual lease payments?	\$	-]	
	Please use this space to provide any	explanations or	comments:		

	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):			
5-3			\$ -	
			\$ -	
			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			7
	seq., C.R.S.?			٢
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			[J]
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	[2]
If no, M	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIO Please answer the following questions by marking in the appropriate box		TO-U	SE A	SSE	ETS Yes		No	
6-1	Does the entity have capital assets?							7	
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 & right-to-use assets table:	Balance - Additions (Mustal & right-to-use assets table: beginning of the part 3)				Deletions		Year-End Balance	
	Land	\$	-	\$	-	\$ -	Ψ	-	
	Buildings Machinery and againment	\$	-	\$	-	\$ -	Ψ	-	
	Machinery and equipment Furniture and fixtures	\$	-	\$	-	\$ - \$ -	Ψ	-	
	Infrastructure	\$		\$		\$ -	\$		
	Construction In Progress (CIP)	\$		\$	<u> </u>	\$ -	\$		
	Leased Right-to-Use Assets	\$	_	\$	_	\$ -			
	Other (explain):	\$	-	\$	_	\$ -		_	
	Accumulated Depreciation/Amortization								
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$ -	\$	-	
	TOTAL	\$	-	\$	-	\$ -	Α.	-	
	Please use this space to provide any	explanat	ions or	commen	ts:				
	PART 7 - PENSION	INFO	RMA	TION					
	Please answer the following questions by marking in the appropriate box	es.				Yes		No	
7-1	Does the entity have an "old hire" firefighters' pension plan?							7	
7-2	Does the entity have a volunteer firefighters' pension plan?					, \square		J	
If yes:	Who administers the plan?]			
	Indicate the contributions from:								
	Tax (property, SO, sales, etc.):	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?								
	Please use this space to provide any	explanat	ions or	commen	is:				
	PART 8 - BUDGET I	NEO		TION					
			RIVIA						
0.4	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 current year in accordance with Section 29-1-113 C.R.S.?	rs for the	9	7					
	current year in accordance with Section 25-1-113 C.N.S.?								
8-2									
0-2	Did the entity pass an appropriations resolution, in accordance with Section								
	29-1-108 C.R.S.? If no, MUST explain:								
If yes:	Please indicate the amount budgeted for each fund for the year reported:								
	Governmental/Proprietary Fund Name Total Appropriations By Fund								
	General Fund	-							
]			
						Į			

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?	7	П
	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 MI	JST explain:		_
ii iio, iii	or oxpiani.		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	le this application for a payly formed governmental antity?	_	_
10-1	Is this application for a newly formed governmental entity?		✓
If yes:	Date of formation:	ı	
10-2	Has the entity changed its name in the past or current year?		7
		_	_
If year	Places list the NEW name & PRIOR name:		
If yes:	Please list the NEW name & PRIOR name:	ı	
10-3	Is the entity a metropolitan district?	 	
100	Please indicate what services the entity provides:		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control	1	
10-4	Does the entity have an agreement with another government to provide services?	7	
If yes:	List the name of the other governmental entity and the services provided:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.	_	_
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		J
If yes:	Date Filed:		
		_	
10-6	Does the entity have a certified Mill Levy?	Ш	4
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	riease provide the following ininis levied for the year reported (do not report \$ amounts).		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

	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?	7	

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.
	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or
Board Member 1	Jon A. Turner	appointed board member, and that I have personally reviewed and approve this application for exemption
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or
Board . Member 2	Christopher J. Frye	appointed board member, and that I have personally reviewed and approve this application for exempt Christophur Fry Christophur Fry Date: 3/13/2023 09: 9627168EFF914E7 My term Expires:May 2025
Board	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 3	James I. Birdsall	application for exemp Docusioned by: Signed James Birdsall Date:
	Print Board Member's Name	IElizabeth S. Birdsall, attest I am a duly elected or
Board Member 4	Elizabeth S. Birdsall	appointed board member, and that I have personally reviewed and approve this application for exemption Signed Signed 3/14/2023 16:52:50,AMMR-GFR204D1 My term Expires: My term Expires: My term Expires: My term Expires:
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 5	Emily Kupec	application for exemp Docusigned by: t. Signed Emily Lupu Date: 3/21/2023 11 10:18:00 2014AA My term Expires: May 2023
	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
Board Member 6		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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of individual), a person skilled in governmental accounting and

03

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from suddit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ____ day of ______, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires Si	gnatur
	//_	
		_
\\		

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the preparer signed the application?						
Has the	entity corrected all Prior Year Deficiencies as communicated by the OSA?					
Has the application been PERSONALLY reviewed and approved by the governing body?						
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?					
Will this	application be submitted electronically?					
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here					
or						
	If yes, have you included a resolution?					
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?					
	Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)					
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)					
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?					

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan District No. 12	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc.	12/31/22
	550 W Eisenhower Blvd	or fiscal year ended:
	Loveland, CO 80537	
CONTACT PERSON	Amanda Castle	
PHONE	970-669-3611	
EMAIL	amandac@pcgi.com	
P	ART 1 - CERTIFICATION OF PREPARER	
I certify that I am skilled in govern	nmental accounting and that the information in the application is comple	te and accurate, to the best of
my knowledge.		
NAME:	Amanda Castle	
TITLE	District Accountant	
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.	

550 W Eisenhower Blvd, Loveland, CO 80537

PREPARER (SIGNATURE REQUIRED)

ADDRESS

DATE PREPARED

PHONE

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

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)

970-669-3611

2/28/2023

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)

(CASH OR BUDGETARY BASIS)

PART 2 - REVENUE

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

Line#		D	escription		Round to nearest Dolla	ar	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	stion 10-6)	\$	-	space to provide
2-2		Specific owner	rship		\$	-	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify)):		\$	-	
2-5	Licenses and permit	S			\$	-	
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	6			\$	-]
2-11	Fines and forfeits				\$	-	
2-12	Special assessments	S			\$	-]
2-13	Investment income				\$	-]
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds		(should agr	ee with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital asset	S		\$	-	
2-19	Fire and police pens	ion			\$	-]
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-	_
2-24		(add li	nes 2-1 through 2-23)	TOTAL REVENUE	\$	-	ı

