	APPLICATION FO	REXEMP	TION FROM	IAUDIT
	L	ONG FOR	M	
AME OF GOVERNMENT	Berthoud Heritage Metropolitan District 2			For the Year Ended
DDRESS	c/o Pinnacle Consulting Group, Inc.			12/31/2020
	550 W Eisenhower Blvd			or fiscal year ended:
	Loveland, CO 80537			
ONTACT PERSON	Amanda Castle			
IONE	970-669-3611			
MAIL	amandac@pinnacleconsultinggroupinc.com			
AX	970-669-3612			
artify that I am an independent acc	The state of the s		PREPARE	
dependent of the entity complete the AME: TLE RM NAME (if applicable) DDRESS HONE ATE PREPARED	countant with knowledge of governmental accounting and that the information are application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021	on in the Applicati	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requires that a per-
dependent of the entity complete the AME: ITLE IRM NAME (if applicable) DDRESS HONE ATE PREPARED ELATIONSHIP TO ENTITY	countant with knowledge of governmental accounting and that the information are application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant	on in the Applicati	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requires that a pers
dependent of the entity complete the AME: ITLE IRM NAME (if applicable) DDRESS HONE ATE PREPARED	countant with knowledge of governmental accounting and that the information are application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant	on in the Applicati	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requires that a per-
dependent of the entity complete the AME: ITLE IRM NAME (if applicable) DDRESS HONE ATE PREPARED ELATIONSHIP TO ENTITY PREPARER (SIGNATURE) as the entity filed for, or has the	countant with knowledge of governmental accounting and that the information the application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant REQUIRED)	on in the Applicati	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requires that a pers

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

		Governme	ental Funds		Proprietary/	Fiduciary Funds	Planta usa this
ne#	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of an
As	sets			Assets	(items on this page
1	Cash & Cash Equivalents	\$ -	\$	- Cash & Cash Equivalents	\$	- \$	-
2	Investments	\$ -	\$	- Investments		- \$	-
3	Receivables	\$ -		- Receivables		- 8	
4	Due from Other Entities or Funds	\$ -	S	- Due from Other Entities or Funds		- \$	-
	All Other Assets [specify]		1.4	Other Current Assets		- S	-
	operty Taxes Receivable	\$ 604,946	s	- Total Current Assets	_	- S	-
3		\$ -	100				4
,		s -		- Capital Assets, net (from Part 6-4) - Other Long Term Assets [specify]	-	- \$	-
3		\$ -		- Other Long Term Assets [specify]	-	- \$	-
9		\$ -	-	-	-	- \$	-
0		\$ -	S	-	*	- \$	-
1	(add lines 1-1 through 1-10) TOTAL ASSETS			- Indiline Address Add	\$	- \$	_
	TOTAL DEFERRED OUTFLOWS OF RESOURCES			- (add lines 1-1 through 1-10) TOTAL ASSETS		- \$	-
2	TOTAL ASSETS AND DEFERRED OUTFLOWS		\$	- TOTAL DEFERRED OUTFLOWS OF RESOURCES		- \$	-
3		\$ 604,946	\$	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$	-
	ibilities Accounts Payable			Liabilities	C-		
	Accrued Payroll and Related Liabilities	\$ - \$ -	\$	- Accounts Payable		- \$	-
	Accrued Interest Payable		-	- Accrued Payroll and Related Liabilities		- \$	-
	Due to Other Entities or Funds	\$ -	-	- Accrued Interest Payable		- \$	-
	All Other Current Liabilities	\$ -		- Due to Other Entities or Funds		- \$	-
		\$ -	\$	- All Other Current Liabilities		- \$	-
9	TOTAL CURRENT LIABILITIES		-	- TOTAL CURRENT LIABILITIES		- \$	-
	All Other Liabilities [specify]	\$ -	\$	- Proprietary Debt Outstanding (from Part 4-4)		- \$	-
1		\$ -		- Other Liabilities [specify]:		- \$	-
2		\$ -	-	-		- \$	-
3		\$ -	-	-		- \$	-
4		\$ -	-	·	*	- \$	-
5		\$ -		<u>-</u>	*	- \$	-
6		\$ -	. *	-	\$	- \$	-
7		\$ -		•	*	- \$	-
8	(add lines 1-19 through 1-27) TOTAL LIABILITIES		\$	 (add lines 1-19 through 1-27) TOTAL LIABILITIES 		- \$	-
9	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ 604,946	\$	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	- \$	-
Fu	nd Balance			Net Position			_
	nspendable Prepaid	\$ -	-	- Net Investment in Capital Assets	\$	- \$	-
1 No	nspendable Inventory	\$ -	\$				
2 F	Restricted [specify]	\$ -	\$	- Emergency Reserves	\$	- \$	-
3 (Committed [specify]	\$ -	\$	- Other Designations/Reserves	\$	- \$	-1
4 /	Assigned [specify]	\$ -	\$	- Restricted	\$	- S	=
5 (Unassigned:	\$ -	\$	- Undesignated/Unreserved/Unrestricted	\$	- \$	
6	Add lines 1-30 through 1-35			Add lines 1-30 through 1-35			
	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	s	- S	_
7	Add lines 1-28, 1-29 and 1-36			Add lines 1-28, 1-29 and 1-36			
1	This total should be the same as line 1-13			This total should be the same as line 1-13			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	\$ 604,946	S	POSITION	s .	- S	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ental Funds		Proprietary	Fiduciary Funds	
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of an
1	ax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 470,939	\$	- Property [include mills levied in Question 10-6]	\$	- S	-
2-2	Specific Ownership	\$ 33,754	\$	- Specific Ownership	\$	- \$	-
2-3	Sales and Use Tax	\$ -	\$	- Sales and Use Tax	\$	- \$	-
2-4	Other Tax Revenue [Interest]:	\$ 2,065	\$	- Other Tax Revenue [specify]:	\$	- \$	-
2-5		\$ -	\$	-	\$	- \$	-
2-6		\$ -	\$	-	\$	- \$	-
2-7		\$ -	\$	-	\$	- \$	-
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 506,759	\$	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		- \$	-
-9	Licenses and Permits	\$ -	\$	- Licenses and Permits	s	- s	
-10	Highway Users Tax Funds (HUTF)	\$ -	s	- Highway Users Tax Funds (HUTF)	\$	- 8	-
-11	Conservation Trust Funds (Lottery)	\$ -	s	- Conservation Trust Funds (Lottery)	\$	- \$	-
12	Community Development Block Grant	\$ -	\$	- Community Development Block Grant	\$	- \$	-
13	Fire & Police Pension	\$ -	\$	- Fire & Police Pension	S	- 8	
14	Grants	\$ -	\$	- Grants	\$	- \$	-
15	Donations	\$ -	\$	- Donations	\$	- 8	-
-16	Charges for Sales and Services	\$ -	\$	- Charges for Sales and Services	\$	- S	-
17	Rental Income	\$ -	\$	- Rental Income	\$	- \$	-
18	Fines and Forfeits	\$ -	\$	- Fines and Forfeits	\$	- \$	-
19	Interest/Investment Income	\$ -	\$	- Interest/Investment Income	\$	- \$	-
20	Tap Fees	\$ -	\$	- Tap Fees	\$	- \$	-
21	Proceeds from Sale of Capital Assets	\$ -	\$	- Proceeds from Sale of Capital Assets	\$	- \$	
22	All Other [specify]:	\$ -	\$	- All Other [specify]:	\$	- \$	-
23		\$ -	\$	-	\$	- \$	=
24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 506,759	\$	Add lines 2-8 through 2-23 TOTAL REVENUES		- \$	-
	Other Financing Sources			Other Financing Sources			
25	Debt Proceeds	\$ -	\$	- Debt Proceeds	\$	- S	
26	Developer Advances	\$ -	s	- Developer Advances	s	- S	
27	Other [specify]:	\$ -	\$	- Other [specify]:	s	- S	
28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	s .	s	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	s	- s	GRAND TOTALS
-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 506,759		Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES		- \$	- \$ 506,79

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.

		Governm	ental Funds		Propriet	ary/Fiduciary Funds	Diagon was this assess to
Line#	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of ar
	Expenditures			Expenses			items on this page
3-1	General Government	\$ 114,760	\$	- General Operating & Administrative	\$	- \$	- Remover this page
3-2	Judicial	\$ -	\$	- Salaries	\$	- \$	-
3-3	Law Enforcement	\$ -	\$	- Payroll Taxes	\$	- 8	-
3-4	Fire	\$ -	\$	- Contract Services	\$	- \$	-
3-5	Highways & Streets	\$ -	\$	- Employee Benefits	S	- \$	-
3-6	Solid Waste	\$ -	\$	- Insurance	S	- 8	-1
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	S	- Accounting and Legal Fees	S	- S	=
3-8	Health	\$ -	\$	- Repair and Maintenance	\$	- \$	-
3-9	Culture and Recreation	\$ -	S	- Supplies	S	- 8	-
3-10	Transfers to other districts	s -	S	- Utilities	S	- 8	_
3-11	Other [Treasurer Fees]:	\$ 9,460	S	- Contributions to Fire & Police Pension Assoc.	S	- 8	-
3-12	Payment to No. 1 for Debt	\$ 382,539		- Other [specify]	S	- \$	-
3-13	The state of the s		s	-	s	- 8	-
3-14	Capital Outlay		S	- Capital Outlay	\$	- 8	-
	Debt Service		14	Debt Service	•	- 9	-1
3-15	Principal	\$ -	S	- Principal	s	- S	
3-16	Interest	\$ -		- Interest	S	- 8	-
3-17	Bond Issuance Costs		S	- Bond Issuance Costs	S	- 8	-
3-18	Developer Principal Repayments	s -		- Developer Principal Repayments	S	1.	-
3-19	Developer Interest Repayments	\$ -	S	- Developer Interest Repayments	\$		-
3-20	All Other [specify]:	\$ -	-	- All Other [specify]:	\$	- \$ - \$	-
3-21	All Other precised.	\$ -	\$	All Ottler [specify]:	\$		-
	Add lines 3-1 through 3-21		1	Add lines 2 4 through 2 24	\$	- \$	- GRAND TOTAL
3-22	TOTAL EXPENDITURES	\$ 506,759	\$	Add lines 3-1 through 3-21 TOTAL EXPENSES	\$	- \$	- \$ 506,75
3-23	Interfund Transfers (In)	\$ -	\$	- Net Interfund Transfers (In) Out	s	- S	
3-24	Interfund Transfers out	s -	S	- Other [specify][enter negative for expense]	s	- \$	-
3-25	Other Expenditures (Revenues):	\$ -	\$	- Depreciation	\$	- S	-
3-26		\$ -	S	- Other Financing Sources (Uses) (from line 2-28)	S	- \$.
3-27		\$ -	\$	- Capital Outlay (from line 3-14)	s	- 8	.
3-28		s -	s	- Debt Principal (from line 3-15, 3-18)	s	- S	- 2
3-29	(Add lines 3-23 through 3-28)			(Line 3-26, plus line 3-27, less line 3-24, less line 3-25)	7		-
	TOTAL TRANSFERS AND OTHER EXPENDITURES	\$ -	s	TOTAL GAAP RECONCILING ITEMS		- s	
	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29	\$ -	s	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	s	- S	
	Fund Balance, January 1 from December 31 prior year report	s -	s	Net Position, January 1 from December 31 prior year report	\$	- s	
3-32	Prior Period Adjustment (MUST explain)			Prior Period Adjustment (MUST explain)			
3-33	Fund Balance, December 31 Sum of Line 3-30, 3-31, and 3-32	\$ -	\$	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36.	\$	- \$	

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 OUTST	ANDING, I	SSUED,	AND RETIRED	
	Please answer the following questions by marking the a	appropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
4-1 4-2	Does the entity have outstanding debt? Is the debt repayment schedule attached? If no, MUST explain:					
4-3	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)	Outstanding at beginning of year*	Issued during R	etired during year	Outstanding at year-e	nd
	General obligation bonds Revenue bonds Notes/Loans Leases Developer Advances Other (specify):	\$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$	- S - S - S - S	-	\$ \$ \$ \$ \$ \$ \$	
		*must agree to prior year e	nding balance	10.00		
4-5 If yes:	Please answer the following questions by marking the appropriate boxes. Does the entity have any authorized, but unissued, debt? How much?	\$ 20,000,000		YES	NO 🗆	
4-6	Date the debt was authorized: Does the entity intend to issue debt within the next calendar year? How much?	\$ -			2	
4-7 If yes: 4-8	Does the entity have debt that has been refinanced that it is still responsible What is the amount outstanding? Does the entity have any lease agreements?	for?			2	
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?	\$ -		-		
		PART 5 - CA	SH AND IN'	VESTME	NTS	
	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings accounts Certificates of deposit	TOTAL C	\$ \$ ASH DEPOSITS		TOTAL	Please use this space to provide any explanations or comments:
	Investments (if investment is a mutual fund, please list underlying investments):				T .	
5-3			\$ \$			
			INVESTMENTS S		\$	
		TOTAL CASH AND			\$	•
-	Please answer the following question by marking in the appropriate box	0000	YES	NO	N/A	
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. s Are the entity's deposits in an eligible (Public Deposit Protection Act) public 11-10.5-101, et seq. C.R.S.)? If no, MUST explain:				2	

		PART	6 - (CAPITAL	. AS	SSETS			
	Please answer the following question by marking in the appropriate box					YES		NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?							2	
6-2	Has the entity performed an annual inventory of capital assets in accordance of MUST explain:	with Section 29-1-50	16, C.I	R.S.? If no,				2	
6-3	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year*	- 1	Additions	De	letions		Year-End Balance	
	Land	\$ -	\$	-	\$		\$	-	
	Buildings	\$ -	\$		\$	- 4	\$		
	Machinery and equipment	\$ -	\$	-	\$		\$		
	Furniture and fixtures	\$ -	\$		\$	-	\$	-	
	Infrastructure		\$	-	_	-	-	1.	
	Construction In Progress (CIP)		\$		_		-		
	Other (explain):		\$		\$	-			
	Accumulated Depreciation (Enter a negative, or credit, balance)	,	-		\$		\$		
	TOTAL	\$ -	\$	-	\$	-	\$	-	
6-4	Complete the following Capital Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year*	1	Additions	De	letions		Year-End Balance	
	Land	\$ -	\$	-	\$	- 1	\$		
	Buildings	\$ -	\$	-	\$	-	\$	-	
	Machinery and equipment	\$ -	\$	-	\$	-	\$		
	Furniture and fixtures	\$ -	\$		-	-	_		
	Infrastructure		\$	-		-			
	Construction In Progress (CIP)		\$	-		-			
	Other (explain):		\$	-	-	-			
	Accumulated Depreciation (Enter a negative, or credit, balance)		\$		-	-	_		
	TOTAL	\$ -	\$		\$	-	\$		
		*must agree to prior yea	ar endir	ng balance					
		PART 7 - P	EN	SION IN	FO	RMATI	O	V	
	Please answer the following question by marking in the appropriate box					YES	_	NO	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firemen's pension plan?							2	rease ass and space to provide any explanations of comments.
7-2	Does the entity have a volunteer firemen's pension plan? Who administers the plan?							Ø	
	Indicate the contributions from:								

\$

TOTAL \$

Tax (property, SO, sales, etc.): State contribution amount:

Other (gifts, donations, etc.):

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?

PART 8 - I	BUDGET IN	FORMATIO	N	
Please answer the following question by marking in the appropriate box	YES	NO	N/A	Please use this space to provide any explanations or comments:
Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:				
Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: yes: Please indicate the amount budgeted for each fund for the year reported				
Fund Name Budgeted Expend	Hituros/Exponent			
General Fund \$ \$ \$ \$ \$ \$	509,137			
PART 9 - TAX PAY	/FR'S BILL (DF RIGHTS	(TABOR)	
Please answer the following question by marking in the appropriate box	LITTO DILLE	YES	NO	Please use this space to provide any explanations or comments:
1-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section Note: An election to exempt the government from the spending limitations of TABOR does not exempt.				
PART 10 - 0	GENERAL IN	NFORMATION	NC	
Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments
0-1 Is this application for a newly formed governmental entity? yes: Date of formation:			v	
0-2 Has the entity changed its name in the past or current year?			7	
Yes: NEW name PRIOR name				
0-3 Is the entity a metropolitan district?		•		
0-4 Please indicate what services the entity provides:			_	
Streets, traffic & safety, water, sanitary sewer, storm drainage, park & recreation, transportation, television relay and mosquit	to control			
0-5 Does the entity have an agreement with another government to provide services?				
yes: List the name of the other governmental entity and the services provided:				
All services provided by Berthoud Heritage Metropolitan District No. 1.				
0-6 Does the entity have a certified mill levy?				
yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts): Bond Redemption mills 55.6 General/Other mills 16.6 Total mills 72.3	699			

Entity Wide:	General Fund			Governmental Funds		Notes
Unrestricted Cash & Investments	\$ - Unrestricted Fund Bala	n \$	•	Total Tax Revenue	\$	506,759
Current Liabilities	\$ - Total Fund Balance	\$	-	Revenue Paying Debt Service	\$	
Deferred Inflow	\$ 604,946 PY Fund Balance	\$		Total Revenue	S	506,759
	Total Revenue	\$	506,759	Total Debt Service Principal	\$	
	Total Expenditures	S	506,759	Total Debt Service Interest	\$	-
Governmental	Interfund in	S	-			
Total Cash & Investments	\$ - Interfund Out	\$	-	Enterprise Funds		
Transfers In	\$ - Proprietary			Net Position	\$	
Fransfers Out	\$ - Current Assets	\$		PY Net Position	\$	
Property Tax	\$ 470,939 Deferred Outflow	\$		Government-Wide		
Debt Service Principal	\$ - Current Liabilities	\$	-	Total Outstanding Debt	\$	
Total Expenditures	\$ 506,759 Deferred Inflow	\$	<u>-</u>	Authorized but Unissued	\$	20,000,000
Total Developer Advances	\$ - Cash & Investments	\$		Year Authorized		5/6/2008
Total Developer Repayments	\$ - Principal Expense	S	-			

PART 12 - GOVERNIN	G BODY APPR	ROVAL
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?	2	

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, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Print the names of ALL members of the governing body below.	A MAJORITY of the members of the governing body must complete and sign in the column below.
4	Jon A. Turner	I,Jon A. Turner, 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:
2	Christopher J. Frye	I,Christopher J. Frye, 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
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 and approve this application for exemption from audit. Signed Date: May 2023
-4	Full Name Elizabeth S. Birdsall	I,Elizabeth S. Birdsall, 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
5	Full Name Emlly Kupec	I,Emily Kupec, 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
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
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