PART 3 - EXPENDITURES/EXPENSES

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

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

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	G, ISSUED	, AND RE	ETIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment So			J	
4-2	Is the debt repayment schedule attached? If no, MUST explain				
4-3	Is the entity current in its debt service payments? If no, MUS	Γ explain:) 	
4-4	Please complete the following debt schedule, if applicable:				
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at
	numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance		
	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?	-	90,000,000.00	J	
	Date the debt was authorized:	3/23/2	2021	J	
4-6	Does the entity intend to issue debt within the next calendar	year?			7
If yes:	How much?	\$	-]	
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		J
If yes:	What is the amount outstanding?]			
4-8	Does the entity have any lease agreements?				J
If yes:	What is being leased?]	
	What is the original date of the lease?				
	Number of years of lease?			J	
	Is the lease subject to annual appropriation?				
	What are the annual lease payments?	\$	-]	
	Please use this space to provide any	explanations or	comments:		

	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):			
			\$ -	
5-3			\$ -	
5-5			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			7
	seq., C.R.S.?			٢
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			[J]
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	[2]
If no, M	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIO Please answer the following questions by marking in the appropriate box		ΓO-U	SE ASS	ETS Yes	6		No
6-1	Does the entity have capital assets?						[J
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in acco	rdance	with Section	n 🗆			
6-3	Complete the following capital & right-to-use assets table:	plete the following capital & right-to-use assets table: Balance - Additions (Must beginning of the year* Part 3)					Year-End Balance	
	Land	\$	-	\$ -	\$	-	\$	-
	Buildings Machinery and equipment	\$		\$ - \$ -	\$	-	\$	-
	Furniture and fixtures	\$		\$ -	\$		\$	
	Infrastructure	\$	_	\$ -	\$	_	\$	
	Construction In Progress (CIP)	\$	-	\$ -	\$	_	\$	-
	Leased Right-to-Use Assets	\$	-	\$ -	\$	-	\$	-
	Other (explain):	\$	-	\$ -	\$	-	\$	-
	Accumulated Depreciation/Amortization	\$	_	\$ -	\$	_		
	(Please enter a negative, or credit, balance)	<u> </u>			\$		\$	-
	TOTAL \$ - \$ - Please use this space to provide any explanations or comments:					-	\$	-
	i lease use this space to provide any	СХРІСПАЦ	0113 01	comments.				
	PART 7 - PENSION	INICO		TION				
			XIVIA	HON				
7-1	Please answer the following questions by marking in the appropriate box Does the entity have an "old hire" firefighters' pension plan?	es.			Ye:	S		No
7-1	Does the entity have a volunteer firefighters' pension plan?						[-	_
If yes:	Who administers the plan?				7 <u> </u>		_	_
,	Indicate the contributions from:				_			
	Tax (property, SO, sales, etc.):			\$ -	\neg			
	State contribution amount:			\$ -	\dashv			
	Other (gifts, donations, etc.):			\$ -	\dashv			
	TOTAL			\$ -				
	What is the monthly benefit paid for 20 years of service per re	etiree as o	of Jan	\$ -				
	1?							
	Please use this space to provide any	explanati	ons or	comments:				
	DARTA BURGETI	NEOF	2 B A A 2	TION				
	PART 8 - BUDGET I		KIVIA					
0.4	Please answer the following questions by marking in the appropriate box			Yes	No)	1	I/A
8-1	Did the entity file a budget with the Department of Local Affai current year in accordance with Section 29-1-113 C.R.S.?	rs for the		/				
	current year in accordance with Section 25-1-113 C.N.S.?							
8-2								
0 2	Did the entity pass an appropriations resolution, in accordance	ce with S	ection	/				
	29-1-108 C.R.S.? If no, MUST explain:			1				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reporte	ed:					
	Governmental/Proprietary Fund Name	Total A	ppr <u>opri</u> a	tions By Fund				
	General Fund	\$		-	7			
					_			

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?	7	П
	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 MI	JST explain:		_
ii iio, iii	or oxpiani.		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	le this application for a payly formed governmental antity?	_	_
10-1	Is this application for a newly formed governmental entity?		✓
If yes:	Date of formation:	ı	
10-2	Has the entity changed its name in the past or current year?		7
		_	_
If year	Places list the NEW name & PRIOR name:		
If yes:	Please list the NEW name & PRIOR name:	ı	
10-3	Is the entity a metropolitan district?	 	
100	Please indicate what services the entity provides:		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control	1	
10-4	Does the entity have an agreement with another government to provide services?	7	
If yes:	List the name of the other governmental entity and the services provided:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.	_	_
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		J
If yes:	Date Filed:		
		_	
10-6	Does the entity have a certified Mill Levy?	Ш	4
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	riease provide the following ininis levied for the year reported (do not report \$ amounts).		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

	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?	7	

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.
	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or
		appointed board member, and that I have personally reviewed and approve this
Board Member 1	Jon A. Turner	application for exemption f Docusigned by: Signed
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or
Decod		appointed board member, and that I have personally reviewed and approve this
Board Member 2	Christopher J. Frye	application for exempt Curistophur Fryu Date: 3/13/2023 0 9627168EFF914E7 My term Expires:May 2025
	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or
		appointed board member, and that I have personally reviewed and approve this
Board Member 3	James I. Birdsall	application for exemp Docusigned by: Signed James Birdsall Date: 3/21/2023 11: E77ECOAACD9140F My term Expires:May 2025
	Print Board Member's Name	IElizabeth S. Birdsall, attest I am a duly elected or
Board		appointed board member, and that I have personally reviewed and approve this
Board Member 4	Elizabeth S. Birdsall	application for exempt Docusigned by: Signed Hiyabeth Birdsall Date:
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or
		appointed board member, and that I have personally reviewed and approve this
Board Member 5	Emily Kupec	application for exemp Docusigned by: it. Signed Emily Luptu Date: 3/21/2023 11:10s:21850PDETAAA My term Expires: May 2023
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board Member 6		member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board Member 7		member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
		my totili Expiles

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither exerces nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of individual), a person skilled in governmental accounting and

03

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended ________, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires Si	gnatur
	//_	
		_
\\		

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the	preparer signed the application?
Has the	entity corrected all Prior Year Deficiencies as communicated by the OSA?
Has the	application been PERSONALLY reviewed and approved by the governing body?
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
Will this	application be submitted electronically?
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here
or	
	If yes, have you included a resolution?
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?
	Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dis	trict No. 13	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc		12/31/22
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		, , , , , , , , , , , , , , , , , , , ,
CONTACT PERSON	Amanda Castle		1
PHONE	970-669-3611		1
EMAIL	amandac@pcgi.com		1
P	ART 1 - CERTIFICATION	ON OF PREPARER	
I certify that I am skilled in governmy knowledge.	nmental accounting and that the inform	nation in the application is comple	ete and accurate, to the best of
NAME:	Amanda Castle		
TITLE	District Accountant		
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.		
ADDRESS	550 W Eisenhower Blvd, Loveland, CC	80537	
PHONE	970-669-3611		1
DATE PREPARED	2/28/2023		
PREPARER (SIGNATURE	REQUIRED)	学 点性 程序。其 6	MATERIAL STATES
Amanda Co	usce		
C	ng financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)