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dist	rict No. 3	For the Year Ended	
ADDRESS	C/O Pinnacle Consulting Group, Inc.	12/31/20		
	550 W Eisenhower Blvd	or fiscal year ended:		
	Loveland, CO 80537			
CONTACT PERSON	Amanda Castle			
PHONE	970-669-3611			
EMAIL	amandac@pinnacleconsultinggroupi	nc.com	1	
FAX	970-669-3612			
	PART 1 - CERTIFICATIO	N OF PREPARER		
I certify that I am skilled in go my knowledge.	vernmental accounting and that the informa	ation 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, CO	80537		
PHONE	970-669-3611			
DATE PREPARED	2/19/2021			
PREPARER (SIGNATU	7-10-10-10-10-10-10-10-10-10-10-10-10-10-			
	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)	

4

using Governmental or Proprietary fund types

PART 2 - REVENUE

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

Line#			Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 2	The second second second second second
2-2		Specific own	nership	\$	any necessary
2-3		Sales and us		\$ -	explanations
2-4		Other (speci	fy):	\$ -	
2-5	Licenses and p			\$ -	
2-6	Intergovernmen		Grants	\$	
2-7	Actions & clinations		Conservation Trust Funds (Lottery)	\$ -	n)
2-8			Highway Users Tax Funds (HUTF)	\$ -	31
2-9			Other (specify):	\$ -	
2-10	Charges for ser	rvices		\$ -	100
2-11	Fines and forfe			\$ -	To the last of the
2-12	Special assess	ments		\$ -	
2-13	Investment ince	ome		\$ -	
2-14	Charges for uti	lity services	0	\$ -	
2-15	Debt proceeds	9 1 149-24-4	(should agree with line 4-4, column 2)	\$ -	2
2-16	Lease proceeds	S		\$ -	
2-17	Developer Adva		(should agree with line 4-4)	\$ -	
2-18		sale of capital ass	sets	\$	
2-19	Fire and police	the state of the s	77.25	\$ -	
2-20	Donations	2000000		\$ -	
2-21	Other (specify)			\$ -	
2-22				\$ -	
2-23			and the second of the second of	\$ -	
2-24		(add	l lines 2-1 through 2-23) TOTAL REVENUE	\$ 2	9

PART 3 - EXPENDITURES/EXPENSES

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

-	interest payments on long-term debt. Financial information will not include	fund equity inform	nation.	Please use this
Line#	Description		Round to nearest Dollar	space to provide
3-1	Administrative		\$ 1	any necessary
3-2	Salaries		\$ -	explanations
3-3	Payroll taxes		\$ -	A CONTRACTOR OF THE PARTY OF TH
3-4	Contract services		\$ 28	
3-5	Employee benefits		\$ -	_
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ -	1
3-8	Repair and maintenance	11	\$	
3-9	Supplies		\$ -	1
3-10	Utilities and telephone		\$	
3-11	Fire/Police		\$	
3-12	Streets and highways		\$ -	
3-13	Public health	- 1	\$	1
3-14	Capital outlay		\$ -	
3-15	Utility operations		\$ -	
3-16	Culture and recreation		\$ -	.7
3-17	Debt service principal (shou	ld agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		ıld agree to line 7-2)	\$ -	
3-22		ıld agree to line 7-2)		
3-23			\$ -	
3-24			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITUR	ES/EXPENSES		
0.20			AUGUSTA SECTION OF THE PARTY OF	A STATE OF THE STA

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 OUTSTANDIN			, AN	D RE	ETIR	ED		
4.4	Please answer the following questions by marking the Does the entity have outstanding debt?	e appropriate bo	xes.	0.00			Yes		No
4-1	If Yes, please attach a copy of the entity's Debt Repayment	Schedule.				,	_		1
4-2	Is the debt repayment schedule attached? If no, MUST explain					1 []		
	All the second of the second o								
4-3	Is the entity current in its debt service payments? If no, MUS	ST explain:				, [

4-4							-		20000
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive	Outstanding		Issued		NAME OF TAXABLE PARTY.	d during	100000000000000000000000000000000000000	tanding at
	numbers)	end of prior y	ear*	ye	ar)	year	У	ear-end
	General obligation bonds	Ψ	-	\$	-	\$	-	\$	-
	Revenue bonds	4	-	\$	-	\$	-	\$	-
	Notes/Loans	Ψ	-	\$	~	\$		\$	-
	Leases	*	-	\$	+	\$	-	\$	
	Developer Advances	*	-	\$	-	\$	-	\$	-
	Other (specify):	+	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	H	\$	-
		*must tie to pr	ior yea	ar ending	balance		Veren		
4.5	Please answer the following questions by marking the appropriate boxe Does the entity have any authorized, but unissued, debt?	es.			-		Yes		No
4-5 If yes:	How much?	\$	_	20.00	0,000	1			
ii yes.	Date the debt was authorized:		5/6/20		0,000				
4-6	Does the entity intend to issue debt within the next calendar		,, 0, 2	,,,,					V
A Secretary of the second	How much?	\$	_		-	1			
If yes: 4-7	Does the entity have debt that has been refinanced that it is	still responsi	ble fo	or?		,			V
If yes:	What is the amount outstanding?	\$			-	1			든
4-8	Does the entity have any lease agreements?	*				,			7
If yes:	What is being leased?]			
10,177	What is the original date of the lease?		_		_				
	Number of years of lease?					l.			
	Is the lease subject to annual appropriation?	1 0				1	Ц		ш
	What are the annual lease payments? Please use this space to provide an	Ψ explanation	e or o	comme	atter	-		00000	
	r lease use tills space to provide an	y explanation	3 (3)						
	PART 5 - CASH ANI	D INVES	TM	ENT	S				700
	Please provide the entity's cash deposit and investment balances.	- 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (nount	لجري	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 underlyin	ig investments)	N.						
				-		\$	-	1	
1.1						\$	Q		
5-3						\$	-		
						\$	-		
	Total Investments							\$	-
	Total Cash and Investments							\$	(5))
-435	Please answer the following questions by marking in the appro	priate boxes		Ye	S		No		N/A
5-4	Are the entity's Investments legal in accordance with Section	on 24-75-601, e	et.						7
	seq., C.R.S.?	1 1 2 2 2							
5-5	Are the entity's deposits in an eligible (Public Deposit Prote depository (Section 11-10.5-101, et seq. C.R.S.)?	ction Act) pub	olic			C			v

5

If no, MUST use this space to provide any explanations:

	PART 6 - CAPI		ASSET	S			res .		No
	Please answer the following questions by marking in the appropriate b	oxes.							√
6-1	Does the entity have capital assets?					_	-		
6-2	Has the entity performed an annual inventory of capital ass 29-1-506, C.R.S.,? If no, MUST explain:	ets in	accordance	with S	Section	С]		
								-	
6-3	Complete the following capital assets table:	be	Balance - ginning of the year*	be in	ons (Must cluded in art 3)	Dele	etions	37.63	ar-End llance
	Land	\$	4	\$	-	\$	-	\$	- 12
	Buildings	\$		\$	-	\$	-	\$	
	Machinery and equipment	\$	-	\$		\$	-	\$	-
	Furniture and fixtures	\$		\$	-	\$	-	\$	-
	Infrastructure	\$		\$	-	\$		\$	
	Construction In Progress (CIP)	\$		\$		\$		\$	
	Other (explain): Accumulated Depreciation	\$		\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	- 4	\$	4
7705	Please use this space to provide ar	ту ехр	lanations or	comn	nents:	13 70		2000	
7-2 If yes:	Does the entity have a volunteer firemen's 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 Please use this space to provide an	пу ехр	lanations o						
	PART 8 - BUDGET	INI	FORMA	TIO	N				
	Please answer the following questions by marking in the appropriate b	oxes.	ou the		Yes	4	No		N/A
8-1	Did the entity file a budget with the Department of Local Afcurrent year in accordance with Section 29-1-113 C.R.S.?	iairs i	or the	1	☑)		
8-2	Did the entity pass an appropriations resolution, in accorda 29-1-108 C.R.S.? If no, MUST explain:	ance v	vith Section	1	7)		
If yes:	Please indicate the amount budgeted for each fund for the	year r	eported:	1					
	Fund Name	Bu	dgeted Expen	ditures/	Expenses				
	General Fund	\$			128				
		_							

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABO	R)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	V	
	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.		
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?		V
10-1	Date of formation:		
yes: 10-2	Has the entity changed its name in the past or current year?		V
10-2	That the criticy changes to hame in the past of carrotte year.	_	
f 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		22
10-4	Does the entity have an agreement with another government to provide services?	V	
yes:	List the name of the other governmental entity and the services provided:		
10-5	All services provided by Berthoud Heritage Metropolitan District No. 1. Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during		v
yes:	Date Filed:	5	7
you.	Date Filed.		
10-6	Does the entity have a certified Mill Levy?	~	
yes:			
100	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		
	General/Other mills		50.00
	Total mills		50.00
	Please use this space to provide any explanations or comments:	2 - 50	30.

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	V	

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

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604
 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 1	Jon A. Turner	Signed
Board	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
Member 2	Christopher J. Frye	application for exemption from audit. Signed Date: My term Expires:May 2023
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 exemption from audit. Signed Date: My term Expires: May 2023
Board	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
Member 4	Elizabeth S. Birdsall	application for exemption from audit. Signed
Board	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
Member 5	Emily Kupec	application for exemption from audit. Signed Date:May 2022
Board	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
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:
Member		member, and that I have personally reviewed and approve this application for exemption from audit. Signed

APPLICATION FOR EXEMPTION FROM AUDIT LONG FORM NAME OF GOVERNMENT Berthoud Heritage Metropolitan District 4 For the Year Ended c/o Pinnacle Consulting Group, Inc. **ADDRESS** 12/31/2020 550 W Eisenhower Blvd or fiscal year ended: Loveland, CO 80537 CONTACT PERSON Amanda Castle PHONE 970-669-3611 **EMAIL** amandac@pinnacleconsultinggroupinc.com FAX 970-669-3612 CERTIFICATION OF PREPARER I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity. 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 2/19/2021 RELATIONSHIP TO ENTITY District Accountant PREPARER (SIGNATURE REQUIRED) Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive YES NO Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) If Yes, date filed: and 32-1-104 (3), C.R.S.] 2

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

		Governm	ental Funds		Proprieta	ry/Fiduciary Funds	
ne#	Description	General Fund	Capital Fund	Description	Fund*	Fund*	Please use this space to provide explanation of an
_	Assets			Assets			items on this page
1-1	Cash & Cash Equivalents	\$ -	\$ -	Cash & Cash Equivalents	S	- S	-
1-2	Investments	\$ -	\$ -	Investments	S	- 8	-
1-3	Receivables	\$ -	\$ -	Receivables	S	- \$	-
1-4	Due from Other Entities or Funds	\$ -	\$ -	Due from Other Entities or Funds	s	- \$	-
	All Other Assets [specify]			Other Current Assets	S	- 8	-
1-5	Property Taxes Receivable	\$ 143,367	\$ -	Total Current Assets	s	- \$	-
1-6		\$ -		Capital Assets, net (from Part 6-4)	s	- \$	-
1-7		s -	-	Other Long Term Assets [specify]	S	- \$	-
1-8		\$ -	-	Other Long Term Added [specify]	S	- 8	7
1-9		\$ -			S	- \$	-
-10		\$ -	-		S		-
-11	(add lines 1-1 through 1-10) TOTAL ASSETS		-	(add lines 1-1 through 1-10) TOTAL ASSETS	7.		
-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES			TOTAL DEFERRED OUTFLOWS OF RESOURCES		- \$	-
-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	- 7	-	TOTAL DEFERRED OUTFLOWS OF RESOURCES		- \$	-
-10	Liabilities	\$ 143,367	2	Liabilities	2	- \$	-
-14	Accounts Payable	\$ -	\\$ -	Accounts Payable		•	
-15	Accrued Payroll and Related Liabilities	\$ -			\$	- \$	-
-16	Accrued Interest Payable	\$ -		Accrued Interest Payable			-
-17	Due to Other Entities or Funds	\$ -	-	Due to Other Entities or Funds	\$	- \$	-
-18	All Other Current Liabilities				\$	- \$	-1
-19	TOTAL CURRENT LIABILITIES	-		All Other Current Liabilities	\$	- \$	-
	All Other Liabilities [specify]		-	TOTAL CURRENT LIABILITIES		- (\$	-
-20	All Other Clabilities [specify]	\$ -		Proprietary Debt Outstanding (from Part 4-4)	\$	- \$	-
-21		\$ -		Other Liabilities [specify]:	\$	- \$	-
-22		\$ -		1	\$	- \$	-
-23		\$ -	-	1	\$	- \$	-
-24		\$ -	*		\$	- \$	-
-25		\$ -			\$	- \$	-
-26		\$ -			\$	- \$	-
-27		\$ -			\$	- \$	-
-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES	*	*	(add lines 1-19 through 1-27) TOTAL LIABILITIES		- \$	-
-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ 143,367	\$ -	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	- \$	-
	Fund Balance			Net Position			
	Nonspendable Prepaid	\$ -	*	Net Investment in Capital Assets	\$	- \$	-
	Nonspendable Inventory	\$ -					
-32	Restricted [specify]	\$ -		Emergency Reserves	\$	- \$	
-33	Committed [specify]	\$ -		Other Designations/Reserves	\$	- \$	-
-34	Assigned [specify]	\$ -	\$ -	Restricted	\$	- 3	-
-35	Unassigned:	\$ -	\$ -	Undesignated/Unreserved/Unrestricted	\$	- \$	-
-36	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL FUND BALANCE			Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL NET POSITION			
-37	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13	-	\$ -	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13	ŷ.	- S	-
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$ 143,367	\$ -	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$	- \$	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ental Funds		Proprietary	/Fiduciary Funds	
ine#	Description	General Fund	Capital Fund	Description	Fund*	Fund	Please use this space to provide explanation of an
T	ax Revenue			Tax Revenue	1		items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 142,860	\$ -	Property [include mills levied in Question 10-6]	\$	- \$	-
2-2	Specific Ownership	\$ 10,239	\$ -	Specific Ownership	\$	- \$	-
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$	- \$	-
2-4	Other Tax Revenue [specify]:	\$ -	\$ -	Other Tax Revenue [specify]:	\$	- \$	-
2-5		\$ -	\$ -		\$	- \$	-
-6		\$ -	\$ -		\$	- \$	-
2-7		\$ -	\$ -		\$	- \$	9
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 153,099	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$	- \$	-
-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$	- \$	
10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	s	- \$	
11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$	- \$	-
12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$	- \$	-
13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$	- \$	-
14	Grants	\$ -	\$ -	Grants	\$	- \$	-
15	Donations	\$ -	\$ -	Donations	\$	- \$	-
16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$	- \$	-
17	Rental Income	\$ -	\$ -	Rental Income	\$	- \$	-
-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$	- \$	-
19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$	- \$	-
-20	Tap Fees	\$ -	\$ -	Tap Fees	\$	- \$	-]
-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$	- \$	-
22	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$	- \$	-
23		\$ -	\$ -		\$	- \$	-
-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 153,099	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$	- \$	-
	Other Financing Sources			Other Financing Sources			
-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$	- \$	
26	Developer Advances	\$ -	\$ -	Developer Advances	\$	- \$	-
-27	Other [specify]:	\$ -	\$ -	Other [specify]:	\$	- \$	
28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	s -	s -	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	s	- \$	GRAND TOTALS
-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES			Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES		- \$	- \$ 153,0

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.

		Governme	ental Funds		Proprieta	ry/Fiduciary Funds	Diago una this same
Line#	Description	General Fund	Gapital Fund	Description	Fund*	Fund*	Please use this space to provide explanation of ar
	Expenditures			Expenses			items on this page
3-1	General Government	\$ 45,072	\$	- General Operating & Administrative	\$	- \$	- In the page
3-2	Judicial	\$ -	\$	- Salaries	\$	- \$	-
3-3	Law Enforcement	\$ -	\$	- Payroll Taxes	\$	- \$	-
3-4	Fire	\$ -	\$	- Contract Services	\$	- \$	-
3-5	Highways & Streets	\$ -	\$	- Employee Benefits	\$	- \$	-1
3-6	Solid Waste	\$ -	\$	- Insurance	\$	- 8	
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	\$	- Accounting and Legal Fees	\$	- \$	-
3-8	Health	\$ -	\$	- Repair and Maintenance	S	- \$	-
3-9	Culture and Recreation	\$ -	S	- Supplies	S	- S	
3-10	Transfers to other districts	\$ -	S	- Utilities	\$	- S	=
3-11	Other [Treasurer Fees]:	\$ 2,857	S	- Contributions to Fire & Police Pension Assoc.	S	- 8	
-	Payment to No. 1 for Debt	\$ 105,170	-	- Other [specify]	S	- S	-
3-13	3.4		S		S	- S	-
3-14	Capital Outlay		S	- Capital Outlay	s	- \$	-
	Debt Service		1.4	Debt Service		- •	
3-15	Principal	\$ -	s	- Principal	S	- \$	
3-16	Interest	\$ -	S	- Interest	s	- \$	-
3-17	Bond Issuance Costs	\$ -		- Bond Issuance Costs	S	- \$	+
3-18	Developer Principal Repayments	\$ -	S	- Developer Principal Repayments	S	- S	-
3-19	Developer Interest Repayments	\$ -	S	- Developer Interest Repayments	S	- S	
3-20	All Other [specify]:	\$ -	S	- All Other [specify]:	S	- S	-
3-20	All Other [specify]:	\$ -	S	- All Ottlet [specily]:	S		-
3-21	Add lines 3-1 through 3-21	\$ -	9	Add lines 2.4 through 2.24	3	- \$	- GRAND TOTAL
3-22	TOTAL EXPENDITURES	\$ 153,099	\$	Add lines 3-1 through 3-21 TOTAL EXPENSES	\$	- \$	- \$ 153,09
3-23	Interfund Transfers (In)	\$ -	\$	- Net Interfund Transfers (In) Out	\$	- \$	-
3-24	Interfund Transfers out	\$ -	\$	- Other [specify][enter negative for expense]	\$	- \$	- 1
3-25	Other Expenditures (Revenues):	\$ -	\$	- Depreciation	S	- \$	-
3-26		\$ -	\$	- Other Financing Sources (Uses) (from line 2-28)	\$	- \$	-
3-27		\$ -	\$	- Capital Outlay (from line 3-14)	\$	- \$	-1
3-28		\$ -	\$	- Debt Principal (from line 3-15, 3-18)	\$	- \$	-
3-29	(Add lines 3-23 through 3-28)			(Line 3-26, plus line 3-27, less line 3-24, less line 3-25)			7
	TOTAL TRANSFERS AND OTHER EXPENDITURES	\$ -	\$	TOTAL GAAP RECONCILING ITEMS	\$	- \$	-
	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29	\$ -	\$	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	s	- \$	_
3-31	Fund Balance, January 1 from December 31 prior year report	\$ -	\$	Net Position, January 1 from December 31 prior year report	s	- \$	
3-32	Prior Period Adjustment (MUST explain)	s -	s	Prior Period Adjustment (MUST explain)	s	- S	
	Fund Balance, December 31 Sum of Line 3-30, 3-31, and 3-32 This total should be the same as line 1-36.	s -	s	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36.	s	- \$	

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 OUTST	ANDING.	ISSUED	. AND RE	TIRED	
	Please answer the following questions by marking the			YES		10	Please use this space to provide any explanations or comments:
4-1 4-2	Does the entity have outstanding debt? Is the debt repayment schedule attached? If no, MUST explain:					2	
4-3	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)	Outstanding at beginning of year*	Issued during year	Retired durin	^{1g} Outstanding	g at year-end	
	General obligation bonds Revenue bonds Notes/Loans Leases Developer Advances Other (specify):	\$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$	-	\$ \$ \$ \$	- \$ - \$ - \$ - \$ - \$	-	
	N	*must agree to prior year e	nding balance				
4-5 If yes:	Please answer the following questions by marking the appropriate boxes. Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized:	\$ 20,000,000 5/6/2008		YES			
4-6 If yes:	Does the entity intend to issue debt within the next calendar year? How much?	\$ -				2	
4-7 If yes: 4-8	Does the entity have debt that has been refinanced that it is still responsible What is the amount outstanding? Does the entity have any lease agreements?	for?				2	
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?	\$ -					
		PART 5 - CAS	SH AND II	NVESTM	ENTS		
	Please provide the entity's cash deposit and investment balances.			AMOUNT	ТО	TAL PI	ease use this space to provide any explanations or comments:
5-1	YEAR-END Total of ALL Checking and Savings accounts Certificates of deposit			*	-		
-		TOTAL C	ASH DEPOSITS		\$	-	
	Investments (if investment is a mutual fund, please list underlying investments):						
				*	-		
5-3				*			
					-		
			INVESTMENTS		\$		
		TOTAL CASH AND			\$	-	
	Please answer the following question by marking in the appropriate box	0.000	YES	NO		/A	
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. s Are the entity's deposits in an eligible (Public Deposit Protection Act) public 11-10.5-101, et seq. C.R.S.)? If no, MUST explain:		П			2	

	Please answer the following question by marking in the appropriate box	YES	NO	Please use this space to provide any explanations or comments
6-1	Does the entity have capitalized assets?		7	
	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUST explain:			

Complete the following Capital Assets table for GOVERNMENTA	L FUNDS:	Balance - beginning of the year*		Additions	Deletions	Year-End Balance
Land		\$ -	\$	-	\$ -	\$
Buildings		\$ -	\$		\$ 	\$
Machinery and equipment		\$ -	\$		\$ -	\$
Furniture and fixtures		\$ -	\$	-	\$ -	\$
Infrastructure		\$ -	\$		\$ 	\$
Construction In Progress (CIP)		\$ -	\$	-	\$	\$
Other (explain):		\$ -	\$		\$ 	\$
Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	\$	-	\$ 	\$
	TOTAL	\$ -	\$		\$ -	\$
Complete the following Capital Assets table for PROPRIETARY FU	INDS:	Balance - beginning of the year*		Additions	Deletions	Year-End Balance
Land		\$ -	\$		\$ 	\$
Buildings		\$ -	\$	=	\$ 2 - 2	\$
Machinery and equipment		\$ -	\$	-	\$	\$
Furniture and fixtures		\$ -	\$	-	\$	\$
Infrastructure		\$ -	\$	-	\$	\$
Construction In Progress (CIP)		\$ -	\$	-	\$ - 4	\$
Other (explain):		\$ -	\$	-	\$	\$
Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	\$		\$	\$
	TOTAL	s -	\$	-	\$ -	S

*must agree to prior year ending balance

PART 7 - PENSION INFORMATION						
Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:	
7-1 Does the entity have an "old hire" firemen's pension plan?				2		
7-2 Does the entity have a volunteer firemen's pension plan?						
If yes: Who administers the plan?						
Indicate the contributions from:						
Tax (property, SO, sales, etc.):	\$	-				
State contribution amount:	\$	-				
Other (gifts, donations, etc.):	\$	1.4				
TO	TAL \$	-				
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	-				

Please answer the following question by marking in the appropriate box	UDGET INF			
Did the entity file a current year budget with the Department of Local Affairs, in accordance with	YES	NO	N/A	Please use this space to provide any explanations or comments:
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.?				
If no, MUST explain:				
SE Please indicate the amount budgeted for each fund for the year reported				
Fund Name Budgeted Expenditu	ures/Expenses			
General Fund \$	157,985			
Capital Fund \$	8,120,000			
\$	-			
\$				
PART 9 - TAX PAYE	ER'S BILL O			
Please answer the following question by marking in the appropriate box	vena.	YES	NO	Please use this space to provide any explanations or comments:
Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20		2		
Note: An election to exempt the government from the spending limitations of TABOR does not exem	ipt the			
PART 10 - GI	ENERAL IN	FORMATION	NC	
Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comment
1 Is this application for a newly formed governmental entity?			v	ricase use una space to provide any explanations of comment
Date of formation:				
2 Has the entity changed its name in the past or current year?				
NEW name				
PRIOR name				
3 Is the entity a metropolitan district?		-		
4 Please indicate what services the entity provides:				
Streets, traffic & safety, water, sanitary sewer, storm drainage, park & recreation				
5 Does the entity have an agreement with another government to provide services?			Ø	
s: List the name of the other governmental entity and the services provided:				
6 Does the entity have a certified mill levy?		-	-	
s: Please provide the number of mills levied for the year reported (do not enter \$ amounts):				
Bond Redemption mills 38.965	5			
General/Other mills 16.699				

				OSA USE O	NLY	A control of the second of the	
Entity Wide:		General Fund		Terminal Control of the Control of t	Governmental Funds		Notes
Inrestricted Cash & Investments	\$	 Unrestricted Fund Bala 	in \$	-	Total Tax Revenue	\$	153,099
Current Liabilities	\$	- Total Fund Balance	S	-	Revenue Paying Debt Service	\$	
eferred Inflow	\$	143,367 PY Fund Balance	S	-	Total Revenue	\$	153,099
		Total Revenue	\$	153,099	Total Debt Service Principal	\$	<u>-</u>
		Total Expenditures	\$	153,099	Total Debt Service Interest	\$	
overnmental		Interfund In	\$				
otal Cash & Investments	\$	- Interfund Out	\$	-	Enterprise Funds		
ransfers In	\$	- Proprietary			Net Position	\$	_
ransfers Out	S	- Current Assets	S		PY Net Position	\$	
operty Tax	\$	142,860 Deferred Outflow	\$	-	Government-Wide		
ebt Service Principal	\$	- Current Liabilities	\$		Total Outstanding Debt	S	
otal Expenditures	\$	153,099 Deferred Inflow	S		Authorized but Unissued	\$	20,000,000
otal Developer Advances	\$	- Cash & Investments	S	-	Year Authorized		5/6/2008
otal Developer Repayments	\$	- Principal Expense	\$	-			

PART 12 - GOVERNII	NG BODY APPI	ROVAL
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?	0	

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 addresses
- · 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, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Print the names of ALL members of the governing body below.	A MAJORITY of the næmbers of the governing body must complete and sign in the column below.
	Full Name	I,Jon A. Turner
10	Jon A. Turner	personally reviewed and approve this application for exemption from audit. Signed Date:
	Full Name	
2	Christopher J. Frye	I,Christopher J. Frye, 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
	Full Name	I James I Dirdeall
3 =	James I. Birdsall	I,James I. Birdsali, 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:May 2023
	Full Name	
4	Elizabeth S. Birdsall	I,Elizabeth S. Birdsall, attest that I am a duly elected or appointed board member, and that I have personally refleved and approve this application for exemption from audit. Signed Date: My term Expires:May 2022
	Full Name	Emily Keeper
5	Emily Kupec	I,Emily Kepec, 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 My term Expires:May 2022
	Full Name	
6		,, 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 My term Expires:
	Full Name	attentified one delicated assemble to the second of the se
7		,, 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

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dist	rict No. 5	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc.		12/31/20
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		
CONTACT PERSON	Amanda Castle		1
PHONE	970-669-3611		
EMAIL	amandac@pinnacleconsultinggroup	nc.com	
FAX	970-669-3612	The state of the same of the same of	
	PART 1 - CERTIFICATION	N OF PREPARER	Marian and San
I certify that I am skilled in go my knowledge.	vernmental accounting and that the informa		
NAME:	Amanda Castle		
TITLE	District Accountant		
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.	11111	
ADDRESS	550 W Eisenhower Blvd, Loveland, CO	80537	
PHONE	970-669-3611		
DATE PREPARED	2/19/2021		
DDEDADED	1.07.029.0.000		
PREPARER (SIGNATU	JRE REQUIRED)		
Imand Ja	e Cowle		
Please indicate whether the foll	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Propriet	tary tuna types		

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#	LIEBTON DE COME		Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 6,649	space to provide
2-2		Specific ow	nership	\$ 486	any necessary
2-3		Sales and u		\$ -	explanations
2-4		Other (spec	lfy):	\$ -	
2-5	Licenses and pe	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		\$ -	
2-6	Intergovernment		Grants	\$ -	
2-7			Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for serv	rices	111111111111111111111111111111111111111	\$ -	
2-11	Fines and forfeit			\$ -	
2-12	Special assessn	nents		\$ -	
2-13	Investment inco			\$ -	
2-14	Charges for utili	ty services		\$ -	
2-15	Debt proceeds	• 107-107-107-001	(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Adva		(should agree with line 4-4)	\$ -	
2-18	Proceeds from s		sets	\$ -	
2-19	Fire and police		777/0	\$ -	
2-20	Donations	1911-1910		\$ -	
2-21	Other (specify):			\$ -	1
2-22	(a))/-			\$ -	
2-23				\$ -	
2-24		lad	d lines 2-1 through 2-23) TOTAL REVENUE	The second secon	

PART 3 - EXPENDITURES/EXPENSES

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

	interest payments on long-term debt. Financial information will not include	runa equity informa	ition.	Please use this
Line#	Description		Round to nearest Dollar	space to provide
3-1	Administrative	3		any necessary
3-2	Salaries	3	·	explanations
3-3	Payroll taxes			201000000000000000000000000000000000000
3-4	Contract services		7,001	
3-5	Employee benefits			
3-6	Insurance			4
3-7	Accounting and legal fees	_3		
3-8	Repair and maintenance	3		
3-9	Supplies		-	
3-10	Utilities and telephone	3		
3-11	Fire/Police		\$	_
3-12	Streets and highways		-	
3-13	Public health		-	
3-14	Capital outlay		\$ -	
3-15	Utility operations	12	\$ -	
3-16	Culture and recreation	3	5	
3-17		d agree with Part 4)	5 -	
3-18	Debt service interest		\$ -	
3-19		agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	Contribution to pension plan (shoot	ld agree to line 7-2)	\$ -	
3-22		ld agree to line 7-2)		
3-23			\$ -	1
3-24			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITUR			
0-20		and the second second		Maria da servicio

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

	PART 4 - DEBT OUTSTANDING	G, ISSUED	, AND RE	ETIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No 2
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S	chedule.			(a)
4-2	Is the debt repayment schedule attached? If no. MUST explai				
4-3	Le the could be seen to the debt as wise property 2 if no BM IC	Tavololos			
4-3	Is the entity current in its debt service payments? If no, MUS	i explain:			J
4-4	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	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance		
2075	Please answer the following questions by marking the appropriate boxes			Yes	No
4-5	Does the entity have any authorized, but unissued, debt?	20,000	000		
If yes:	How much?	5/6/2			
	Date the debt was authorized: Does the entity intend to issue debt within the next calendar		008		v
4-6	그래 얼마나 아내는 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은	year r	411	1	
If yes:	How much? Does the entity have debt that has been refinanced that it is s	φ still responsible s	for?		v
4-7	What is the amount outstanding?	\$	-	1 5	_
If yes:	Does the entity have any lease agreements?	Ψ			V
If yes:	What is being leased?				_
ii yoo.	What is the original date of the lease?				
	Number of years of lease?			- H	
	Is the lease subject to annual appropriation?				
	What are the annual lease payments? Please use this space to provide any	\$	commonto.		
	PART 5 - CASH AND 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	(humates exta))			\$ -
	investments (if investment is a mutual fund, please list underlying	illivestifichts).			
				\$ -	
5-3				\$ -	
5-5				\$ -	
				\$ -	
	Total Investments				\$ -
	Total Cash and Investments	W. W. W. Co.			\$ -
1	Please answer the following questions by marking in the approp	nate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section	24-75-601, et.			V
200	seq., C.R.S.?				
5-5	Are the entity's deposits in an eligible (Public Deposit Protect depository (Section 11-10.5-101, et seq. C.R.S.)?	tion Act) public			Ø
fino. Ml	JST use this space to provide any explanations:				

P-75	PART 6 - CAPIT	AL ASSET	S		100
	Please answer the following questions by marking in the appropriate bo	xes.	J	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ets in accordance	with Section		
6-3	Complete the following capital assets table:	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings Modelness and equipment	\$ -	\$ -	\$ - \$ -	\$ -
	Machinery and equipment Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
115	Please use this space to provide an	y explanations or	comments:	NA COUNTY	
7-1 7-2 If yes:	Please answer the following questions by marking in the appropriate because the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's 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 Please use this space to provide an	retiree as of Jan	\$ - \$ - \$ - \$ - comments:		v v
	PART 8 - BUDGET	INFORMA	TION		
	Please answer the following questions by marking in the appropriate bo		Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affacurrent year in accordance with Section 29-1-113 C.R.S.?	airs for the	.		
8-2	Did the entity pass an appropriations resolution, in accorda 29-1-108 C.R.S.? If no, MUST explain:	nce with Section			
If yes:	Please indicate the amount budgeted for each fund for the y	rear reported:			
	Fund Name	Budgeted Expend	lltures/Expenses		
	General Fund	\$	17,298		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABC	R)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	•	
lfino, Ml	UST 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?		V
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		v
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	7	
10-3	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?	V	
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		V
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	~	
If yes:			
20,000	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		55.664
	Total mills		55.664
	Please use this space to provide any explanations or comments:		

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	V	

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

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604
 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the
 governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- · Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board Member 1	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 application for exemption from audit.
	Jon A. Turner	Signed Date:
Board	Print Board Member's Name	My term Expires:May 2023, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 2	Christopher J. Frye	application for exemption from audit. Signed Date:May 2023
Board	Print Board Member's Name	IJames I. Birdsall
Member 3	James I. Birdsall	application for exemption from audit. Signed 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 exemption from audit. Signed Date:May 2022
Board	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
Member 5	Emily Kupec	application for exemption from audit. Signed Date: My term Expires: May 2022
	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	Print Board Member's Name	nember, and that I have personally reviewed and approve this application for
Member 7		exemption from audit. Signed Date: My term Expires:

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dist	For the Year Ended	
ADDRESS	C/O Pinnacle Consulting Group, Inc.		12/31/20
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		
CONTACT PERSON	Amanda Castle		
PHONE	970-669-3611		
EMAIL	amandac@pinnacleconsultinggroupi	nc.com	
FAX	970-669-3612		
	PART 1 - CERTIFICATION	N OF PREPARER	
I certify that I am skilled in go my knowledge.	vernmental accounting and that the informa		
NAME:	Amanda Castle		
TITLE	District Accountant		
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.	7-7-1	
ADDRESS	550 W Eisenhower Blvd, Loveland, CO	80537	
PHONE	970-669-3611		
DATE PREPARED	2/19/2021		
PREPARER (SIGNATU			
4 manda C	Karlàster		/
Please indicate whether the foll	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)

V

using Governmental or Proprietary fund types

PART 2 - REVENUE

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

Line#	Description			Roundito	nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$	81,766	space to provide
2-2		Specific ow	nership	\$	5,861	any necessary
2-3		Sales and us	se	\$		explanations
2-4		Other (spec	ify):	\$		
2-5	Licenses and	permits		\$	-	
2-6	Intergovernme	ental:	Grants	\$	-	
2-7	-		Conservation Trust Funds (Lottery)	\$	-	1
2-8			Highway Users Tax Funds (HUTF)	\$	-	
2-9			Other (specify):	\$		1
2-10	Charges for se	ervices		\$	-	
2-11	Fines and forf	eits		\$	-	
2-12	Special assess	sments		\$	-	
2-13	Investment inc	come		\$		
2-14	Charges for ut	ility services		\$	877	
2-15	Debt proceeds	,	(should agree with line 4-4, column 2)	\$	-	
2-16	Lease proceed	ls		\$	2	
2-17	THE RESIDENCE OF THE PROPERTY	ances received	(should agree with line 4-4)	\$	-	1
2-18	THE RESERVE OF THE PARTY OF THE	sale of capital ass	sets	\$	-	
2-19	Fire and police			\$		
2-20	Donations	***************************************		\$		
2-21	Other (specify):		\$	1	1
2-22				\$	-	1
2-23				\$		
2-24		(add	l lines 2-1 through 2-23) TOTAL REVENUE	1.00	88,504	

PART 3 - EXPENDITURES/EXPENSES

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

	Interest payments on long-term debt. Financial information will not inc	lude fund equity inforn	natio	n.	
Line#	Description	The Control of the Co		Round to nearest Dollar	Please use this
3-1	Administrative		\$	211	space to provide
3-2	Salaries	[\$	<u> </u>	any necessary
3-3	Payroll taxes	[\$	+	explanations
3-4	Contract services	[\$	20,375	
3-5	Employee benefits	[\$	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12	
3-6	Insurance	- [\$	-	
3-7	Accounting and legal fees	- [\$	-	
3-8	Repair and maintenance	[\$	-	
3-9	Supplies	1	\$	-	
3-10	Utilities and telephone		\$	-	
3-11	Fire/Police		\$	- ·]
3-12	Streets and highways	[\$	-]
3-13	Public health	1	\$	-	1
3-14	Capital outlay		\$	-	1
3-15	Utility operations		\$		1
3-16	Culture and recreation		\$		Ì
3-17	Debt service principal	should agree with Part 4)	\$	-	
3-18	Debt service interest		\$	<u>-</u>	1
3-19	Repayment of Developer Advance Principal (si	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)	\$	1, 1, 2, 2	
3-23	Payment to No. 1 for Debt		\$	67,918	
3-24	Canonia (20, 193, 193)		\$	4.1	
3-25			\$		
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDIT	URES/EXPENSES	\$	88,504	