J

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#		D	escription		Round to nearest Dolla	ar	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	stion 10-6)	\$	-	space to provide
2-2		Specific owner	rship		\$	-	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify)):		\$	-	
2-5	Licenses and permit	S			\$	-	
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	6			\$	-]
2-11	Fines and forfeits				\$	-	
2-12	Special assessments	S			\$	-]
2-13	Investment income				\$	-]
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds		(should agr	ee with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital asset	S		\$	-	
2-19	Fire and police pens	ion			\$	-]
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-	_
2-24		(add li	nes 2-1 through 2-23)	TOTAL REVENUE	\$	-	ı

PART 3 - EXPENDITURES/EXPENSES

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

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

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	G, ISSUED	, AND RE	ETIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment So				J
4-2	Is the debt repayment schedule attached? If no, MUST explain				
4-3	-3 Is the entity current in its debt service payments? If no, MUST explain:) 	
4-4	Please complete the following debt schedule, if applicable:				
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at
	numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance		
	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?	-	90,000,000.00	J	
	Date the debt was authorized:	3/23/2	2021	J	
4-6	Does the entity intend to issue debt within the next calendar	year?			7
If yes:	How much?	\$	-]	
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		J
If yes:	What is the amount outstanding?	\$	-]	
4-8	Does the entity have any lease agreements?				J
If yes:	What is being leased?]	
	What is the original date of the lease?				
	Number of years of lease?			J	
	Is the lease subject to annual appropriation?				
	What are the annual lease payments?	\$	-]	
	Please use this space to provide any	explanations or	comments:		

	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):			
			\$ -	
5-3			\$ -	
5-5			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			7
	seq., C.R.S.?			٢
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			[J]
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	[2]
If no, M	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIO Please answer the following questions by marking in the appropriate box		TO-U	SE A	SSE	ETS Yes		No
6-1	Does the entity have capital assets?							7
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in acco	ordance	with Sec	tion			
6-3	Complete the following capital & right-to-use assets table:	Balaı beginnin yea	g of the	Additions be includ Part 3	ed in	Deletions		Year-End Balance
	Land	\$	-	\$	-	\$ -	Ψ	-
	Buildings Machinery and againment	\$	-	\$	-	\$ -	Ψ	-
	Machinery and equipment Furniture and fixtures	\$	-	\$	-	\$ - \$ -	Ψ	-
	Infrastructure	\$		\$		\$ -	\$	
	Construction In Progress (CIP)	\$		\$		\$ -	\$	
	Leased Right-to-Use Assets	\$	_	\$	_	\$ -		
	Other (explain):	\$	-	\$	_	\$ -		_
	Accumulated Depreciation/Amortization							
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$ -	\$	-
	TOTAL	\$	-	\$	-	\$ -	Α.	-
	Please use this space to provide any	explanat	ions or	commen	ts:			
	PART 7 - PENSION	INFO	RMA	TION				
	Please answer the following questions by marking in the appropriate box	es.				Yes		No
7-1	Does the entity have an "old hire" firefighters' pension plan?							7
7-2	Does the entity have a volunteer firefighters' pension plan?					, \square		J
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 re	etiree as	of Jan	\$	_			
	1?				1			
	Please use this space to provide any	explanat	ions or	commen	is:			
	PART 8 - BUDGET I	NEO		TION				
			RIVIA					
0.4	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 current year in accordance with Section 29-1-113 C.R.S.?	rs for the	9	7				
	current year in accordance with Section 25-1-113 C.N.S.?							
8-2								
0-2	Did the entity pass an appropriations resolution, in accordance	ce with S	Section	J				
	29-1-108 C.R.S.? If no, MUST explain:							
If yes:	L Please indicate the amount budgeted for each fund for the ye	ar report	ed:					
	Governmental/Proprietary Fund Name	Total A	\ppropr <u>ia</u>	tions By Fu	ınd			
	General Fund	\$			-			
]		
						Į		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?	7	П
	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 MI	JST explain:		_
ii iio, iii	or oxpiani.		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	le this application for a payly formed governmental antity?	_	_
10-1	Is this application for a newly formed governmental entity?		✓
If yes:	Date of formation:	ı	
10-2	Has the entity changed its name in the past or current year?		7
		_	_
If year	Places list the NEW name & PRIOR name:		
If yes:	Please list the NEW name & PRIOR name:	ı	
10-3	Is the entity a metropolitan district?	 	
100	Please indicate what services the entity provides:		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control	1	
10-4	Does the entity have an agreement with another government to provide services?	7	
If yes:	List the name of the other governmental entity and the services provided:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.	_	_
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		J
If yes:	Date Filed:		
		_	
10-6	Does the entity have a certified Mill Levy?	Ш	4
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	riease provide the following ininis levied for the year reported (do not report \$ amounts).		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

	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?	7	

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.
	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or
Board Member 1	Jon A. Turner	appointed board member, and that I have personally reviewed and approve this application for exemption of the second of the seco
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or
Board Member 2	Christopher J. Frye	appointed board member, and that I have personally reviewed and approve this application for exemptio
Board	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exempti—Docusigned by:
Member 3	James I. Birdsall	Signed
Board Member 4	Print Board Member's Name	IElizabeth S. Birdsall, attest I am a duly elected or
	Elizabeth S. Birdsall	appointed board member, and that I have personally reviewed and approve this application for exemptio Docusigned by: Signed
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 5	Emily Kupec	application for exemptio DocuSigned by: Signed
De and	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
Board Member 6		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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither exerces nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of individual), a person skilled in governmental accounting and

03

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended ________, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires Si	gnatur
	//_	
		_
\\		

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the preparer signed the application?			
Has the	Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?		
Has the	application been PERSONALLY reviewed and approved by the governing body?		
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?			
Will this application be submitted electronically?			
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here		
or			
	If yes, have you included a resolution?		
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?		
	Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)		
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)		
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?		