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.	the indian	Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S	chadula			V
4-2	Is the debt repayment schedule attached? If no, MUST explain				
	Is the debt repayment schedule attached? If no, woo'r explai				-
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			
4-4	Please complete the following debt schedule, if applicable:		(because the threaters of	D. War I. Duston	Outstandling
	(please only include principal amounts)(enter all amount as positive	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end
	numbers)	end of prior year	yean	year	year-cita
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance		
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?			Yes	No
If yes:	How much?	\$	20,000,000		_
ii you.	Date the debt was authorized:	5/6/2			
4-6	Does the entity intend to issue debt within the next calendar				V
If yes:	How much?	\$	-		
4-7	Does the entity have debt that has been refinanced that it is	still responsible f	or?		~
If yes:	What is the amount outstanding?	\$	-		
4-8	Does the entity have any lease agreements?				
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?	\$			
THE PERSON	Please use this space to provide any	explanations or	comments:	Mee Artis	
			A N F A COL		
	PART 5 - CASH AND	INVESTM	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	Contract Contract			\$ -
	Investments (if investment is a mutual fund, please list underlying	investments):	1	/	
				\$ -	1
				\$ -	
5-3				\$ -	
				\$ -	
	Total Investments	The second			\$ -
	Total Cash and Investments				\$ -
	Please answer the following questions by marking in the approp	riate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section	1 24-75-601, et.			V
	seq., C.R.S.?				
5-5	Are the entity's deposits in an eligible (Public Deposit Protect	tion Act) public			V
	depository (Section 11-10.5-101, et seq. C.R.S.)?				
f no, Ml	JST use this space to provide any explanations:	Extra land			

	PART 6 - CAPIT	TAL ASSETS			
	Please answer the following questions by marking in the appropriate be		Yes	No	
6-1	Does the entity have capital assets?				✓
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:				
	12		100		
6-3	Complete the following capital assets table:		iditions (Must e included in Part 3)	Deletions	Year-End Balance
	Land Buildings Machinery and equipment Furniture and fixtures Infrastructure Construction In Progress (CIP) Other (explain): Accumulated Depreciation TOTAL Please use this space to provide an	\$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$	-	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
7-1 7-2 If yes:	Please answer the following questions by marking in the appropriate by Does the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's 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 \$	-	Yes	No V
	PART 8 - BUDGET		ON		
8-1	Please answer the following questions by marking in the appropriate be Did the entity file a budget with the Department of Local Afficurrent year in accordance with Section 29-1-113 C.R.S.?	airs for the	Yes ✓	No	N/A
8-2	Did the entity pass an appropriations resolution, in accorda 29-1-108 C.R.S.? If no, MUST explain:	nce with Section	Ø		
If yes:	Please indicate the amount budgeted for each fund for the	year reported:			
	Fund Name Budgeted Expenditures/Expenses				
	General Fund				

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABC	R)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	Ø	
lfino, M	UST 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?		V
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		v
If yes: 10-3	Please list the NEW name & PRIOR name: 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	Ø	0
10-4	Does the entity have an agreement with another government to provide services?	V	
If yes:	List the name of the other governmental entity and the services provided:		
10-5	All services provided by Berthoud Heritage Metropolitan District No. 1. Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during		2
If yes:	Date Filed:	-	
10-6	Does the entity have a certified Mill Levy?	v	
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		55.664
	General/Other mills		16.699
	Total mills		72.363
150000	Please use this space to provide any explanations or comments:		

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	v	

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

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604
 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the
 governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- · Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mall 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 application for exemption from audit.
Member 1	Jon A. Turner	Signed Date: My term Expires:May 2023
Board	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
Member 2	Christopher J. Frye	application for exemption from audit. Signed Date:May 2023
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 exemption from audit. Signed Date: My term Expires:May 2023
Board	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
Member 4	Elizabeth S. Birdsali	application for exemption from audit. Signed Date: My term Expires: May 2022
Board	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or
Member 5	Emily Kupec	application for exemption from audit. Signed
Board	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
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:
		Date: My term Expires:

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dist	ict No. 7	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc.		12/31/20
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		Anna Anna ann ann ann ann an
CONTACT PERSON	Amanda Castle		1
PHONE	970-669-3611		1
EMAIL	amandac@pinnacleconsultinggroupi	nc.com	1
FAX	970-669-3612		
A CONTROL OF THE STATE OF THE S	PART 1 - CERTIFICATIO	N OF PREPARER	CAN CONTRACTOR OF THE PARTY OF
I certify that I am skilled in governy knowledge.	vernmental accounting and that the informa	ation in the application is compl	ete and accurate, to the best of
NAME:	Amanda Castle		
TITLE	District Accountant		
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.	136.470	
ADDRESS	550 W Eisenhower Blvd, Loveland, CO	80537	
PHONE	970-669-3611		
DATE PREPARED	2/19/2021		
PREPARER (SIGNATU Aman Co OK			
Please indicate whether the foll	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Propriet	tary rung types		

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#		TO THE REAL PROPERTY.	Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 6,6	space to provide
2-2		Specific ow	nership	\$	480 any necessary
2-3		Sales and u	se	\$	explanations
2-4		Other (spec	ify):	\$	
2-5	Licenses and per	mits	2777	\$	6. 11
2-6	Intergovernmenta	d:	Grants	\$	4.
2-7	The state of the s		Conservation Trust Funds (Lottery)	\$	
2-8			Highway Users Tax Funds (HUTF)	\$	
2-9			Other (specify):	\$	-0.00
2-10	Charges for servi	ces	2.0% 18% of 18%	\$	-
2-11	Fines and forfeits			\$	• Car
2-12	Special assessme			\$	-
2-13	Investment incom		4	\$	
2-14	Charges for utility	services		\$	-
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$	-
2-16	Lease proceeds			\$	-
2-17	Developer Advan	ces received	(should agree with line 4-4)	\$	-
2-18	Proceeds from sa		sets	\$	4
2-19	Fire and police pe		****	\$	-
2-20	Donations			\$	-
2-21	Other (specify):			\$	P. C.
2-22				\$	4 = 0
2-23				\$	-
2-24		(ad	d lines 2-1 through 2-23) TOTAL REVENUE	\$ 7,	176

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#	interest payments on long-term debt. Financial information will not in Description		Round to nearest Dollar	Please use this
3-1	Administrative		\$ 134	space to provide
3-2	Salaries		\$ -	any necessary explanations
3-3	Payroll taxes)	\$ -	explanations
3-4	Contract services)	\$ 7,042	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees	1)	\$ -	
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 (s	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		The second secon	\$ -	
3-24			\$ -	
3-25		almost methodological	\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	TURES/EXPENSES	\$ 7,176	

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

A COLOR	PART 4 - DEBT OUTSTANDING	G, ISSUED	, AND RE	ETIRED	100
and the	Please answer the following questions by marking the			Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S	chadula			V
4-2	Is the debt repayment schedule attached? If no, MUST explain				
	is the debt repayment schedule attached; if no, moor explan				
					_
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			
					od aconsonant
4-4	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
		A	0	¢.	6
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
	TOTAL	*must tie to prior ye	ar ending balance		
	Please answer the following questions by marking the appropriate boxes		A PARTY OF THE PAR	Yes	No
4-5	Does the entity have any authorized, but unissued, debt?	20,000	000	\sqrt{2}	
If yes:	How much? Date the debt was authorized:	5/6/2			
4.0	Does the entity intend to issue debt within the next calendar		000		7
4-6	How much?	¢		1	70
If yes: 4-7	Does the entity have debt that has been refinanced that it is	still responsible f	or?		V
If yes:	What is the amount outstanding?	\$	-	1 =	4.74
4-8	Does the entity have any lease agreements?	4			7
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?	\$	-		200
10000	Please use this space to provide any		comments:		007400729
-			NAC CHARLES		
	PART 5 - CASH AND	INVESTM	IENTS		
	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	j investments):			
				\$ -	
5-3				\$ -	
0-3				\$ -	-
	- No. Control Accounts			\$ -	¢
	Total Investments				\$ -
F-7-7	Total Cash and Investments Please answer the following questions by marking in the appropriate to the state of the state	viate hoves	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section	1 24-75-601. et.			
0-4	seq., C.R.S.?				₹
5-5	Are the entity's deposits in an eligible (Public Deposit Protect	tion Act) public			
0-0	depository (Section 11-10.5-101, et seq. C.R.S.)?	hamia			~
IC may fall	JST use this space to provide any explanations:		HE STATE OF THE ST	Miles of the same	
m me, nar	to the time space to provide any expanationer.			100	

	PART 6 - CAPI Please answer the following questions by marking in the appropriate to		S	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital ass 29-1-506, C.R.S.,? If no, MUST explain:	sets in accordance	with Section		
6-3	Complete the following capital 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) Other (explain): Accumulated Depreciation TOTAL Please use this space to provide a	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -	\$:	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	Titude day tille aption to provide a				
	PART 7 - PENSIOI	N INFORMA	TION		
7-1 7-2 If yes:	Please answer the following questions by marking in the appropriate is Does the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's 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 persistence in provide a	r retiree as of Jan	\$ - \$ - \$ - \$ - \$ comments:	Yes	No IN
1-0	PART 8 - BUDGET				- 10
8-1	Please answer the following questions by marking in the appropriate build the entity file a budget with the Department of Local Afcurrent year in accordance with Section 29-1-113 C.R.S.?		Yes ✓	No	N/A
8-2	Did the entity pass an appropriations resolution, in accord 29-1-108 C.R.S.? If no, MUST explain:	ance with Section	Ø		
If yes:	Please indicate the amount budgeted for each fund for the	year reported:			
	Flund I Name General Fund	Budgeted Expend \$	ltures/Expenses 7,198		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABO	R)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	V	
If no, MU	JSIT 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			
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		v
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?	✓	
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 <i>Title</i> 32, <i>Article</i> 1 Special District Notice of Inactive Status during		7
If yes:	Date Filed:		
	(Control of the control of the contr	V	
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		
	General/Other mills		20.000
	Total mills		20.000
TOTAL STREET	Please use this space to provide any explanations or comments:		Mary India

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	V	

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

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- · Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board	Print Board Member's Name	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 exemption from audit. Signed Date:May 2023
Board	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
Member 2	Christopher J. Frye	application for exemption from audit. Signed Date:May 2023
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 exemption from audit. Signed Date:May 2023
Board	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
Member 4	Elizabeth S. Birdsall	application for exemption from audit. Signed Date: My term Expires: May 2022
Board	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
Member 5	Emily Kupec	application for exemption from audit. Signed Date: My term Expires: May 2022
Board	Print Board Member's Name	, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 6		exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I

	APPLICATION FOR	R EXEMP	TION FROM	AUDIT
Taran Marian Marian	L	ONG FOR	M	
ME OF GOVERNMENT	Berthoud Heritage Metropolitan District 8			For the Year Ended
DRESS	c/o Pinnacle Consulting Group, Inc.			12/31/2020
	550 W Eisenhower Blvd			or fiscal year ended:
	Loveland, CO 80537			of fiscal year ended.
ONTACT PERSON	Amanda Castle			
ONE	970-669-3611			
IAIL	amandac@pinnacleconsultinggroupinc.com			
X	970-669-3612			
rtify that I am an independent ac	ountant with knowledge of governmental accounting and that the information	n in the Applicati	ion is complete and a	accurale to the best of my knowledge. I am aware that the Audit Law requires that a per
ependent of the entity complete in ME: LE RM NAME (if applicable)	Amanda Castle District Accountant Pinnacle Consulting Group, Inc.	n in the Application \$750,000, and	ion is complete and a that independent me	accurate to the heat of my knowledge. Less avece that the Audit Lawrence that
ependent of the entity complete in ME: TLE RM NAME (if applicable) DRESS	Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Elsenhower Blvd, Loveland, CO 80537	n in the Applicati in \$750,000, and	ion is complete and a that independent ma	accurate to the heat of my knowledge. Less avece that the Audit Lawrence that
periode to the entity complete the: LE KM NAME (if applicable) DRESS ONE	Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Elsenhower Blvd, Loveland, CO 80537 970-669-3611	n in the Applicati in \$750,000, and	ion is complete and a that independent me	accurate to the heat of my knowledge. Less avece that the Audit Lawrence that
ertify that I am an independent acc lependent of the entity complete the AME: I'LE RM NAME (if applicable) IDRESS GONE ATE PREPARED ELATIONSHIP TO ENTITY	Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Elsenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021	n in the Applicati	ion is complete and a that independent me	accurate to the heat of my knowledge. Lam aware that the Audit Lawrence that
INFE: TLE RM NAME (if applicable) DRESS HONE ITE PREPARED ELATIONSHIP TO ENTITY	Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Elsenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant	n in the Applicati	ion is complete and a that independent me	accurate to the heat of my knowledge. Less avece that the Audit Lawrence that
INDE: ILE RM NAME (if applicable) IDRESS IONE ITE PREPARED	Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Elsenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant	n in the Applicati	ion is complete and a that independent me	accurate to the heat of my knowledge. Low owers that the Audit Lawrence that
INME: TLE RM NAME (if applicable) DDRESS GONE LATIONSHIP TO ENTITY REPARED (SIGNATURE) LATIONSHIP TO ENTITY	Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Elsenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant	n in the Applicati in \$750,000, and	ion is complete and a that independent me	accurate to the heat of my knowledge. Lam aware that the Audit Lawrence that

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

		Governme	ntal Funds		Proprieta	ry/Fiduciary Funds	Please use this space to
ne#	Description	General Fund	Fundh	Description	(Fund)	(Fund)	provide explanation of a
7	ssets			Assets		100	items on this page
1-1	Cash & Cash Equivalents	\$ -	\$	- Cash & Cash Equivalents	\$	- 8	
1-2	Investments	\$ -	\$	- Investments	\$	- S	-
1-3	Receivables	\$ -	\$	- Receivables	\$	- S	-
1-4	Due from Other Entitles or Funds	\$ -	\$	- Due from Other Entities or Funds	\$	- \$	-
	All Other Assets [specify]			Other Current Assets	\$	- \$	-
-5 I	Property Taxes Receivable	\$ 112,830	\$	- Total Current Assets	\$	- \$	-
-6		\$ -	\$	- Capital Assets, net (from Part 6-4)	\$	- 8	-
-7		\$ -	\$	- Other Long Term Assets [specify]	\$	- \$	-
-8		\$ -	\$	-	\$	- \$	-1
-9		\$ -	\$	-	\$	- \$	-
-10		\$ -	\$	-	\$	- 8	-
-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 112,830	\$	- (add lines 1-1 through 1-10) TOTAL ASSETS	-	- \$	-
-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$	 TOTAL DEFERRED OUTFLOWS OF RESOURCES 		- \$	-
-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 112,830	\$	 TOTAL ASSETS AND DEFERRED OUTFLOWS 	\$	- 8	-
1	labilities			Liabilities			
-14	Accounts Payable	\$ -	\$	- Accounts Payable	\$	- \$	-1
-15	Accrued Payroll and Related Liabilities	\$ -	\$	- Accrued Payroll and Related Liabilities	\$	- \$	-
-16	Accrued Interest Payable	\$ -	\$	- Accrued Interest Payable	\$	- \$	-
-17	Due to Other Entities or Funds	\$ -	\$	- Due to Other Entitles or Funds	\$	- \$	-
-18	All Other Current Liabilities	\$ -	\$	- All Other Current Liabilities	\$	- \$	-
-19	TOTAL CURRENT LIABILITIES		\$	TOTAL CURRENT LIABILITIES	\$	- \$	-
-20	All Other Liabilities [specify]	\$ -	\$	- Proprietary Debt Outstanding (from Part 4-4)	\$	- \$	-
-21		\$ -	\$	- Other Liabilities [specify]:	\$	- \$	-
-22		\$ -	\$	-	\$	- \$	-
-23		\$ -	\$	<u>-</u>	\$	- \$	-
-24		\$ -	\$	<u>-</u>	\$	- \$	-
-25		\$ -	\$	<u>.</u>	\$	- \$	-
-26		\$ -	\$	<u>-</u>	\$	- \$	-
-27		\$ -	\$	-	\$	- \$	-
-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES		\$	- (add lines 1-19 through 1-27) TOTAL LIABILITIES	\$	- \$	-
-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ 112,830	\$	TOTAL DEFERRED INFLOWS OF RESOURCES	\$	- \$	-
	und Balance			Net Position			
	Nonspendable Prepaid		\$	Net Investment in Capital Assets	\$	- \$	-
	Nonspendable Inventory	\$ -	\$	·			
-32	Restricted [specify]	\$ -	\$	- Emergency Reserves	\$	- \$	-
-33	Committed [specify]	\$ -	\$	- Other Designations/Reserves	\$	- \$	-
-34	Assigned (specify)	\$ -	\$	- Restricted	\$	- \$	-
-35	Unassigned:	\$ -	\$	- Undesignated/Unreserved/Unrestricted	\$	- \$	-
-36	Add lines 1-30 through 1-35			Add lines 1-30 through 1-35			
	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	\$	- \$	-
-37	Add lines 1-28, 1-29 and 1-36			Add lines 1-28, 1-29 and 1-36			
	This total should be the same as line 1-13			This total should be the same as line 1-13			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND		1	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governn	nental Funds		Proprietary	//Fiduciary Funds	
Lime#	Description	General Fund	Fund	Description	Rundi	Flund*	Please use this space to
T	ax Revenue			Tax Revenue			provide explanation of ar items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 103,39	8 \$	- Property [Include milts levied in Question 10-6]	\$	- \$	-
2-2	Specific Ownership	\$ 7,41	1 \$	- Specific Ownership	\$	- \$	-
2-3	Sales and Use Tax	\$	- \$	- Sales and Use Tax	\$	- \$	-
2-4	Other Tax Revenue [Interest]:	\$	- \$	- Other Tax Revenue [specify]:	\$	- \$	-
-5		\$ - \$			\$	- \$	-
-6		\$	- \$		\$	- \$	-
2-7		\$	- \$	-	\$	- \$	-
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 110,80	9 \$	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$	- \$	-
-9	Licenses and Permits	\$	- \$	- Licenses and Permits	s	- S	-
10	Highway Users Tax Funds (HUTF)	\$	- \$	- Highway Users Tax Funds (HUTF)	\$	- S	-
11	Conservation Trust Funds (Lottery)	\$	- \$	- Conservation Trust Funds (Lottery)	S	- S	-
12	Community Development Block Grant	\$	- \$	- Community Development Block Grant	\$	- S	
13	Fire & Police Pension	\$	- \$	- Fire & Police Pension	\$	- \$	-
14	Grants	\$	- \$	- Grants	\$	- 8	-
15	Donations	\$	- \$	- Donations	\$	- \$	-
16	Charges for Sales and Services	\$	- \$	- Charges for Sales and Services	\$	- \$	-
17	Rental Income	\$	- \$	- Rental Income	\$	- \$	-
18	Fines and Forfeits	\$	- \$	- Fines and Forfelts	\$	- \$	-
19	Interest/Investment Income	\$ 65	8 \$	- Interest/Investment Income	\$	- \$	-
20	Tap Fees	\$	- \$	- Tap Fees	\$	- \$	-
21	Proceeds from Sale of Capital Assets	\$	- \$	- Proceeds from Sale of Capital Assets	\$	- \$,
22	All Other [specify]:	\$	- \$	- All Other [specify]:	\$	- \$	-
23		\$	- \$	•	\$	- \$	-
24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 111,46	7 \$	Add lines 2-8 through 2-23 TOTAL REVENUES	\$	- \$	-
	Other Financing Sources			Other Financing Sources			
-25	Debt Proceeds	\$	- \$	- Debt Proceeds	2	- \$	7
26	Developer Advances	\$	- \$	- Developer Advances	s	- \$	-
-27	Other [specify]:	\$	- \$	- Other [specify]:	\$	- \$	-
-28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$	- \$	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	s	- \$	GRAND TOTALS
-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 111,46	7 8	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES		- 8	- \$ 111.