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dis	trict No. 14	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc		12/31/22
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		1
CONTACT PERSON	Amanda Castle		1
PHONE	970-669-3611		1
EMAIL	amandac@pcgi.com		
	PART 1 - CERTIFICATION	ON OF PREPARER	
I certify that I am skilled in gove	rnmental accounting and that the inforn	nation in the application is comple	ete and accurate, to the best of
my knowledge.			
NAME:	Amanda Castle		
TITLE	District Accountant		
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.		
ADDRESS	550 W Eisenhower Blvd, Loveland, CC	80537	
PHONE	970-669-3611		
DATE PREPARED	2/28/2023		
PREPARER (SIGNATUR	E REQUIRED)		
· · · · · · · · · · · · · · · · · · ·	<u>ie newomeby</u>	公司的公司 医自己的对外	
Arnanda Ca	ole.		
Please indicate whether the following financial information is recorded GOVERNMENTAL (MODIFIED ACCRUAL BASIS) (CASH OR BUDGETARY BASIS)			

J

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#		D	escription		Round to nearest Dolla	ar	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	stion 10-6)	\$	-	space to provide
2-2		Specific owner	rship		\$	-	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify)):		\$	-	
2-5	Licenses and permit	S			\$	-	
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	6			\$	-]
2-11	Fines and forfeits				\$	-	
2-12	Special assessments	S			\$	-]
2-13	Investment income				\$	-]
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds (should agree with line 4-4, column 2		ee with line 4-4, column 2)	\$	-		
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital asset	S		\$	-	
2-19	Fire and police pens	ion			\$	-]
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-	_
2-24		(add li	nes 2-1 through 2-23)	TOTAL REVENUE	\$	-	ı

PART 3 - EXPENDITURES/EXPENSES

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

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

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	G, ISSUED	, AND RE	ETIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment So				J
4-2	Is the debt repayment schedule attached? If no, MUST explain				
4-3	Is the entity current in its debt service payments? If no, MUS	Γ explain:) 	
4-4	Please complete the following debt schedule, if applicable:				
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at
	numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance		
	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?	-	90,000,000.00	J	
	Date the debt was authorized:	3/23/2	2021	J	
4-6	Does the entity intend to issue debt within the next calendar	year?			7
If yes:	How much?	\$	-]	
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		J
If yes:	What is the amount outstanding?	\$	-]	
4-8	Does the entity have any lease agreements?				J
If yes:	What is being leased?]	
	What is the original date of the lease?				
	Number of years of lease?			J	
	Is the lease subject to annual appropriation?				
	What are the annual lease payments?	\$	-]	
	Please use this space to provide any	explanations or	comments:		

	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):			
			\$ -	
5-3			\$ -	
5-5			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			7
	seq., C.R.S.?			٢
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			[J]
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	[2]
If no, M	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIO Please answer the following questions by marking in the appropriate box		TO-U	SE A	SSE	ETS Yes		No
6-1	Does the entity have capital assets?							7
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in acco	ordance	with Sec	tion			
6-3	Complete the following capital & right-to-use assets table:	Balaı beginnin yea	g of the	Additions be includ Part 3	ed in	Deletions		Year-End Balance
	Land	\$	-	\$	-	\$ -	Ψ	-
	Buildings Machinery and againment	\$	-	\$	-	\$ -	Ψ	-
	Machinery and equipment Furniture and fixtures	\$	-	\$	-	\$ - \$ -	Ψ	-
	Infrastructure	\$		\$		\$ -	\$	
	Construction In Progress (CIP)	\$		\$		\$ -	\$	
	Leased Right-to-Use Assets	\$	_	\$	_	\$ -		
	Other (explain):	\$	-	\$	_	\$ -		_
	Accumulated Depreciation/Amortization							
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$ -	\$	-
	TOTAL	\$	-	\$	-	\$ -	Α.	-
	Please use this space to provide any	explanat	ions or	commen	ts:			
	PART 7 - PENSION	INFO	RMA	TION				
	Please answer the following questions by marking in the appropriate box	es.				Yes		No
7-1	Does the entity have an "old hire" firefighters' pension plan?							7
7-2	Does the entity have a volunteer firefighters' pension plan?					, \square		J
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 re	etiree as	of Jan	\$	_			
	1?				1			
	Please use this space to provide any	explanat	ions or	commen	is:			
	PART 8 - BUDGET I	NEO		TION				
			RIVIA					
0.4	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 current year in accordance with Section 29-1-113 C.R.S.?	rs for the	9	7				
	current year in accordance with Section 25-1-113 C.N.S.?							
8-2								
0-2	Did the entity pass an appropriations resolution, in accordance	ce with S	Section	J				
	29-1-108 C.R.S.? If no, MUST explain:							
If yes:	L Please indicate the amount budgeted for each fund for the ye	ar report	ed:					
	Governmental/Proprietary Fund Name	Total A	\ppropr <u>ia</u>	tions By Fu	ınd			
	General Fund	\$			-			
]		
						Į		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?	7	П
	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 MI	JST explain:		_
ii iio, iii	or oxpiani.		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	le this application for a payly formed governmental antity?	_	_
10-1	Is this application for a newly formed governmental entity?		✓
If yes:	Date of formation:	ı	
10-2	Has the entity changed its name in the past or current year?		7
		_	_
If year	Places list the NEW name & PRIOR name:		
If yes:	Please list the NEW name & PRIOR name:	ı	
10-3	Is the entity a metropolitan district?	 	
100	Please indicate what services the entity provides:		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control	1	
10-4	Does the entity have an agreement with another government to provide services?	7	
If yes:	List the name of the other governmental entity and the services provided:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.	_	_
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		J
If yes:	Date Filed:		
		_	
10-6	Does the entity have a certified Mill Levy?	Ш	4
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	riease provide the following ininis levied for the year reported (do not report \$ amounts).		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

	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?	7	

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.			
	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or			
Doord		appointed board member, and that I have personally reviewed and approve this			
Board Member 1	Jon A. Turner	application for exem Jour Signed by: lit. Signed Date:			
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or			
Beend		appointed board member, and that I have personally reviewed and approve this			
Board Member 2	Christopher J. Frye	application for exemp Docusigned by: Signed Unistoplur Fry Date: 3/13/2023 9627168EFF914E7 My term Expires: May 2025			
	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or			
Board Member 3		appointed board member, and that I have personally reviewed and approve this			
	James I. Birdsall	application for exempt Docusigned by: Signed James Birdsall Date: 3/21/2023 11: E77ECOAACD9140F My term Expires: May 2025			
	Print Board Member's Name	IElizabeth S. Birdsall, attest I am a duly elected or			
Board Member 4		appointed board member, and that I have personally reviewed and approve this			
	Elizabeth S. Birdsall	application for exempt Docusigned by: Signed Uirabell Birdsall Date: 3/14/2023 16.259ABBESCISSONDI My term Expires:May 2023			
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or			
		appointed board member, and that I have personally reviewed and approve this			
Board Member 5	Emily Kupec	application for exempt Docusigned by: t. Signed 3/21/2023 11:10:3486600000000000000000000000000000000000			
	Print Board Member's Name	I, attest I am a duly elected or appointed board			
Board Member 6		member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:			
	Print Board Member's Name	I, attest I am a duly elected or appointed board			
Board Member 7		member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date:			
		My term Expires:			