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.

		Governm	ental Funds		Proprieta	ry/Fiduciary Funds	
me#	Description	(General Fund)	Hundl	Description	(Fund)	Fundi	Please use this space to provide explanation of an
	Expenditures			Expenses			Items on this page
3-1	General Government	\$ 25,243	\$	- General Operating & Administrative	\$	- \$	- Items on this page
3-2	Judicial	\$ -	\$	- Salaries	\$	- \$	-
3-3	Law Enforcement	\$ -	\$	- Payroll Taxes	\$	- S	-
3-4	Fire	\$ -	\$	- Contract Services	\$	- \$	-
3-5	Highways & Streets	\$.	\$	- Employee Benefits	S	- 8	
3-6	Solid Waste	\$.	\$	- Insurance	\$	- \$	
3-7	Contributions to Fire & Police Pension Assoc.	s .	s	- Accounting and Legal Fees	\$	- S	-
3-8	Health	\$.	\$	- Repair and Maintenance	s	- \$	-
3-9	Culture and Recreation	\$	\$	- Supplies	\$	- \$	-
3-10	Transfers to other districts	\$.	s	- Utilities	•		-
3-11	Other [Treasurer Fees]:	\$ 2,081		Contributions to Fire & Police Pension Assoc.	\$	- \$	-
	Payment to No. 1 for Debt	4 100			\$	- \$	_
	rayment to No. 1 for Debt	\$ 84,143		- Other [specify]	\$	- \$	-
3-13	Cantlel Culley	\$.	\$		\$	- \$	-
3-14	Capital Outlay	\$	\$	- Capital Outlay	\$	- \$	-
	Debt Service			Debt Service			
3-15	Principal	\$.	\$	- Principal	\$	- \$	-
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	\$	- 8	-
3-20	All Other [specify]:	\$.	\$	- All Other [specify]:	\$	- S	
3-21		\$	\$		\$	- 8	- GRAND TOTAL
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ 111,467	\$	Add Ilnes 3-1 through 3-21 TOTAL EXPENSES	\$	- \$	- \$ 111,46
3-23	Interfund Transfers (In)	\$	s	- Net Interfund Transfers (In) Out	\$	- S	
	Interfund Transfers out	\$	s	- Other [specify][enter negative for expense]	\$	- 8	-
	Other Expenditures (Revenues):	\$.	S	- Depreciation	\$	- \$	-
3-26	Onto Exponentaros (teremes).	\$	s		\$		-1
3-27		\$	\$			- \$	-1
3-28		\$	\$		\$	- \$	-
3-29	4.111		3	- Debt Principal (from line 3-15, 3-18)	\$	- \$	-
3-23	(Add lines 3-23 through 3-28		1	(Line 3-26, plus line 3-27, less line 3-24, less line 3-25)			
	TOTAL TRANSFERS AND OTHER EXPENDITURES	\$.	\$	TOTAL GAAP RECONCILING ITEMS	\$	- \$	-
	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29	\$	\$	Net Increase (Decrease) In Net Position Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	\$	- \$	
3-37	Fund Balance, January 1 from December 31 prior year report	\$	\$	Net Position, January 1 from December 31 prior year report	s	- \$	
3-32	Prior Period Adjustment (MUST explain)	s .	s	Prior Period Adjustment (MUST explain)			
3-33	Fund Balance, December 31 Sum of Line 3-30, 3-31, and 3-32 This total should be the same as line 1-36,	s	s	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36,	s	- \$	

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 OUTST	ANDING,	ISSUED	, AND RE	TIRED	
	Please answer the following questions by marking the	ppropriate boxes.		YES	N	0	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:				[
4-3	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)	Outstanding at is	ssued during year	Refired duri	Outstanding	at year-end	
	General obligation bonds Revenue bonds Notes/Loans Leases Developer Advances Other (specify):	\$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$:	-	- \$ - \$ - \$ - \$ - \$		
	TOTA	\$ - \$		\$	- \$	-	
	Please answer the following questions by marking the appropriate boxes.	"must agree to prior year en	nding balance	YES	N	0	
4-5 f yes:	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized:	\$ 20,000,000		1			
	Does the entity intend to issue debt within the next calendar year? How much?	\$ -				2	
	Does the entity have debt that has been refinanced that it is still responsible What is the amount outstanding? Does the entity have any lease agreements?	for? \$ -				2	
	What is being leased? What is the original date of the lease? Number of years of lease?						
	Is the lease subject to annual appropriation? What are the annual lease payments?	\$ -					
		PART 5 - CAS	SH AND I	NVESTN	IENTS		
5-1 5-2	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings accounts Certificates of deposit			AMOUNT \$ \$	TO1	TAL P	ease use this space to provide any explanations or comments:
	Investments (if investment is a mutual fund, please list underlying investments):	TOTAL CA	ASH DEPOSITS		\$	-	
				\$	-		
5-3				\$			
			INVESTMENTS		\$	-	
	Please answer the following question by marking in the appropriate box	TOTAL CASH AND I		_	\$	-	
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. s	eg. C.R.S.?	YES	NO		/A	
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public		0				

		PART	6 - CAPITA	L ASSETS		
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments
	Does the entity have capitalized assets?				Ø.	
-2	Has the entity performed an annual Inventory of capital assets in accordance MUST explain:	with Section 29-1-50	6, C.R.S.? If no,			
-3	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year*	Additions	Deletions	Year-End Balance	
	and	\$ -	\$ -	\$ -	\$	
	Buildings	\$ -	\$ -	\$ -	\$	-
	Machinery and equipment	\$ -	\$ -	\$ -	\$	7
	Furniture and fixtures	\$ -	\$ -	\$ -	\$	-
	nfrastructure	\$ -	\$ -	\$ -	\$	-
	Construction in Progress (CIP) Other (explain):	\$ -	\$ -	\$ -	\$	<u>-</u>
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$	<u>-</u>
	TOTAL	\$ -	\$ -	\$ -	\$	-
4	Complete the following Capital Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year*	Additions	Deletions	Year-End Balance	
	_and	\$ -	\$ -	\$ -	\$	
	Buildings	\$ -	\$ -	\$ -	\$	-T
	Machinery and equipment	\$ -	\$ -	\$ -	\$	_
	Furniture and fixtures	\$ -	\$ -	\$ -	\$	-
	Construction in Progress (CIP)	\$ -	\$ -		\$	<u>-</u>
	Other (explain):	\$ -	\$ -	\$ -	\$	4
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$.	\$ -	\$ -	\$	4
	TOTAL	*		-	4	

PART 7 - PENSION INFORMATION Please answer the following question by marking in the appropriate box NO Please use this space to provide any explanations or comments: 7-1 Does the entity have an "old hire" firemen's pension plan? 0 7-2 Does the entity have a volunteer firemen's pension plan? If yes: Who administers the plan? 9 Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): \$ TOTAL \$ What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?

PART 8 - BI	UDGET IN	FORMATIO	N	
Please answer the following question by marking in the appropriate box	YES	NO	N/A	Please use this space to provide any explanations or comments:
8-1 Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	2			
B-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	•			
yes: Please indicate the amount budgeted for each fund for the year reported				
Fund Name Budgeted Expendit				
General Fund \$	119,602			
\$		-		
\$				
PART 9 - TAX PAYE	R'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:
3-1 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 exem	npt the			
PART 10 - G	ENERAL I	NFORMATI	ON	
Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comment
0-1 Is this application for a newly formed governmental entity?			•	r reads and space to provide any explanations of sommen
yes:				
Date of formation:				
0-2 Has the entity changed its name in the past or current year?		, ,	•	
			_	
Yes: NEW name				
2.00		1		
PRIOR name				
0-3 Is the entity a metropolitan district?		•		
0-4 Please Indicate what services the entity provides:		1		
Streets, traffic & safety, water, sanitary sewer, storm drainage, park & recreation, transportation, television relay and mosquito	control] _	2	
0-5 Does the entity have an agreement with another government to provide services?		•		
yes: List the name of the other governmental entity and the services provided:		1		
All services provided by Berthoud Heritage Metropolitan District No. 1.				
0-6 Does the entity have a certifled mill levy?		2		
yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):				
Bond Redemption mills 55.66 General/Other mills 16.69		-		
Total mills 72.36	-	-		

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

			OSA USE ON	ILY		SER WALLE	
Entity Wide:	General Fund			Governmental Funds			Notes
Unrestricted Cash & Investments	\$ Unrestricted Fund Bala 	n \$		Total Tax Revenue	\$	110,809	Notes
Current Liabilities	\$ Total Fund Balance	\$		Revenue Paying Debt Service	\$	110,000	
Deferred Inflow	\$ PY Fund Balance 	\$		Total Revenue	\$	111,467	
	Total Revenue	\$		Total Debt Service Principal	s	111,407	
	Total Expenditures	\$		Total Debt Service Interest	s		
overnmental	Interfund In	S		The second secon			
otal Cash & Investments	\$ - Interfund Out	\$		Enterprise Funds			
ransfers In	\$ - Proprietary			Net Position			
ransfers Out	\$ - Current Assets	s		PY Net Position			
roperly Tax	\$ 103,398 Deferred Outflow	\$		Government-Wide			
ebt Service Principal	\$ - Current Liabilities	S		Total Outstanding Debt ·			
otal Expenditures	\$ 111,467 Deferred Inflow	S		Authorized but Unissued		20,000,000	
otal Developer Advances	\$ - Cash & Investments	s		Year Authorized	•	5/6/2008	
Total Developer Repayments	\$ - Principal Expense	S		Teal Authorized		3/0/2008	

	PART 12 - GOV	ERNING BODY APPR	OVAL
	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?	2	

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, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed,

	Print the names of ALL 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.
4	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 reviewed and approve 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 and approve this application for exemption from audit. Signed
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 and approve this application for exemption from audit. Signed
4	Full Name Elizabeth S. Birdsall	I,Elizabeth S. Birdsali, 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
.5	Full Name Emily Kupec	I,Emlly Kupec, 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
-61	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:
7	Full Name	f,, 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:

	APPLICATION FO			HAUDIT	
		ONG FOR	M		
AME OF GOVERNMENT	Berthoud Heritage Metropolitan District 9			For the Year	Ended
DDRESS	c/o Pinnacle Consulting Group, Inc.			12/31/20	20
	550 W Eisenhower Blvd			or fiscal year	ended:
	Loveland, CO 80537				
ONTACT PERSON	Amanda Castle				
HONE	970-669-3611				
MAIL	amandac@pinnacleconsultinggroupinc.com				
AX	970-669-3612				
dependent of the entity complete t	countant with knowledge of governmental accounting and that the information application if revenues or expenditure are at least \$100,000 but not more that	n in the Application	PREPARER on is complete and that independent m	accurate to the best of my knowledge. I am aware that the Audit I aw requir	res that a
rependent of the entity complete to AME: TLE RM NAME (if applicable) DDRESS HONE	countant with knowledge of governmental accounting and that the information the application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611	n in the Application	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requir	res that a
dependent of the entity complete to AME: TLE RM NAME (if applicable) DDRESS HONE ATE PREPARED	countant with knowledge of governmental accounting and that the information he application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021	n in the Application	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requir	res that a
dependent of the entity complete to the same: TLE RM NAME (if applicable) DDRESS HONE ATE PREPARED ELATIONSHIP TO ENTITY	countant with knowledge of governmental accounting and that the information the application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant	n in the Application	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requir	res that a
dependent of the entity complete to AME: TLE RM NAME (if applicable) DDRESS HONE ATE PREPARED	countant with knowledge of governmental accounting and that the information the application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant	n in the Application	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requir	res that a
dependent of the entity complete to the same: TLE RM NAME (if applicable) DDRESS HONE ATE PREPARED ELATIONSHIP TO ENTITY	countant with knowledge of governmental accounting and that the information the application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant	n in the Application	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requir	res that a
aspendent of the entity complete to AME: TLE RM NAME (if applicable) DDRESS HONE ATE PREPARED ELATIONSHIP TO ENTITY PREPARER (SIGNATURE as the aptity filed for, or has the	countant with knowledge of governmental accounting and that the information application if revenues or expenditure are at least \$100,000 but not more that Amanda Castle District Accountant Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd, Loveland, CO 80537 970-669-3611 2/19/2021 District Accountant REQUIRED)	n in the Application	on is complete and	accurate to the best of my knowledge. I am aware that the Audit I aw requir	res that a

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

- 4		Governm	ental Funds		Proprieta	ry/Fiduciary Funds	Diagra use this serve to
Line#	Description	General Fund	Capital Projects Fund	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Assets			Assets	J.		items on this page
1-1	Cash & Cash Equivalents	\$ 37,314	\$ -	Cash & Cash Equivalents	\$	- S	_
1-2	Investments	\$ -	\$ -	Investments	S	- 8	-
1-3	Receivables	\$ 54,248	\$ 53,045	Receivables	S	- 8	
1-4	Due from Other Entities or Funds	\$ 12	\$ -	Due from Other Entities or Funds	s	- 8	
	All Other Assets [specify]			Other Current Assets	\$	- S	-1
1-5	Prepaids	\$ 4,418	s -	Total Current Assets	-	- \$	
1-6	Property Taxes Receivable	\$ 1,666		Capital Assets, net (from Part 6-4)	\$	- S	
1-7		\$ -	\$ -	Other Long Term Assets [specify]	s	- \$	
1-8		\$ -	\$ -	Other Long Term Addets (specify)	S	- S	
1-9		\$ -	\$ -		\$	- \$	-
1-10		s -	\$ -		S	- \$	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	*		(add lines 1-1 through 1-10) TOTAL ASSETS		- \$	-
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES		\$ 35,045	TOTAL DEFERRED OUTFLOWS OF RESOURCES			-
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS		-	TOTAL ASSETS AND DEFERRED OUTFLOWS	-	- \$	-
1-10	Liabilities	9 37,030	9 55,045	Liabilities	\$	- \$	-
1-14	Accounts Payable	\$ 18,540	S -	Accounts Payable		•	
1-15	Accrued Payroll and Related Liabilities	\$ 10,540	\$ -	Accrued Payroll and Related Liabilities	\$	- \$	-
1-16	Accrued Interest Payable	s -	\$ -	Accrued Interest Payable	\$	- \$	-
1-17	Due to Other Entities or Funds	\$ 77,450	,	Due to Other Entities or Funds	S		-1
1-18	All Other Current Liabilities	\$ 77,450	\$ -	All Other Current Liabilities		- \$	-
1-19	TOTAL CURRENT LIABILITIES		\$ -	TOTAL CURRENT LIABILITIES	\$	- \$	
1-20	All Other Liabilities [specify]	\$ 95,990	\$ -		-	- \$	-
1-21	All Other Elabilities [specify]	\$ -	\$ -		\$	- \$	-
1-22		\$ -	\$ -	Other Liabilities [specify]:	\$	- \$	-
1-23					\$	- \$	-
1-24		\$ -	\$ -		\$	- \$	-
		\$ -	\$ -		\$	- \$	•
1-25		\$ -	\$ -		\$	- \$	<u>-</u>
1-26		\$ -	\$ -		\$	- \$	-
1-27	Addition and the second and the seco	\$ -			\$	- \$	-
1-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES			(add lines 1-19 through 1-27) TOTAL LIABILITIES	\$	- \$	-
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ 1,666		TOTAL DEFERRED INFLOWS OF RESOURCES	\$	- \$	-
	Fund Balance			Net Position			
	Nonspendable Prepaid	\$ 4,418		Net Investment in Capital Assets	\$	- \$	-
	Nonspendable Inventory	\$ -					_
1-32	Restricted [specify]	\$ -	\$ -	Emergency Reserves	\$	- \$	-
1-33	Committed [specify]	\$ -		Other Designations/Reserves	\$	- \$	
1-34	Assigned [specify]	\$ -		Restricted	\$	- \$	
1-35	Unassigned:	\$ -	\$ -	Undesignated/Unreserved/Unrestricted	\$	- \$	-
1-36	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL FUND BALANCE	\$ 4,418	\$ 53,045	Add lines 1-30 through 1-35 This total should be the same as line 3-33 TOTAL NET POSITION		- 8	
1-37	Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE			Add lines 1-28, 1-29 and 1-36 This total should be the same as line 1-13 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION		- \$	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governm	ental Funds		Proprietary	/Fiduciary Funds	
ine#	Description	General Fund	Capital Projects Fund	Description	Fund*	Fund*	Please use this space to provide explanation of ar
1	ax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 2,130	\$ -	Property [include mills levied in Question 10-6]	\$	- \$	-
2-2	Specific Ownership	\$ 153	\$ -	Specific Ownership	\$	- \$	-
2-3	Sales and Use Tax	\$	\$ -	Sales and Use Tax	\$	- \$	-
2-4	Other Tax Revenue [specify]:	\$ -	\$ -	Other Tax Revenue [specify]:	\$	- \$	-
-5		\$ -	\$ -		\$	- \$	4
-6		\$ -	\$ -		\$	- \$	-
-7		\$ -	\$ -		\$	- \$	-
-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 2,283	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$	- \$	-
9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$	- \$	
10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$	- \$	-
11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$	- \$	-
12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$	- 8	-
13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$	- \$	-
14	Grants	\$ -	\$ -	Grants	\$	- \$	-
15	Donations	\$ -	\$ -	Donations	\$	- \$	-
16	Charges for Sales and Services	\$ 76,905	\$ 106,090	Charges for Sales and Services	\$	- \$	7
17	Rental Income	\$ -	\$ -	Rental Income	\$	- \$	-
18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$	- \$	-
19	Interest/Investment Income	\$ 41	\$ -	Interest/Investment Income	\$	- \$	-
20	Tap Fees	\$ -	\$ -	Tap Fees	\$	- \$	-
21	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$	- \$	-
22	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$	- \$	-
23		\$ -	\$ -		\$	- \$	-
24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 79,229	\$ 106,090	Add lines 2-8 through 2-23 TOTAL REVENUES	\$	- \$	-
	Other Financing Sources			Other Financing Sources			
25	Debt Proceeds	\$	\$ -	Debt Proceeds	\$	- \$	7
26	Developer Advances	\$ -	\$ -	Developer Advances	\$	- \$	7
27	Other [specify]:	\$ -	\$ -	Other [specify]:	\$	- \$	-
28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	s	s -	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	s	- s	GRAND TOTALS
29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 79,229		Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES		- \$	- \$ 185.