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of individual), a person skilled in governmental accounting and

03

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from such for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ____ day of ______, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires Si	gnatur
	//_	
		_
\\		

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the preparer signed the application?					
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?					
Has the application been PERSONALLY reviewed and approved by the governing body?					
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?				
Will this application be submitted electronically?					
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here				
or					
	If yes, have you included a resolution?				
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?				
	Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)				
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)				
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?				

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

Please indicate whether the following financial information is recorded

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan District No. 15	For the Year Ended			
ADDRESS	C/O Pinnacle Consulting Group, Inc.	12/31/22			
	50 W Eisenhower Blvd or fiscal year ended:				
	Loveland, CO 80537	, you. oou.			
CONTACT PERSON	Amanda Castle				
PHONE	970-669-3611				
EMAIL	amandac@pcgi.com				
P	ART 1 - CERTIFICATION OF PREPARER				
I certify that I am skilled in govern	nmental accounting and that the information in the application is complete	e and accurate, to the best of			
my knowledge.					
NAME:	Amanda Castle				
TITLE	District Accountant				
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.				
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537				
PHONE	970-669-3611				
DATE PREPARED	2/28/2023				
PREPARER (SIGNATURE	REQUIRED)				
Domanda Coutt					

GOVERNMENTAL

(MODIFIED ACCRUAL BASIS)

J

PROPRIETARY

(CASH OR BUDGETARY BASIS)

PART 2 - REVENUE

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

Line#		D	escription		Round to nearest Dolla	ar	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	stion 10-6)	\$	-	space to provide
2-2		Specific owner	rship		\$	-	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify)):		\$	-	
2-5	Licenses and permit	S			\$	-	
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	6			\$	-]
2-11	Fines and forfeits				\$	-	
2-12	Special assessments	S			\$	-]
2-13	Investment income				\$	-]
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds		(should agr	ee with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital asset	S		\$	-	
2-19	Fire and police pens	ion			\$	-]
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-	_
2-24		(add li	nes 2-1 through 2-23)	TOTAL REVENUE	\$	-	ı

PART 3 - EXPENDITURES/EXPENSES

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

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

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	G, ISSUED	, AND RE	ETIRED		
	Please answer the following questions by marking the	appropriate boxes.		Yes	No	
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment So				J	
4-2	Is the debt repayment schedule attached? If no, MUST explain					
4-3	Is the entity current in its debt service payments? If no, MUS	Γ explain:) 		
4-4	Please complete the following debt schedule, if applicable:					
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at	
	numbers)	end of prior year*	year	year	year-end	
	General obligation bonds	\$ -	\$ -	\$ -	\$ -	
	Revenue bonds	\$ -	\$ -	\$ -	\$ -	
	Notes/Loans	\$ -	\$ -	\$ -	\$ -	
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -	
	Developer Advances	\$ -	\$ -	\$ -	\$ -	
	Other (specify):	\$ -	\$ -	\$ -	\$ -	
	TOTAL	\$ -	\$ -	\$ -	\$ -	
		*must tie to prior ye	ar ending balance			
	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?	-	90,000,000.00	J		
	Date the debt was authorized:	3/23/2	2021	J		
4-6	Does the entity intend to issue debt within the next calendar	year?			7	
If yes:	How much?	\$	-]		
4-7	Does the entity have debt that has been refinanced that it is still responsible for?					
If yes:						
4-8	Does the entity have any lease agreements?				J	
If yes:	What is being leased?]		
	What is the original date of the lease?					
	Number of years of lease?			J		
	Is the lease subject to annual appropriation?					
	What are the annual lease payments?	\$	-]		
	Please use this space to provide any	explanations or	comments:			

	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):			
			\$ -	
5-3			\$ -	
5-5			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			7
	seq., C.R.S.?			٢
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			[J]
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	[2]
If no, M	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIO Please answer the following questions by marking in the appropriate box		ΓO-U	SE ASS	ETS Yes	6		No
6-1	Does the entity have capital assets?						[J
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 & right-to-use assets table:	te the following capital & right-to-use assets table: Balance - Additions (Must beginning of the be included in year* Part 3)					Year-End Balance	
	Land	\$	-	\$ -	\$	-	\$	-
	Buildings Machinery and equipment	\$		\$ - \$ -	\$	-	\$	-
	Furniture and fixtures	\$		\$ -	\$		\$	
	Infrastructure	\$	_	\$ -	\$	_	\$	
	Construction In Progress (CIP)	\$	-	\$ -	\$	_	\$	-
	Leased Right-to-Use Assets	\$	-	\$ -	\$	-	\$	-
	Other (explain):	\$	-	\$ -	\$	-	\$	-
	Accumulated Depreciation/Amortization	\$	_	\$ -	\$	_		
	(Please enter a negative, or credit, balance)	<u> </u>					\$	-
	TOTAL Please use this space to provide any	\$ explanati	ons or	comments:	\$	-	\$	-
	i lease use this space to provide any	СХРІСПАЦ	0113 01	comments.				
	PART 7 - PENSION	INICO		TION				
			XIVIA	HON				
7-1	Please answer the following questions by marking in the appropriate box Does the entity have an "old hire" firefighters' pension plan?	es.			Ye:	S		No
7-1	Does the entity have a volunteer firefighters' pension plan?						[-	_
If yes:	Who administers the plan?				7 <u> </u>		_	_
,	Indicate the contributions from:				_			
	Tax (property, SO, sales, etc.):			\$ -	\neg			
	State contribution amount:			\$ -	\dashv			
	Other (gifts, donations, etc.):			\$ -	\dashv			
	TOTAL			\$ -				
	What is the monthly benefit paid for 20 years of service per re	etiree as o	of Jan	¢				
	1?							
	Please use this space to provide any	explanati	ons or	comments:				
	DARTA BURGETI	NEOF	2 B A A 2	TION				
	PART 8 - BUDGET I		KIVIA					
0.4	Please answer the following questions by marking in the appropriate box			Yes	No)	1	I/A
8-1	Did the entity file a budget with the Department of Local Affai current year in accordance with Section 29-1-113 C.R.S.?	rs for the		/				
	current year in accordance with Section 25-1-113 C.N.S.?							
8-2								
0 2	Did the entity pass an appropriations resolution, in accordance	ce with S	ection	/				
	29-1-108 C.R.S.? If no, MUST explain:			1				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reporte	ed:					
	Governmental/Proprietary Fund Name	Total A	ppr <u>opri</u> a	tions By Fund				
	General Fund	\$		-	7			
					_			