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.

		Governm	ental Funds		Proprie	tary/Fiduclary Funds	Diagra uso this access
Line#	Description	General Fund	Capital Projects Fund	Description	Fund*	Fund*	Please use this space to provide explanation of an
	Expenditures Expenses		Expenses			items on this page	
3-1	General Government	\$ 76,905	\$ -	General Operating & Administrative	\$	- \$	-
3-2	Judicial	\$ -	\$	Salaries	\$	- \$	-
3-3	Law Enforcement	\$ -	\$ -	Payroll Taxes	\$	- \$	- 1
3-4	Fire	\$ -	\$	Contract Services	\$	- \$	-1
3-5	Highways & Streets	\$ -	\$ -	Employee Benefits	S	- \$	-1
3-6	Solid Waste	\$ -	\$ -	Insurance	S	- 8	-1
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	Accounting and Legal Fees	S	- \$	-1
3-8	Health	\$ -	\$ -	Repair and Maintenance	S	- 8	-
3-9	Culture and Recreation	\$ -	S .		\$	- \$	_
3-10	Transfers to other districts	\$ 2,281	\$ -	Utilities	\$	- \$	-
3-11	Other [Treasurer Fees]:		\$ -	Contributions to Fire & Police Pension Assoc.	\$	- S	-
	Payment to No. 1 for Debt	\$ -		Other [specify]	s	- S	-
3-13	3,000,000,000,000	\$ -	1.	Carrot (specia))	\$		-
3-14	Capital Outlay	s -	\$	Capital Outlay	S	- S	-
5-14	Debt Service	9	19	Debt Service	\$	- 3	
3-15	Principal	\$ -		Principal	s	1.0	
3-16	Interest	\$ -	s -	Interest		- \$	4
3-17	Bond Issuance Costs		\$ -	Bond Issuance Costs	\$	- \$	4
3-17	Developer Principal Repayments				\$	- \$	
			\$ -	Developer Principal Repayments	\$	- \$	
3-19	Developer Interest Repayments	\$ -	\$ 177,034		\$	- \$	-
3-20	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$	- \$	-
3-21		\$ -	\$ -		\$	- \$	GRAND TOTAL
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ 79,229	\$ 177,034	Add lines 3-1 through 3-21 TOTAL EXPENSES	\$	- \$	- \$ 256,263
3-23	Interfund Transfers (In)	\$ -	\$ -	Net Interfund Transfers (In) Out	\$	- 8	-
3-24	Interfund Transfers out	\$ -	\$ -	Other [specify][enter negative for expense]	s	- \$	-1
3-25	Other Expenditures (Revenues):	\$.	s -	Depreciation	s	- 8	-
3-26		\$ -	\$ -	Other Financing Sources (Uses) (from line 2-28)	s	- 8	-1
3-27		\$ -	s -	Capital Outlay (from line 3-14)	s	- S	
3-28		s -	\$ -	Debt Principal (from line 3-15, 3-18)	S	- \$	_
3-29	(Add lines 3-23 through 3-28)	-		(Line 3-26, plus line 3-27, less line 3-24, less line 3-25)	_	, , , , , , , , , , , , , , , , , , ,	-
	TOTAL TRANSFERS AND OTHER EXPENDITURES	\$		TOTAL GAAP RECONCILING ITEMS			. [
2 20	Excess (Deficiency) of Revenues and Other Financing	\$ -	\$ -		\$	- \$	
	Sources Over (Under) Expenditures	1		Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less			
	Line 2-29, less line 3-22, plus line 3-29	\$ -	\$ (70,944	line 3-24	\$	- \$	<u>- </u>
3-31	Fund Balance, January 1 from December 31 prior year report	\$ -	\$ 123,989	Net Position, January 1 from December 31 prior year report	s	- \$	
2 22	Prior Period Adjustment (MUST explain)			7			-
		\$ -	\$ -	Prior Period Adjustment (MUST explain)	\$	- \$	-1
3-33	Fund Balance, December 31 Sum of Line 3-30, 3-31, and 3-32 This total should be the same as line 1-36.	s -	\$ 53.045	Net Position, December 31 Line 3-30 plus line 3-31 This total should be the same as line 1-36.	s	- \$	

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.

FIGURE 1	ART 4 - DEBT OUTST	ANDING, ISSUED	, AND RETIRED	
Please answer the following questions by m	arking the appropriate boxes.	YES	NO	Please use this space to provide any explanations or comments.
 4-1 Does the entity have outstanding debt? 4-2 Is the debt repayment schedule attached? If no, MUST explain: 		2		
4-3 Is the entity current in its debt service payments? If no, MUST ex	plain:			
4-4 Please complete the following debt schedule, if applicable: (please principal amounts)	only include Outstanding at beginning of year*	ssued during Retired durin	g Outstanding at year-end	
General obligation bonds Revenue bonds Notes/Loans Leases Developer Advances Other (specify):	\$ - \$ \$ - \$ \$ 6,694,894 \$ \$ - \$ \$ 3,224,157 \$ \$ - \$ TOTAL \$ 9,919,051 \$	- \$ - \$ - \$ - \$ - \$	- \$ \$ \$ \$ \$ 6,694,894 - \$ \$ 3,224,157 - \$ \$ 9,919,051	
Please answer the following questions by marking the appropriat	*must agree to prior year e le boxes.	nding balance YES	NO	
4-5 Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized:	\$ 20,000,000 5/6/2008			
4-6 Does the entity intend to issue debt within the next calendar year yes: How much?				
4-7 Does the entity have debt that has been refinanced that it is still research what is the amount outstanding?	esponsible for?		☑	
4-8 Does the entity have any lease agreements? f yes: What is being leased? What is the original date of the lease? Number of years of lease? Ool C 7/1/20 20 Yes	17			
is the lease subject to annual appropriation? What are the annual lease payments?	100,000 plus 3% Annu			
	PART 5 - CAS	SH AND INVESTM	ENTS	
Please provide the entity's cash deposit and investment balances 5-1 YEAR-END Total of ALL Checking and Savings accounts 5-2 Certificates of deposit		\$ 37,314 \$ -		Please use this space to provide any explanations or comments:
Investments (if investment is a mutual fund, please list underlying investments):	TOTAL CA	ASH DEPOSITS	\$ 37,314	
5.3		\$		
		INVESTMENTS	\$ -	
Places answer the following question by marking in the assessed	TOTAL CASH AND		\$ 37,314	
Please answer the following question by marking in the appropria 5-4 Are the entity's Investments legal in accordance with Section 24-	Q1115	YES NO	N/A	
5-5 Are the entity's deposits in an eligible (Public Deposit Protection 11-10.5-101, et seq. C.R.S.)? If no, MUST explain:				

		PART	6 - 0	CAPITAL	AS	SETS	3		
	Please answer the following question by marking in the appropriate box					ES		NO	Please use this space to provide any explanations or comments:
-1 -2	Does the entity have capitalized assets? Has the entity performed an annual inventory of capital assets in accordance MUST explain:	with Section 29-1-5	06, C.R	.S.? If no,					
-3	Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year*	А	dditions	Dele	tions		Year-End Balance	
	Land		S	- 1	\$	-	\$		
	Buildings	\$ -	1	-	\$	-	S	-	
	Machinery and equipment	\$ -	\$	-	\$	7.4	\$		
	Furniture and fixtures	\$ -	\$	-	\$		\$		
	Infrastructure	\$ 9,950,610	\$	-	\$		\$	9,950,610	
	Construction In Progress (CIP)	\$ -	\$	-	\$	-	\$	-	
	Other (explain):	\$ -	\$	-	\$	-	\$	-	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (373,148)		(248,765)			\$	(621,913)	
	TOTAL	\$ 9,577,462	\$	(248,765)	\$	-	\$	9,328,697	
-4	Complete the following Capital Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year*	A	dditions	Dele	tions		Year-End Balance	
	Land		\$	-	S		\$		
	Buildings	\$ -	S		S	- 0	S	-	
	Machinery and equipment	\$ -	\$	-	\$	-	\$		
	Furniture and fixtures	\$ -	\$	-	\$	-	\$		
	Infrastructure	\$ -	\$		\$		\$		
	Construction In Progress (CIP)	\$ -	\$		\$	-	\$		
	Other (explain):	\$ -	\$	-	\$		\$		
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$	-	\$	- 4	\$	-	
	TOTAL	\$ -	\$	-	\$	-	\$		
		*must agree to prior year		g balance					

PART 7	- PENS	ION INF	ORMATIC	N	
Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
Does the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's pension plan? Who administers the plan?				2	espandation of comments.
Indicate the contributions from:					
Tax (property, SO, sales, etc.):	\$				
State contribution amount:	\$	140			
Other (gifts, donations, etc.):	\$	-			
TC	TAL \$				
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	- 2			

PART 8 - BI	UDGET INF	ORMATIC	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	2	П		Process are the opass to promat any supramations of comments.
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.?		_		
o-2 If no, MUST explain:	2			
f yes: Please indicate the amount budgeted for each fund for the year reported				
Fund Name Budgeted Expendit				
General Fund \$ Capital Projects Fund \$	124,858			
Capital Projects Fund \$	1,156,090			
\$	-			
PART 9 - TAX PAYE	R'S BILL O	F 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:
3-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20		2		
Note: An election to exempt the government from the spending limitations of TABOR does not exem	pt the			
PART 10 - G	ENERAL IN	FORMATI	ON	
Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comment
0-1 Is this application for a newly formed governmental entity?			7	reade and this space to provide any explanations of comment
yes: Date of formation:				
0-2 Has the entity changed its name in the past or current year?				
Yes: NEW name				
TETT HUND				
PRIOR name				
0-3 Is the entity a metropolitan district?				
0-4 Please indicate what services the entity provides:				
Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito	control			
0-5 Does the entity have an agreement with another government to provide services?		2		
yes: List the name of the other governmental entity and the services provided:				
All services provided by Berthoud Heritage Metropolitan District No. 1.				
0-6 Does the entity have a certified mill levy?		2		
yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):			_	
Bond Redemption mills 0.000				
General/Other mills 50.000				
Total mills 50.000 Please use this space to provide any addi				

	· .	18 1. g., 481.	OSA USE ONLY		A. A. Samujah, 2003. See a salah dida di Kebesas da di Kababasa A. D
Entity Wide:	General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$ 37,314 Unrestricted Fund Bala	an \$	- Total Tax Revenue	\$	2,283
Current Liabilities	\$ 95,990 Total Fund Balance	\$	4,418 Revenue Paying Debt Service	\$	
Deferred Inflow	\$ 1,666 PY Fund Balance	\$	- Total Revenue	\$	185,319
	Total Revenue	\$	79,229 Total Debt Service Principal	\$	
	Total Expenditures	\$	79,229 Total Debt Service Interest	\$	
lovernmental	Interfund In	\$			
otal Cash & Investments	\$ 37,314 Interfund Out	\$	- Enterprise Funds		
ransfers In	\$ - Proprietary		Net Position	s	
ransfers Out	\$ - Current Assets	\$	- PY Net Position	S	
roperty Tax	\$ 2,130 Deferred Outflow	\$	- Government-Wide		
ebt Service Principal	\$ - Current Liabilities	\$	- Total Outstanding Debt	S	9,919,051
otal Expenditures	\$ 256,263 Deferred Inflow	\$	- Authorized but Unissued	Ś	20,000,000
otal Developer Advances	\$ - Cash & Investments	\$	- Year Authorized		5/6/2008
otal Developer Repayments	\$ - Principal Expense	s	<u>.</u>		

PART 12 - GOVERNIN	G BODY APPR	ROVAL
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 proparer 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, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Print the names of <u>ALL</u> members of the governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Ť	Full Name Jon A. Turner	I,Jon A. Turner
	Full Name	I,Christopher J. Frye, attest that I am a duly elected or appointed board member, and that I have
2	Christopher J. Frye	personally reviewed and approve this application for exemption from audit. Signed
	Full Name	i,James I. Birdsall, attest that I am a duly elected or appointed board member, and that I have
3	James I. Birdsall	personally reviewed and approve this application for exemption from audit. Signed Date:
	Full Name	
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 and approve this application for exemption from audit. Signed
	Full Name	I,Emily Kupec, attest that I am a duly elected or appointed board member, and that I
	Emily Kupec	have personally reviewed and approve this application for exemption from audit. Signed My term Expires: May 2022
	Full Name	attention of the state of the s
6		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
	Full Name	attest that I am a duly pleated or any state to the control of the
7		, 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 My term Expires:
1		Signed Date:

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Distr	rict No. 10	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc.		12/31/20
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		
CONTACT PERSON	Amanda Castle		
PHONE	970-669-3611]
EMAIL	amandac@pinnacleconsultinggroupi	nc.com	1
FAX	970-669-3612	Transfer of the second of	
	PART 1 - CERTIFICATIO	N OF PREPARER	
I certify that I am skilled in go my knowledge.	vernmental accounting and that the informa		
NAME:	Amanda Castle		
TITLE	District Accountant		
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.	7.55	
ADDRESS	550 W Eisenhower Blvd, Loveland, CO	80537	
PHONE	970-669-3611		
DATE PREPARED	2/19/2021		
PREPARER (SIGNATU	JRE REQUIRED)		
Please indicate whether the foll	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Propriet	tary tund types		

V

PART 2 - REVENUE

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

Lilne#	VOLUMENTS.	THE PERSON	Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ -	space to provide
2-2		Specific ow	nership	\$ -	any necessary explanations
2-3		Sales and u		\$ -	explanations
2-4		Other (spec	ify):	\$ -	
2-5	Licenses and p		(71)	\$	
2-6	Intergovernme	ntal:	Grants	\$ -	
2-7			Conservation Trust Funds (Lottery)	\$ -	63
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for se	rvices	ALCO ALCOCATA	\$ -	%)
2-11	Fines and forfe			\$ -	
2-12	Special assess	ments		\$ -	
2-13	Investment inc			\$ -	
2-14	Charges for ut	ility services		\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceed			\$ -	
2-17		ances received	(should agree with line 4-4)	\$ -	
2-18	The state of the s	sale of capital ass	sets	\$ -	
2-19	Fire and police	the property postales taken by the first of the processing with	7757	\$ -	
2-20	Donations	**************************************		\$ -	
2-21	Other (specify)	:		\$ -	
2-22	A WENT TO BE STORY	Y		\$ -	. 1
2-23				\$	2
2-24	100000	(ad	d lines 2-1 through 2-23) TOTAL REVENUE	S	

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.

Lline#	interest payments on long-term debt. Financial information will not include fund ed Description	Roundite	nearest Dollar Please use th
3-1	Administrative	\$	_ space to prov
3-2	Salaries	\$	any necessary explanations
3-3	Payroll taxes	\$	_ explanations
3-4	Contract services	\$	-
3-5	Employee benefits	\$	
3-6	Insurance	\$	(€ T)
3-7	Accounting and legal fees	\$	
3-8	Repair and maintenance	\$	
3-9	Supplies	\$,
3-10	Utilities and telephone	\$	
3-11	Fire/Police	\$	[/#c]
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 (should agree w	ith 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) \$	4
3-23	Other (specify):		
3-24	15-40-A (4-4 A) - 5-4-4	\$	F#11
3-25		\$	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EX	PENSES \$	Company Company

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

	PART 4 - DEBT OUTSTANDING	G, ISSUED	, AND RE		
4-1	Please answer the following questions by marking the Does the entity have outstanding debt?	appropriate boxes.	19-140	Yes	No Z
4-1	If Yes, please attach a copy of the entity's Debt Repayment S	chedule.			1,77
4-2	Is the debt repayment schedule attached? If no, MUST explain	n:		1 -	
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year'	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ear ending balance	Yes	No
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?			105	V
If yes:	How much?	\$	2		
,	Date the debt was authorized:			0.00	
4-6	Does the entity intend to issue debt within the next calendar	year?			$ \mathbf{\nabla}$
If yes:	How much?	\$	4		
4-7	Does the entity have debt that has been refinanced that it is s	still responsible	for?		✓
If yes:	What is the amount outstanding?	\$		150	44
4-8	Does the entity have any lease agreements?				V
If yes:	What is being leased?			100	
	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?	\$		1	
NO SEASO	Please use this space to provide any		comments:	-	ACTION DESCRIPTION
	PART 5 - CASH AND	INVESTIV	IENTS		
	Please provide the entity's cash deposit and investment balances.	Marie Control of States		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):			
	THE PARTY OF THE P	The second second		\$ -	
2.2				\$ -	
5-3				\$ -	
				\$ -	
	Total Investments				\$ -
	Total Cash and Investments	<u> </u>		V 1	\$ -
	Please answer the following questions by marking in the approp	oriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section	1 24-75-601, et.			V
	seq., C.R.S.?	All the second second			
5-5	Are the entity's deposits in an eligible (Public Deposit Protect depository (Section 11-10.5-101, et seq. C.R.S.)?	tion Act) public			Ø
If no. MI	JST use this space to provide any explanations:				

	PART 6 - CAF		S	Yes	No
12.4	Please answer the following questions by marking in the appropriate boxes.			Yes	V V
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 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) Other (explain): Accumulated Depreciation TOTAL Please use this space to provide	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	Tibade decidio appete to provide				
	PART 7 - PENSION Please answer the following questions by marking in the appropriate	te boxes.	TION	Yes	No ✓
7-2 If yes:					Ū.
	Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service please use (this space to provide	per retiree as of Jan	\$ - \$ - \$ -		
	Flease use tills space to provide	ally explanations of	comments.		
	PART 8 - BUDGE Please answer the following questions by marking in the appropriate		TION Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local current year in accordance with Section 29-1-113 C.R.S.	Affairs for the	Ø.		
8-2	Did the entity pass an appropriations resolution, in acco 29-1-108 C.R.S.? If no, MUST explain:	eass an appropriations resolution, in accordance with Section .? If no, MUST explain:			
If yes:	es: Please Indicate the amount budgeted for each fund for the year reported:				
	Fund Name Budgeted Expenditures/Expenses				
	General Fund	\$	2.0.00		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABC	(R)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	v	
ino, MU	ISIT explain:	0.000	
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
40.4	Is this application for a newly formed governmental entity?		v
10-1	Date of formation:		
If yes: 10-2	Has the entity changed its name in the past or current year?		7
If yes:	Please list the NEW name & PRIOR name:		
		v	
10-3	Is the entity a metropolitan district?		_
	Please indicate what services the entity provides: Streets, traffic & safely, 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?	V	
If yes:	List the name of the other governmental entity and the services provided:		
	All services provided by Berthoud Heritage Metropolitan District No. 1.		V
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?		V
If yes:			
,	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		- н
	General/Other mills		- P
	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?	v	