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?	7	П
	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 MI	JST explain:		_
ii iio, iii	or oxpiani.		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	le this application for a payly formed governmental antity?	_	_
10-1	Is this application for a newly formed governmental entity?		✓
If yes:	Date of formation:	1	
10-2	Has the entity changed its name in the past or current year?		7
		_	_
If year	Places list the NEW name & PRIOR name:		
If yes:	Please list the NEW name & PRIOR name:	ı	
10-3	Is the entity a metropolitan district?	 	
100	Please indicate what services the entity provides:		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control	1	
10-4	Does the entity have an agreement with another government to provide services?	7	
If yes:	List the name of the other governmental entity and the services provided:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.	_	_
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		J
If yes:	Date Filed:		
		_	
10-6	Does the entity have a certified Mill Levy?	Ш	4
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	riease provide the following ininis levied for the year reported (do not report \$ amounts).		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

	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?	7			

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.
	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or
Board		appointed board member, and that I have personally reviewed and approve this
Member 1	Jon A. Turner	application for exemy Docusigned by: it. Signed John Turur Date: 3/21/2023 14 41 15 5 6 MP 15 8470 My term Expires:May 2025
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or
Board		appointed board member, and that I have personally reviewed and approve this
Member 2	Christopher J. Frye	application for exemptio Docusigned by: Cluristophur Fryu Date: May 2025 May 2
	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or
Board		appointed board member, and that I have personally reviewed and approve this
Member 3	James I. Birdsall	application for exemp Docusioned by: Signed James Birdsall Date: 3/21/2023 11:52-29 AMB Ji40F My term Expires:May 2025
	Print Board Member's Name	I Elizabeth S. Birdsall , attest I am a duly elected or
Board Member 4		appointed board member, and that I have personally reviewed and approve this
	Elizabeth S. Birdsall	application for exemption Docusigned by: Signed
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or
Board		appointed board member, and that I have personally reviewed and approve this
Member 5	Emily Kupec	application for exemption DocuSigned by: Signed Emily Lupu Date: 3/21/2023 11:1 95246660626B4AA My term Expires: May 2023
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member		exemption from audit.
6		Signed Date:
		My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member		exemption from audit.
7		Signed Date:
		My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of individual), a person skilled in governmental accounting and

03

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from such for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ____ day of ______, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires Si	gnatur
	//_	
		_
\\		

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the preparer signed the application?			
Has the	Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?		
Has the	application been PERSONALLY reviewed and approved by the governing body?		
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?			
Will this application be submitted electronically?			
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here		
or			
	If yes, have you included a resolution?		
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?		
	Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)		
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)		
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?		

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

Please indicate whether the following financial information is recorded

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan District No. 16	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc.	12/31/22
	550 W Eisenhower Blvd	or fiscal year ended:
	Loveland, CO 80537	
CONTACT PERSON	Amanda Castle	
PHONE	970-669-3611	
EMAIL	amandac@pcgi.com	
P	ART 1 - CERTIFICATION OF PREPARER	
I certify that I am skilled in govern	mental accounting and that the information in the application is complete	te and accurate, to the best of
my knowledge.		
NAME:	Amanda Castle	
TITLE	District Accountant	
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.	
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537	
PHONE	970-669-3611	
DATE PREPARED	2/28/2023	
PREPARER (SIGNATURE	REQUIRED)	
Amanda (d	Pt	

GOVERNMENTAL

(MODIFIED ACCRUAL BASIS)

J

PROPRIETARY

(CASH OR BUDGETARY BASIS)

PART 2 - REVENUE

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

Line#		D	escription		Round to nearest Dolla	ar	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	stion 10-6)	\$	-	space to provide
2-2		Specific owner	rship		\$	-	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify)):		\$	-	
2-5	Licenses and permit	S			\$	-	
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	6			\$	-]
2-11	Fines and forfeits				\$	-	
2-12	Special assessments	S			\$	-]
2-13	Investment income				\$	-]
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds		(should agr	ee with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital asset	S		\$	-	
2-19	Fire and police pens	ion			\$	-]
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-	_
2-24		(add li	nes 2-1 through 2-23)	TOTAL REVENUE	\$	-	ı

PART 3 - EXPENDITURES/EXPENSES

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

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

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	G, ISSUED	, AND RE	ETIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment So			J	
4-2	Is the debt repayment schedule attached? If no, MUST explain				
4-3	Is the entity current in its debt service payments? If no, MUS	Γ explain:) 	
4-4	Please complete the following debt schedule, if applicable:				
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at
	numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance		
	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?	-	90,000,000.00	J	
	Date the debt was authorized:	3/23/2	2021	J	
4-6	Does the entity intend to issue debt within the next calendar	year?			7
If yes:	How much?	\$	-]	
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		J
If yes:	What is the amount outstanding?	\$	-]	
4-8	Does the entity have any lease agreements?				J
If yes:	What is being leased?]	
	What is the original date of the lease?				
	Number of years of lease?			J	
	Is the lease subject to annual appropriation?				
	What are the annual lease payments?	\$	-]	
	Please use this space to provide any	explanations or	comments:		

	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):			
			\$ -	
5-3			\$ -	
5-5			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			7
	seq., C.R.S.?			٢
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			[J]
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	[2]
If no, M	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIO Please answer the following questions by marking in the appropriate box		TO-U	SE A	SSE	ETS Yes		No
6-1	Does the entity have capital assets?							7
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in acco	ordance	with Sec	tion			
6-3	Complete the following capital & right-to-use assets table:	Balaı beginnin yea	g of the	Additions be includ Part 3	ed in	Deletions		Year-End Balance
	Land	\$	-	\$	-	\$ -	Ψ	-
	Buildings Machinery and againment	\$	-	\$	-	\$ -	Ψ	-
	Machinery and equipment Furniture and fixtures	\$	-	\$	-	\$ - \$ -	Ψ	-
	Infrastructure	\$		\$		\$ -	\$	
	Construction In Progress (CIP)	\$		\$		\$ -	\$	
	Leased Right-to-Use Assets	\$	_	\$	_	\$ -		
	Other (explain):	\$	-	\$	_	\$ -		_
	Accumulated Depreciation/Amortization							
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$ -	\$	-
	TOTAL	\$	-	\$	-	\$ -	Α.	-
	Please use this space to provide any	explanat	ions or	commen	ts:			
	PART 7 - PENSION	INFO	RMA	TION				
	Please answer the following questions by marking in the appropriate box	es.				Yes		No
7-1	Does the entity have an "old hire" firefighters' pension plan?							7
7-2	Does the entity have a volunteer firefighters' pension plan?					, \square		J
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 re	etiree as	of Jan	\$	_			
	1?				1			
	Please use this space to provide any	explanat	ions or	commen	is:			
	PART 8 - BUDGET I	NEO		TION				
			RIVIA					
0.4	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 current year in accordance with Section 29-1-113 C.R.S.?	rs for the	9	7				
	current year in accordance with Section 25-1-113 C.N.S.?							
8-2								
0-2	Did the entity pass an appropriations resolution, in accordance	ce with S	Section	J				
	29-1-108 C.R.S.? If no, MUST explain:							
If yes:	L Please indicate the amount budgeted for each fund for the ye	ar report	ed:					
	Governmental/Proprietary Fund Name	Total A	\ppropr <u>ia</u>	tions By Fu	ınd			
	General Fund	\$			-			
]		
						Į		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?	7	П
	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 MI	JST explain:		_
ii iio, iii	or oxpiani.		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	le this application for a payly formed governmental antity?	_	_
10-1	Is this application for a newly formed governmental entity?		✓
If yes:	Date of formation:	ı	
10-2	Has the entity changed its name in the past or current year?		7
		_	_
If year	Places list the NEW name & PRIOR name:		
If yes:	Please list the NEW name & PRIOR name:	ı	
10-3	Is the entity a metropolitan district?	 	
100	Please indicate what services the entity provides:		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control	1	
10-4	Does the entity have an agreement with another government to provide services?	7	
If yes:	List the name of the other governmental entity and the services provided:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.	_	_
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		J
If yes:	Date Filed:		
		_	
10-6	Does the entity have a certified Mill Levy?	Ш	4
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	riease provide the following ininis levied for the year reported (do not report \$ amounts).		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

	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?	7	

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	IJon A. Turner, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 1	Jon A. Turner	application for exemptio Docusigned by: Signed Date:
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 2	Christopher J. Frye	application for exemption Curistopher Fryu Signed 3/13/2023 09:0 9627168EFF914E7 My term Expires: May 2025
Board	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 3	James I. Birdsall	application for exemptio Docusigned by: Signed James Birdsall Date: My term Expires: May 2025
Board Member 4	Print Board Member's Name	IElizabeth S. Birdsall, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
	Elizabeth S. Birdsall	application for exemp Docusigned by: Signed
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 5	Emily Kupec	application for exempt — Docusigned by: Signed — Emily Euror Date:
	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
Board Member 6		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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither exerces nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of individual), a person skilled in governmental accounting and

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(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended ________, 20XX.

ADOPTED THIS ____ day of ______, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires Si	gnatur
	//_	
		_
\\		

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under 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 neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL <u>NOT</u> BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL <u>NOT</u> BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the preparer signed the application?			
Has the	Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?		
Has the	application been PERSONALLY reviewed and approved by the governing body?		
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?			
Will this application be submitted electronically?			
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here		
or			
	If yes, have you included a resolution?		
	Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?		
	Has the resolution been signed by a <u>MAJORITY</u> of the governing body? (See sample resolution.)		
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)		
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?		

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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 event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS CONTACT PERSON PHONE EMAIL	Berthoud-Heritage Metropolitan District No. 17 C/O Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd Loveland, CO 80537 Amanda Castle 970-669-3611 amandac@pcgi.com	For the Year Ended 12/31/22 or fiscal year ended:					
P	ART 1 - CERTIFICATION OF PREPARER	· 是是"你"等是"					
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:	Amanda Castle						
TITLE	District Accountant						
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.						
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537						
PHONE	970-669-3611						
DATE PREPARED	2/28/2023						
PREPARER (SIGNATURE REQUIRED)							
Imanda Ca	str						
(, , , , , , , , , , , , , , , , , , ,		machine for the production of temperature					

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	escription		Round to nearest Dolla	r	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	tion 10-6)	\$	-	space to provide
2-2		Specific owner	rship		\$	-	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify)	:		\$	-	
2-5	Licenses and permit	S			\$	-	
2-6	Intergovernmental:		Grants		\$	-	
2-7			Conservation Trust F	Funds (Lottery)	\$	-	
2-8			Highway Users Tax F	Funds (HUTF)	\$	-	
2-9			Other (specify):		\$	-	
2-10	Charges for services	5			\$	-	
2-11	Fines and forfeits				\$	-	
2-12	Special assessments	S			\$	-	
2-13	Investment income				\$	-	
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds		(should agre	ee with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances		•	should agree with line 4-4)	\$	-	
2-18	Proceeds from sale		S		\$	-	_
2-19	Fire and police pens	ion			\$	-	
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-]
2-22					\$	-	_
2-23					\$	-	
2-24		(add lii	nes 2-1 through 2-23)	TOTAL REVENUE	\$	-	

PART 3 - EXPENDITURES/EXPENSES

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

Line#	Description		Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies		\$ -	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police		\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations		\$ -	
3-16	Culture and recreation		\$ -	
3-17	Debt service principal	should agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (st	nould agree 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	Treasurer's Fees		\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDI	TURES/EXPENSES	\$ -	

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	3, ISSUED	, AND RE	ETIRED		
	Please answer the following questions by marking the	appropriate boxes.		Yes	No	
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment So			7		
4-2	Is the debt repayment schedule attached? If no, MUST explain					
4-3	Is the entity current in its debt service payments? If no, MUS	Γexplain:		, 		
		•				
4-4	Please complete the following debt schedule, if applicable:					
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at	
	numbers)	end of prior year*	year	year	year-end	
	General obligation bonds	\$ -	\$ -	\$ -	\$ -	
	Revenue bonds	\$ -	\$ -	\$ -	\$ -	
	Notes/Loans	\$ -	\$ -	\$ -	\$ -	
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -	
	Developer Advances	\$ -	\$ -	\$ -	\$ -	
	Other (specify):	\$ -	\$ -	\$ -	\$ -	
	TOTAL	\$ -	\$ -	\$ -	\$ -	
		*must tie to prior ye	ar ending balance			
	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?		90,000,000.00			
	Date the debt was authorized:	3/23/2	2021			
4-6	Does the entity intend to issue debt within the next calendar	year?			J	
If yes:	How much?	\$	-			
4-7	Does the entity have debt that has been refinanced that it is still responsible for?					
If yes:						
4-8	Does the entity have any lease agreements?	,			J	
If yes:	What is being leased?					
	What is the original date of the lease?					
	Number of years of lease?			J		
	Is the lease subject to annual appropriation?			, 🗆		
	What are the annual lease payments?	\$	-]		
	Please use this space to provide any	explanations or	comments:			