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

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board	Print Board Member's Name	IJon A. Turner, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 1	Jon A. Turner	Signed
Board	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
Member 2	Christopher J. Frye	application for exemption from audit. Signed Date:May 2022
Based	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 exemption from audit. Signed 3-9-202/ My term Expires:May 2022
Board	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
Member 4	Elizabeth S. Birdsall	application for exemption from audit. Signed Date: 3-9-2021 My term Expires: May 2023
Board	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 application for exemption from a dit.
Member 5	Emily Kupec	Date:
Board	Print Board Member's Name	I
Member 6		exemption from audit. Signed Date: My term Expires:
Board	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.
Member 7		Signed Date: My term Expires:

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan District No. 11		For the Year Ended	
ADDRESS	C/O Pinnacle Consulting Group, Inc.		12/31/20	
	550 W Eisenhower Blvd		or fiscal year ended:	
	Loveland, CO 80537		and the second second second	
CONTACT PERSON	Amanda Castle			
PHONE	970-669-3611			
EMAIL	amandac@pinnacleconsultinggroupi			
FAX	970-669-3612			
	PART 1 - CERTIFICATIO	N OF PREPARER		
I certify that I am skilled in go	vernmental accounting and that the informa			
my knowledge.	A CONTRACTOR OF THE PROPERTY O			
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	2/19/2021			
PREPARER (SIGNATU	JRE REQUIRED)			
Amanda	as Orohis			
Thamaa	at Custe			
	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)	

1

using Governmental or Proprietary fund types

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

Line#			Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ -	space to provide
2-2		Specific own	nership	\$	any necessary
2-3		Sales and us		\$ -	explanations
2-4		Other (speci	ify):	\$	
2-5	Licenses and	The state of the s	177	\$ -	
2-6	Intergovernme		Grants	\$ -	
2-7			Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	-0
2-9			Other (specify):	\$ -	
2-10	Charges for se	ervices		\$	
2-11	Fines and forfe			\$ -	2.10
2-12	Special assess	sments		\$	
2-13	Investment inc	come		\$ -	
2-14	Charges for ut	ility services		\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$	
2-16	Lease proceed			\$ -	
2-17		ances received	(should agree with line 4-4)	\$	
2-18		sale of capital ass	sets	\$ -	
2-19	Fire and police	pension	16.27	\$ -	10
2-20	Donations	4.00		\$ -	
2-21	Other (specify):		\$ -	7
2-22	, , , , , , , , , , , , , , , , , , ,			\$ -	20
2-23			and the second second second second	\$ -	
2-24	10000	(add	d lines 2-1 through 2-23) TOTAL REVENUE	S -	

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 explanations
3-3	Payroll taxes	\$	explanations
3-4	Contract services	\$	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$	
3-7	Accounting and legal fees	\$	-1
3-8	Repair and maintenance	\$	100
3-9	Supplies	\$	50
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 (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):		T (
3-24	S2004 (510) 51	\$ -	
3-25		\$ -	<u>- 1</u>
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES	\$	
- Table		The same become the same	

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	No
4-1	Please answer the following questions by marking the Does the entity have outstanding debt?	appropriate boxes.		T C S	✓
-4-1	If Yes, please attach a copy of the entity's Debt Repayment S	chedule.			2
4-2	Is the debt repayment schedule attached? If no, MUST explain	n:		, 🗆	
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year'	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
	TOTAL	*must tie to prior ye			A
8000	Please answer the following questions by marking the appropriate boxes			Yes	No
4-5	Does the entity have any authorized, but unissued, debt?			1 -	V
If yes:	How much?	\$			
	Date the debt was authorized:	140.042			Ø
4-6	Does the entity intend to issue debt within the next calendar	yearr		1 -	
If yes:	How much?	Φ till yaananaibla			v
4-7	Does the entity have debt that has been refinanced that it is	*	-	1	
If yes:	What is the amount outstanding?	\$	-	, 0	v
4-8 If yes:	Does the entity have any lease agreements? What is being leased?			1 "	-
ii yes.	What is the original date of the lease?]	
	Number of years of lease?			1,000	1.2
	Is the lease subject to annual appropriation?				
	What are the annual lease payments?	\$			
1000	Please use this space to provide any	explanations or	comments:	E	CONTRACTOR OF THE PARTY OF THE
	PART 5 - CASH AND	LINIVECTM	ENTS		
		INVESTIV	IENIS	Amount	Total
5-1	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts			\$ -	Total
5-2	Certificates of deposit			\$ -	
3-2	Total Cash Deposits	A STATE OF THE PARTY OF THE PAR			\$ -
	Investments (if investment is a mutual fund, please list underlying	investments):			
	Illivestillerites (il livestillerites a mataci faita, predee liet andelly lig	, macestine men			-
				\$ -	
5-3				\$ -	_
0-0				\$ -	_
				\$ -	•
	Total Investments				\$ -
	Total Cash and Investments	(P)(1)(1)(1)(1)	No.	New	N/A
- 14	Please answer the following questions by marking in the approp	24 75 CO4 of	Yes	No	
5-4	Are the entity's Investments legal in accordance with Section	1 24-75-601, et.			V
	seq., C.R.S.?				
5-5	Are the entity's deposits in an eligible (Public Deposit Protect depository (Section 11-10.5-101, et seq. C.R.S.)?	tion Act) public			V
fino M	JST use this space to provide any explanations:	A STATE OF THE STA			

	PART 6 - CAPIT Please answer the following questions by marking in the appropriate bo		S	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ts in accordance	with Section		
6-3	Complete the following capital 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) Other (explain): Accumulated Depreciation TOTAL Please use this space to provide any	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
75.5	PART 7 - PENSION	INFORMA	TION	-	
7-1 7-2 If yes:	Please answer the following questions by marking in the appropriate bo Does the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's 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 in the place use this space to provide any	retiree as of Jan	\$ - \$ - \$ - \$ -	Yes	No V
	PART 8 - BUDGET	INFORMA	TION	40	100
8-1	Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affa current year in accordance with Section 29-1-113 C.R.S.?	irs for the	Yes	No 🗆	N/A
8-2	Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	nce with Section			
If yes:	Please indicate the amount budgeted for each fund for the y	ear reported:			
	Fund Name	Budgeted Expend	lltures/Expenses		
	General Fund	\$		(
	Gelieral Fullu	*			

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABO	R)	Section 1
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	v	
fino, MU	JST explain:		
	DADE 40 OF VERNA INCORMATION		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
40.4	Is this application for a newly formed governmental entity?		v
10-1	Pate of fermentians		
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		
10-2	rias the entity changed its hame in the past of current your	_	
If yes:	Please list the NEW name & PRIOR name:		
ii yes.	Flease list the NEW hame & FRIOR hame.		
10-3	Is the entity a metropolitan district?	V	
	Please indicate what services the entity provides:		
	Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control	100	2
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.		2
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?		V
If yes:	Does the entity have a certified with Levy!		
ii yes.	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		
	Total mills		
ARREST.	Please use this space to provide any explanations or comments:		

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?	Ø		

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.

- 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
Member 1	Jon A. Turner	Signed
Board Member 2	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
	Christopher J. Frye	application for exemption from audit. Signed Date:May 2022
Board Member 3	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
	James I. Birdsali	application for exemption from audit. Signed 3-5-2-1 Date: 3-5-2-1 My term Expires:May 2022
Board	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
Member 4	Elizabeth S. Birdsall	application for exemption from audit. Signed
Board	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
Member 5	Emlly Kupec	application for exemption from audit. Signed Date: 3-9-2021 My term Expires:May 2023
Board	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
Member 6		exemption from audit. Signed Date: My term Expires:
Board Member	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.
7		Signed Date: My term Expires:

+

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dist	For the Year Ended	
ADDRESS	C/O Pinnacle Consulting Group, Inc.		12/31/20
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		10.10.000.0000.000
CONTACT PERSON	Amanda Castle		
PHONE	970-669-3611		
EMAIL	amandac@pinnacleconsultinggroupi	nc.com	
FAX	970-669-3612		
REAL PRINCIPLE OF THE PARTY OF	PART 1 - CERTIFICATION	N OF PREPARER	
I certify that I am skilled in go	vernmental accounting and that the informa		
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	1999	
DATE PREPARED	2/19/2021		
PREPARER (SIGNATU	JRE REQUIRED)		
			,
A			
Amanda Ok	Cat.		
manchunk	IL Castic		
	owing financial information is recorded	GOVERNMENTAL	PROPRIETARY
		(MODIFIED ACCRUAL BASIS)	(CASH OR BUDGETARY BASIS)

V

using Governmental or Proprietary fund types

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.

Illine#	SECURICANIA SECURICANIA	SSESSON BURNETURE	Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ -	space to provide
2-2		Specific ow	nership	\$ -	any necessary explanations
2-3		Sales and u		\$ -	explanations
2-4		Other (spec	ify):	\$ -	
2-5	Licenses and	permits		\$ -	
2-6	Intergovernme	ntal:	Grants	\$ -	
2-7			Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for se	ervices		\$ -	
2-11	Fines and forfe			\$ -	
2-12	Special assess	sments		\$ -	
2-13	Investment inc			\$ -	
2-14	Charges for ut		The second second second	\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceed			\$ -	
2-17		ances received	(should agree with line 4-4)	\$ -	
2-18		sale of capital as		\$ -	
2-19	Fire and police		S127	\$ -	
2-20	Donations			\$	
2-21	Other (specify):		\$	
2-22				\$ -	
2-23				\$ -	
2-24	1000	(ad	d lines 2-1 through 2-23) TOTAL REVENUE	\$	2

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#	Interest payments on long-term debt. Financial information will not inc		Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide any necessary
3-2	Salaries		\$ -	explanations
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	4/11/2000
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		\$ -	1
3-15	Utility operations		\$ -	
3-16	Culture and recreation	7.77 / 1.1.1.1	\$ -	
3-17	Debt service principal	should agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		hould 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)	\$ -	Z
3-23	Other (specify):	A. B.		
3-24	7777777 W X 121778-V		\$ -	34
3-25		Marke Sween	\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDIT	TURES/EXPENSES	\$	

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

4-1	PART 4 - DEBT OUTSTANDING		, AND R			N	
	Please answer the following questions by marking the Does the entity have outstanding debt?			Yo	18	V	
	If Yes, please attach a copy of the entity's Debt Repayment Se	chedule.					
4-2							
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:					
4-4	Please complete the following debt schedule, if applicable:	Outstandlessed	January Laboratory	Retired	ductiva	Outotas	dingat
	(please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year'	Issued during year	ye	Control of the Contro	year	
	General obligation bonds	\$ -	\$ -	\$	-	\$	-
	Revenue bonds	\$ -	\$ -	\$	-	\$	
	Notes/Loans	\$ -	\$ -	\$	-	\$	-
	Leases	\$ -	\$ -	\$	-	\$	
	Developer Advances	\$ -	\$ -	\$	-	\$	-
	Other (specify):	\$ -	\$ -	\$	-	\$	-
	TOTAL	\$ -	\$ -	\$	-	\$	-
		*must tie to prior ye	ear ending balance				
	Please answer the following questions by marking the appropriate boxes			Ye		N Is	
4-5 If yes:	Does the entity have any authorized, but unissued, debt? How much?	\$	_	1 -	,	L	
ii yes.	Date the debt was authorized:	Ψ					
4.0	Does the entity intend to issue debt within the next calendar	vear?		, _	1		9
4-6 If yes:	그는 가능하는 일반에 하면 내가 보면 이렇게 하면 하는 것이 되었다. 그렇게 이 전에 그렇게 되었다. 이번 에 이번에 그 아이를 그렇게 되었다. 그렇게 되었다. 아니는 아이들의	\$	-	1			
4-7	Does the entity have debt that has been refinanced that it is s	till responsible		Ė	1	-	9
J. S. 1977 P. T. L.	What is the amount outstanding?	\$	-	1			
If yes:	Does the entity have any lease agreements?	Ψ			1		0
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?	•		, c	1		4
	What are the annual lease payments? Please use (this space to provide any	\$	-				
	PART 5 - CASH AND					40	· · · · · · · · · · · · · · · · · · ·
	Please provide the entity's cash deposit and investment balances.			Amo	ount	To	tal
5-1	YEAR-END Total of ALL Checking and Savings Accounts			\$	-		
5-2	Certificates of deposit			\$	-		
	Total Cash Deposits				L	\$	-
	Investments (if investment is a mutual fund, please list underlying	ilnvestments):					
	Will the same of t			\$	-		
				\$	2		
5-3				\$	-		
				\$	-		
	Total Investments					\$	-
	Total Cash and Investments	THE RESERVE OF THE PARTY OF THE	-			\$	- 0.
	Total Gusti and investments				100		-
	Please answer the following questions by marking in the approp	riate boxes	Yes	N	0	N	/A
5-4	Please answer the following questions by marking in the approp	riate boxes 1 24-75-601, et.	111111		0		
5-4	Please answer the following questions by marking in the approp Are the entity's Investments legal in accordance with Section	riate boxes 1 24-75-601, et.	Yes	N	0	V	
5-4 5-5	Please answer the following questions by marking in the approp	24-75-601, et.	111111		0		

	PART 6 - CAP Please answer the following questions by marking in the appropriate		S	Yes	No
6-1	Does the entity have capital assets?				V
			with Costlan		
6-2	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain:				
6-3	Complete the following capital assets table:	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)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
9000	TOTAL Please use this space to provide				
	PART 7 - PENSIC	ON INFORMA	TION		
	Please answer the following questions by marking in the appropriat	te boxes.		Yes	No
7-1	Does the entity have an "old hire" firemen's pension plan	n?			
7-2	Does the entity have a volunteer firemen's pension plan	?			$\overline{\mathbf{A}}$
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	Tax (property, SO, sales, etc.):		\$ -		
	State contribution amount: Other (gifts, donations, etc.):		\$ -		
	TOTAL	ALL PARTY OF THE P	\$ -		
	What is the monthly benefit paid for 20 years of service	per retiree as of Jan	\$ -		
	Please use this space to provide	any explanations or	comments:		
	PART 8 - BUDGI	T INFORMA	TION		
	Please answer the following questions by marking in the appropriation		Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local		V		
7.3	current year in accordance with Section 29-1-113 C.R.S.		U		_
			()		
8-2	Did the entity pass an appropriations resolution, in acco	rdance with Section	v		
	29-1-108 C.R.S.? If no, MUST explain:		_		_
If yes:	Please indicate the amount budgeted for each fund for t	he year reported:			
	Fund Name	Budgeted Expend	ltures/Expenses		
	General Fund	\$	•		
				l.	

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABO	PR)	
A TOTAL	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	Ø	
fino, MU	ISIT 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?		V
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		V
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	Ø	
	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?	V	
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 <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed:		V
If yes:			14
10-6	Does the entity have a certified Mill Levy?		V
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		
	General/Other mills Total mills		-
	Please use this space to provide any explanations or comments:	The state of the s	

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?	Ø		

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.

- 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 application for exemption from audit.
Member 1	Jon A. Turner	Signed
Board	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
Member 2	Christopher J. Frye	application for exemption from audit. Signed Date:May 2022
Board Member 3	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
	James I. Birdsall	application for exemption from audit. Signed J J J J J J J J J J J J J J J J J J J
Board	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
Member 4	Elizabeth S. Birdsall	application for exemption from audit. Signed
Board	Print Board Member's Name	IEmily Kupec, attest I am a duly elected or appointed beard member, and that I have personally reviewed and approve this application for exemption from audit.
Member 5	Emily Kupec	Signed Signed Date: 3-9-2001 My term Expires: May 2023
Board	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.
Member 6		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
		My term Expires:

SHORT FORM

NAME OF GOVERNMENT	rict No. 13	For the Year Ended	
ADDRESS	C/O Pinnacle Consulting Group, Inc.	12/31/20	
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		
CONTACT PERSON	Amanda Castle		1
PHONE	970-669-3611		1
EMAIL	amandac@pinnacleconsultinggroupi	nc.com	
FAX	970-669-3612		
AND THE PARTY OF T	PART 1 - CERTIFICATIO	N OF PREPARER	
I certify that I am skilled in go my knowledge.	vernmental accounting and that the informa		
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	2/19/2021		
PREPARER (SIGNATU	THE PROPERTY OF THE PARTY OF TH		
The state of the s	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
g	,		

V

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#	A STATE OF THE STA		Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ -	space to provide
2-2		Specific own	nership	\$ -	any necessary
2-3		Sales and us	se	\$ -	explanations
2-4		Other (speci	ify):	\$ -	Land and
2-5	Licenses and pe	ermits		\$ -	A
2-6	Intergovernmen	tal:	Grants	\$ -	
2-7			Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for ser	vices	1,000	\$ -	
2-11	Fines and forfei	ts		\$ -	
2-12	Special assessr	nents		\$ -	
2-13	Investment inco	me		\$ -	
2-14	Charges for util	ity services		\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds		Manage State Control of the Control	\$ -	
2-17	Developer Adva	nces received	(should agree with line 4-4)	\$ -	
2-18		sale of capital ass	sets	\$ -	
2-19	Fire and police	pension	100	\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22	A STATE OF THE STA			\$ -	-1
2-23				\$ -	
2-24		(add	d lines 2-1 through 2-23) TOTAL REVENUE	S	

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.