	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):			
			\$ -	
5-3			\$ -	
5-5			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.			7
	seq., C.R.S.?			٢
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			[J]
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	[2]
If no, M	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RIO Please answer the following questions by marking in the appropriate box		TO-U	SE A	SSE	ETS Yes		No
6-1	Does the entity have capital assets?							1
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	as the entity performed an annual inventory of capital assets in accordance with Section -1-506, C.R.S.,? If no, MUST explain:						
6-3	Complete the following capital & right-to-use assets table:	Balance - Additions (Must t-to-use assets table: beginning of the be included in year* Part 3)			Deletions		Year-End Balance	
	Land	\$	-	\$	-	\$ -		
	Buildings Machinery and againment	\$	-	\$	-	\$ -		
	Machinery and equipment Furniture and fixtures	\$	-	\$	-	\$ -		
	Infrastructure	\$		\$		\$ -		-
	Construction In Progress (CIP)	\$		\$		\$ -	. 3	
	Leased Right-to-Use Assets	\$	_	\$	_		. 3	
	Other (explain):	\$	-	\$	_	\$ -		
	Accumulated Depreciation/Amortization							
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$ -	. 8	-
	TOTAL	\$	-	\$	-	\$ -		
	Please use this space to provide any	explanat	ions or	commen	ts:			
	PART 7 - PENSION	INFO	RMA	TION				
	Please answer the following questions by marking in the appropriate box	es.				Yes		No
7-1	Does the entity have an "old hire" firefighters' pension plan?							J
7-2	Does the entity have a volunteer firefighters' pension plan?					, \square		J
If yes:	Who administers the plan?]		
	Indicate the contributions from:							
	Tax (property, SO, sales, etc.):			\$	-]		
	State contribution amount: \$ -							
	Other (gifts, donations, etc.):	Other (gifts, donations, etc.):						
	TOTAL			\$	-			
	What is the monthly benefit paid for 20 years of service per re	etiree as	of Jan	\$	_			
	1?							
	Please use this space to provide any explanations or comments:							
	PART 8 - BUDGET I	NEO		TION				
			XIVIA					
0.4	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 current year in accordance with Section 29-1-113 C.R.S.?	rs for the	9	J				
	current year in accordance with Section 25-1-113 C.N.S.?]				
8-2				J				
0-2		entity pass an appropriations resolution, in accordance with Section						
	29-1-108 C.R.S.? If no, MUST explain:							
If yes:	L Please indicate the amount budgeted for each fund for the ye	ar report	ed:	I				
	Governmental/Proprietary Fund Name	Total A	ppropr <u>ia</u>	tions By Fu	ınd _			
	General Fund	\$			-			
]		
						Į		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)			
	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)]?	[7]	П		
	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 MI	JST explain:		_		
ii iio, iii	or oxpiani.				
	PART 10 - GENERAL INFORMATION				
	Please answer the following questions by marking in the appropriate boxes.	Yes	No		
	le this application for a payly formed governmental antity?	_	_		
10-1	Is this application for a newly formed governmental entity?		✓		
If yes:	Date of formation:	ı			
10-2	Has the entity changed its name in the past or current year?		7		
		_	_		
If year	Places list the NEW name & PRIOR name:				
If yes:	Please list the NEW name & PRIOR name:	ı			
10-3	Is the entity a metropolitan district?				
100	Please indicate what services the entity provides:				
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control	1			
10-4	Does the entity have an agreement with another government to provide services?	7			
If yes:	List the name of the other governmental entity and the services provided:				
	All services provided by Berthoud Heritage Metropolitan District No. 1.	_	_		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		J		
If yes:	Date Filed:				
10-6	Does the entity have a certified Mill Levy?	Ш	1		
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):				
	riease provide the following ininis levied for the year reported (do not report \$ amounts).				
	Bond Redemption mills		-		

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

	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?	7			

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	A MAJORITY of the members of the governing body must complete and sign in the column below.
	current governing body below.	
	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or
		appointed board member, and that I have personally reviewed and approve this
Board		application for exemptio/Docusigned by:
Member		Signed Ma Tunatr
1	Jon A. Turner	Signed Jon Turur
	0011711 1411101	Date
		My term Expires:May 2025
	Print Board Member's Name	IChristopher J. Frye, attest I am a duly elected or
Board		appointed board member, and that I have personally reviewed and approve this
Member		application for exemptio Clustoplus Fry Signed
2		Signed Cunstopur try
	Christopher J. Frye	Date:
		My term Expires:May 2025
	Print Board Member's Name	IJames I. Birdsall, attest I am a duly elected or
		appointed board member, and that I have personally reviewed and approve this
Board		application for exemption Docusigned by:
Member		Signed James Birdsall
3	James I. Birdsall	Date: 3/21/2023 11:53
		My term Expires:May 2025
	Print Board Member's Name	IElizabeth S. Birdsall, attest I am a duly elected or
		appointed board member, and that I have personally reviewed and approve this
Board		application for exemption fr Docusigned by:
Member		Signed His aluth Birdeall
4	Elizabeth S. Birdsall	Signed
		My term Expires:May 2023
	Drint De and Mancheda Name	
	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or
Board		appointed board member, and that I have personally reviewed and approve this
Member		application for exemptio Docusigned by:
5	Emily Kupec	Signed Emily & Date: 3/21/2023 11: 95246669962684AA
	Limy Rapes	
		My term Expires:May 2023
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member		exemption from audit.
6		Signed
· ·		Date:
		My term Expires:
	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
Board Mombor		exemption from audit.
Member		Signed
7		Date:
		My term Expires:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audir requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither exerces nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from a voit in (name of individual), a person skilled in governmental accounting and

03

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended ________, 20XX.

ADOPTED THIS ____ day of ______, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	\	
	\ <u> </u>	