Lline#	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 1	\$ -	
3-5	Employee benefits	11/2	\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees	- 12	\$ -	
3-8	Repair and maintenance	1 3	\$ -	
3-9	Supplies	10	\$ -	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police		\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health	10	\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations		\$ -	
3-16	Culture and recreation		\$ -	
3-17	Debt service principal (should agree w	ith Part 4)	\$ -	
3-18	Debt service interest	***	\$ -	
3-19	Repayment of Developer Advance Principal (should agree wit	th line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	Contribution to pension plan (should agree t	to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agree t	CONTRACTOR OF THE	-	3
3-23	Other (specify):			
3-24	A CANALIST COLUMNIA C		\$ -	
3-25		3	\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXP	ENSES	\$	
AND DESCRIPTION OF THE PARTY OF	Control Contro		THE RESERVE OF THE PARTY OF THE	

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

	PART 4 - DEBT OUTSTANDING		, AND RE	ETIRED	
4-1	Please answer the following questions by marking the Does the entity have outstanding debt?	appropriate boxes.	100000000000000000000000000000000000000	Yes	No. ✓
4-1	If Yes, please attach a copy of the entity's Debt Repayment S				
4-2	Is the debt repayment schedule attached? If no, MUST explai			, –	
	And the second s				
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			
4-4				TO STATE OF THE PARTY OF THE PA	No.
	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year'	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify): TOTAL	\$ -	\$ -	\$ -	\$ -
	TOTAL	*must tie to prior ye		Φ -	Ψ -
	Please answer the following questions by marking the appropriate boxes		ar chang balance	Yes	No
4-5	Does the entity have any authorized, but unissued, debt?			, 0	✓
If yes:	How much?	\$			
4.0	Date the debt was authorized: Does the entity intend to issue debt within the next calendar	V00#2		, –	v
4-6	How much?	t t	-	1	· ·
If yes: 4-7	Does the entity have debt that has been refinanced that it is	still responsible		, ,	V
If yes:	What is the amount outstanding?	\$	-	1 _	_
4-8	Does the entity have any lease agreements?	-			
If yes:	What is being leased?				
	What is the original date of the lease? Number of years of lease?			1	
	Is the lease subject to annual appropriation?			, 0	
	What are the annual lease payments?	\$		1	- 77
	Please use this space to provide any	explanations or	comments:		
	PART 5 - CASH AND	INVESTIV	IENTS		
	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			a -	\$ -
	Investments (if investment is a mutual fund, please list underlying	investments):			Φ -
	illivestifients (il lilvestifient is a mutual fund, please list differrying	investments).			
				\$ -	
5-3				\$ -	
				\$ -	
	Total Investments			*	\$ -
	Total Cash and Investments				\$ -
	Please answer the following questions by marking in the approp		Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section				V
	seq., C.R.S.?			4	
5-5	Are the entity's deposits in an eligible (Public Deposit Protect depository (Section 11-10.5-101, et seq. C.R.S.)?	tion Act) public			7
If no. MI	JST use this space to provide any explanations:				

	PART 6 - CAPI	TAL ASSET	S		
	Please answer the following questions by marking in the appropriate is	Yes	No		
6-1	Does the entity have capital assets?		V		
6-2	Has the entity performed an annual inventory of capital as: 29-1-506, C.R.S.,? If no, MUST explain:				
6-3	Complete the following capital assets table:	Deletions	Year-End Balance		
	Land Buildings Machinery and equipment Furniture and fixtures Infrastructure Construction In Progress (CIP) Other (explain): Accumulated Depreciation TOTAL Please use this space to provide a	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	PART 7 - PENSIO		TION		
7-1 7-2 If yes:	Please answer the following questions by marking in the appropriate Does the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's 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 perplease use this space to provide a	er retiree as of Jan	\$ - \$ - \$ - \$ - Gomments;	Yes	No V
	PART 8 - BUDGE	T INFORMA	TION		
	Please answer the following questions by marking in the appropriate	boxes.	Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local A current year in accordance with Section 29-1-113 C.R.S.?	ffairs for the	7		
8-2	Did the entity pass an appropriations resolution, in accord 29-1-108 C.R.S.? If no, MUST explain:	dance with Section	I		
If yes:	Please indicate the amount budgeted for each fund for the	year reported:			
	Fund Name	Budgeted Expend	ltures/Expenses		
	General Fund	\$	•		

Yes	No
n 20(5)]? percent emergency	
ALL OF SECURITY	
TION	
Yes	No
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entrol	0
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; during \Box	E)
	V
mounts):	
mills s	-
or it	TION Yes Introl Reduring mounts):

	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	

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.

- 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 MAJORITY 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 exemption from audit. Signed Date: 3-9-200/ My term Expires:May 2022
Board	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
Member 2	Christopher J. Frye	application for exemption from audit. Signed Date: My term Expires:May 2022
Board Member 3	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
	James I. Birdsall	application for exemption from audit. Signed 3-9-2021 My term Expires:May 2022
Board	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
Member 4	Elizabeth S. Birdsall	application for exemption from audit. Signed
Board	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
Member 5	Emily Kupec	application for exemption from audit. Signed Date: 3-9-3031 My term Expires:May 2023
Board	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
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:

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dist	For the Year Ended		
ADDRESS	C/O Pinnacle Consulting Group, Inc.	12/31/20		
	550 W Eisenhower Blvd			
	Loveland, CO 80537		or fiscal year ended:	
CONTACT PERSON	Amanda Castle			
PHONE	970-669-3611			
EMAIL	amandac@pinnacleconsultinggroup	nc.com		
FAX	970-669-3612			
North Designation of	PART 1 - CERTIFICATION	N OF PREPARER		
I certify that I am skilled in governy knowledge.	vernmental accounting and that the informa			
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	2/19/2021			
PREPARER (SIGNATU				
		GOVERNMENTAL	PROPRIETARY	
Please indicate whether the foli	owing financial information is recorded	(MODIFIED ACCRUAL BASIS)	(CASH OR BUDGETARY BASIS)	

V

using Governmental or Proprietary fund types

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#	Parameter State St	CEMEN SE	Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ -	space to provide
2-2		Specific ow	nership	\$ -	any necessary
2-3		Sales and u		\$ -	explanations
2-4		Other (spec	ify):	\$ -	
2-5	Licenses and pe		375	\$ -	7
2-6	Intergovernment		Grants	\$ -	
2-7	and the state of t		Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for serv	ices	25.00.00.00.00	\$ -	Q11
2-11	Fines and forfeit			\$	
2-12	Special assessm	ents		\$ -	
2-13	Investment incom			\$ -	
2-14	Charges for utili	ty services	A SANKA MARKATAN	\$ -	
2-15	Debt proceeds	A started line.	(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Advar	ices received	(should agree with line 4-4)	\$ -	
2-18	Proceeds from s		sets	\$ -	
2-19	Fire and police p	Control of the state of the sta		\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22	A CARL MANAGEMENT			\$ -	
2-23				\$ -	
2-24		(add	d lines 2-1 through 2-23) TOTAL REVENUE	\$	<u> </u>

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 explanations
3-3	Payroll taxes	7.1	\$ -	explanations
3-4	Contract services	30	\$ -	Line and the second
3-5	Employee benefits	5.1	\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees	10	\$	
3-8	Repair and maintenance	100	\$ -	
3-9	Supplies	10	\$ -	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police	10	\$ -	
3-12	Streets and highways	10	\$ -	
3-13	Public health	(\$ -	
3-14	Capital outlay	1/1	\$ -	4.7
3-15	Utility operations		\$ -	
3-16	Culture and recreation	1.00 - 2.10 - 7.50	\$ -	
3-17	Debt service principal	(should agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal	(should agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest	# 1000 October 100	\$ -	
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)		L
3-23	Other (specify):	a distribution of a supply		T
3-24	Audio madalahan		\$ -	.11
3-25		Committee Commit	\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXI	PENDITURES/EXPENSES	\$ -	

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

	PART 4 - DEBT OUTSTANDING	G, ISSUED	, AND RE	TIRED	10.00
	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 S	chedule.			(-)
4-2	Is the debt repayment schedule attached? If no, MUST explain	in:			
					3
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			
74.5					
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
	TOTAL	*must tie to prior ye			
	Please answer the following questions by marking the appropriate boxes	in the second		Yes	No
4-5	Does the entity have any authorized, but unissued, debt?			, 🗆	V
If yes:	How much?	\$	-		
	Date the debt was authorized:			1 2	53
4-6	Does the entity intend to issue debt within the next calendar	year?			☑
If yes:	How much?	\$		_	F7
4-7	Does the entity have debt that has been refinanced that it is				
If yes:	What is the amount outstanding?	\$	-		v
4-8	Does the entity have any lease agreements? What is being leased?			1	[4]
If 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?	\$	3.00		
100	Please use this space to provide any	explanations or	comments:		
1 mg - C-1	PART 5 - CASH AND	INVESTM	IENTS		
	Please provide the entity's cash deposit and investment balances.	The Late of the La	The state of the s	Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts			\$ -	
5-2	Certificates of deposit			\$ -	
100	Total Cash Deposits	The same		- 17	\$ -
	Investments (If investment is a mutual fund, please list underlying	investments):			
					1
				\$ -	-
5-3				\$ -	-
				\$ -	
	Total Investments			Ψ	\$ -
	Total Investments Total Cash and Investments				\$ -
-	Please answer the following questions by marking in the approp	riate hoxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section	24-75-601. et		- A 10 10 10 10 10 10 10 10 10 10 10 10 10	
0-4	seq., C.R.S.?	1 . 0 00 1, 01.			V
	Are the entity's deposits in an eligible (Public Deposit Protect	tion Act) public			
5-5	depository (Section 11-10.5-101, et seq. C.R.S.)?	Mon Act) public			V
If no, M	JST use this space to provide any explanations:				

	PART 6 - CAPIT		S	Van	No
4	Please answer the following questions by marking in the appropriate bo	oxes.		Yes	NO ✓
6-1	Does the entity have capital assets?			П	
6-2	Has the entity performed an annual inventory of capital asso 29-1-506, C.R.S.,? If no, MUST explain:	ets in accordance	with Section		
6-3	Complete the following capital 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) Other (explain): Accumulated Depreciation TOTAL Please use (this space to provide an	\$ - \$ - \$ - \$ - \$ - \$ -	S S S S S S S S S S S S S S S S S S S	\$	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	Please use this space to provide an	y explanations or	(comments:		
7-1 7-2 If yes:	PART 7 - PENSION Please answer the following questions by marking in the appropriate be Does the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's 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 Please use this space to provide an	retiree as of Jan ly explanations or	\$ - \$ - \$ - \$ -	Yes	No V
	PART 8 - BUDGET				123
8-1	Please answer the following questions by marking in the appropriate be Did the entity file a budget with the Department of Local Aff current year in accordance with Section 29-1-113 C.R.S.?	airs for the	Yes	No 🗆	N/A
8-2	Did the entity pass an appropriations resolution, in accorda 29-1-108 C.R.S.? If no, MUST explain:	nce with Section		0	
If yes:	Please indicate the amount budgeted for each fund for the	year reported:			
	Fund Name	Budgeted Expend	litures/Expenses		
	General Fund	\$		M.	

FF	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABO	R)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	V	
If mo, IMU	JSIT explain:		
	PART 10 - GENERAL INFORMATION		_ 51
9	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		v
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		Ø.
W	Division No. 11 - NEW constant of PDIOD constant		
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	V	
	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?	2	
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 <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> 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):		
	어림에 이 통일 이렇게 되었다면 어린 아이를 가면서 가는 것 같아. 그는 사람들은 사람들은 사람들이 되지 않아 나를 가지 않아요. 그 모든		
	Bond Redemption mills General/Other mills		-
	Total mills		-
100000	Please use this space to provide any explanations or comments:	a second	200000000000000000000000000000000000000

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			

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.

- 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 hody must complete and sign in the column below.
Board	Print Board Member's Name	IJon A. Turner/ \(\lambda_{\text{\chi}} \), 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 exemption from audit. Signed
2	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 from audit. Signed Date:May 2022
	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 exemption from audit. Signed Date: My term Expires: May 2022
Board	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
Member 4	Elizabeth S. Birdsall	application for exemption from audit. Signed
Board	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
Member 5	Emily Kupec	application for exemption from audit. Signed Date:
Board	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
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
		My term Expires:

SHORT FORM

			4 300 200 000 000
NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dist		For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc.		12/31/20
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		
CONTACT PERSON	Amanda Castle		
PHONE	970-669-3611		
EMAIL	amandac@pinnacleconsultinggroupi	nc.com	
FAX	970-669-3612		
A SECTION AND A SECTION ASSESSMENT	PART 1 - CERTIFICATION	N OF PREPARER	Control of Page 1875
I certify that I am skilled in go my knowledge.	vernmental accounting and that the informa		
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	00001	
DATE PREPARED	2/19/2021		
PREPARER (SIGNATU	IRE REQUIRED)		
		GOVERNMENTAL	PROPRIETARY
	owing financial information is recorded	(MODIFIED ACCRUAL BASIS)	(CASH OR BUDGETARY BASIS)
using Governmental or Propriet	ary tund types	D	

V

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.

Lline#			Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ -	space to provide
2-2		Specific own	nership	\$	any necessary
2-3		Sales and us	se	\$ -	explanations
2-4		Other (speci	ify):	\$	all an area
2-5	Licenses and pe	THE RESERVE OF THE PARTY OF THE PARTY.	(3)	\$ -	
2-6	Intergovernment		Grants	\$ -	
2-7			Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for serv	ices	2000 1 Vict. 10	\$ -	
2-11	Fines and forfeit			\$ -	
2-12	Special assessm	ents		\$ -	
2-13	Investment incor			\$ -	
2-14	Charges for utilit	y services		\$ -	
2-15	Debt proceeds	• christian and	(should agree with line 4-4, column 2)	\$ -	1
2-16	Lease proceeds		47.00	\$ -	
2-17	Developer Advan	ces received	(should agree with line 4-4)	\$ -	
2-18	Proceeds from s		sets	\$ -	
2-19	Fire and police p	W. O. O. S. C. C. S. C.	71/7	\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22	C-1214 120 40 (0)			\$ -	
2-23			the state of the s	\$ -	-1
2-24		(add	l lines 2-1 through 2-23) TOTAL REVENUE	S	

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.

Lline#	Description		Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary explanations
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		\$ -	1.
3-9	Supplies		\$ -	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police		\$ -	
3-12	Streets and highways	- (1	\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations		\$ -	240
3-16	Culture and recreation	4.71.7.01	\$ -	
3-17	Debt service principal (should ago	ee with Part 4)	\$ -	
3-18	Debt service interest		\$ -	-4
3-19	Repayment of Developer Advance Principal (should agree	e with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest	17000	\$ -	
3-21	Contribution to pension plan (should ag	ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should ag	ree to line 7-2)	\$ -	1
3-23	Other (specify):	W 0 L 10 L		
3-24			\$ -	
3-25			\$	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/	XPENSES	\$	

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	TIRED	
	Please answer the following questions by marking the			Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S	chodulo			✓
4-2	Is the debt repayment schedule attached? If no, MUST expla	in:			
67	is the dept repayment solicadic attached. If no, most expla			72,1	
	The state of the s			_	_
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			
	And the second s				
4-4	Western Court of the Carlot of the Market Law Box of the Carlot of the C	Department of the	The second	Call Control of	A STATE OF THE REAL PROPERTY.
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
	(please only include principal amounts genter all amount as positive numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
_	Please answer the following questions by marking the appropriate boxes	*must tie to prior yea	ar ending balance	Yes	No
4-5	Does the entity have any authorized, but unissued, debt?				V
If yes:	How much?	\$		1111	
	Date the debt was authorized:				
4-6	Does the entity intend to issue debt within the next calendar	year?			I
If yes:	How much?	\$	- 42		v
4-7	Does the entity have debt that has been refinanced that it is	\$ still responsible to	orr		Č.
If yes: 4-8	What is the amount outstanding? Does the entity have any lease agreements?	Φ			V
If yes:	What is being leased?			167	1.7
	What is the original date of the lease?			1	
	Number of years of lease? Is the lease subject to annual appropriation?				
	What are the annual lease payments?	\$	-		7
III SESSI	Please use this space to provide any		comments:	Mark Town	
		A TANADA MANAGAMAN			
-					
	PART 5 - CASH AND	INVESTM	ENIS		
10 m	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			Φ -	\$ -
	Investments (if investment is a mutual fund, please list underlying	n investments)			Ψ
	Illivesittiettis (ii illivesittiettis a mutualitata, piease ilet artaerryng	y moodification.			
				\$ -	1
5-3				\$ -	1
				\$ -	
	Total Investments				\$ -
	Total Cash and Investments				\$ -
	Please answer the following questions by marking in the appropriate to the second seco	priate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section	n 24-75-601, et.			V
	seq., C.R.S.?	Man A = 4			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection of the deposit of the deposi	ction Act) public			V
	(Barry Mark Brank) : 14. 15. 16. 16. 16. 16. 16. 16. 16. 16. 16. 16		1		
ii no, M	JST use this space to provide any explanations:			The state of the s	

	PART 6 - CAPITA		S	Yes	No
Toly	Please answer the following questions by marking in the appropriate boxe	5.		Tes	✓
6-1	Does the entity have capital assets?				_
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	In accordance	with Section		
6-3	Complete the following capital 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) Other (explain): Accumulated Depreciation TOTAL Please use this space to provide any of	\$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
		72-1-1			
	PART 7 - PENSION I	NFORMA	TION		
7-1 7-2 If yes:	Please answer the following questions by marking in the appropriate boxe Does the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's 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 reference use (this space to provide any of	tiree as of Jan	\$ - \$ - \$ - \$ - \$ -	Yes	No V
	PART 8 - BUDGET I	NEORMA	TION	-	
			Yes	No	N/A
8-1	Please answer the following questions by marking in the appropriate boxe Did the entity file a budget with the Department of Local Affair current year in accordance with Section 29-1-113 C.R.S.?	s for the	v		
8-2	Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	e with Section	Ø.		
If yes:	Please indicate the amount budgeted for each fund for the yea	ar reported:			
	M NAME OF TAXABLE PARTY.	Budgeted Expend	ltures/Expenses		
	General Fund	\$	-		

-	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABC	R)	-
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	V	
fino, MU	IST explain:	RESERVED IN	
-	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
40.4	Is this application for a newly formed governmental entity?		Ø
10-1 If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		v
If yes:	Please list the NEW name & PRIOR name:		
		1	
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.	-	Eq.
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		v
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?		V
If yes:	경기 (요리 사는) 회에서 이 시간에 가지 않는데 보고 있다면 보고 있다. 그는 그는 그는 그는 그는 그는 그는 그를 보고 있다고 보고 있다. 그 그는 그는 그는 그는 그는 그를 보고 있다. 그리고		
,	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		-
	Total mills Please use this space to provide any explanations or comments:		-

	PART 11 - GOVERNING BODY APPROVAL			
	Please answer the following question by marking in the appropriate box	YES	NO	
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	V		

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.

- 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 MAJORITY of the members of the governing body must complete and sign in the column below.
Board Member 1	Print Board Member's Name Jon A. Turner	I
		My term Expires: May 2022
Board Member	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 application for exemption from audit. Signed
2	Christopher J. Frye	Date: My term Expires:May 2022
Board Member 3	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
	James I. Birdsall	application for exemption from audit. Signed
Board	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 application for a sudit.
Member 4	Elizabeth S. Birdsall	Signed 3-9-2021 My term Expires:May 2023
Board	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 application for exemption from audit.
Member 5	Emily Kupec	Signed Date: My term Expires: May 2023
Board	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
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:
		wy term expires:

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Dist	rict No. 16	For the Year Ended		
ADDRESS	C/O Pinnacle Consulting Group, Inc.	12/31/20			
	550 W Eisenhower Blvd		or fiscal year ended:		
	Loveland, CO 80537				
CONTACT PERSON	Amanda Castle		1		
PHONE	970-669-3611	1 2 11	1		
EMAIL	amandac@pinnacleconsultinggroupi	nc.com	1		
FAX	970-669-3612		1		
AVAILABLE TO THE OWNER.	PART 1 - CERTIFICATIO	N OF PREPARER	All of the later of the later		
I certify that I am skilled in go my knowledge.	vernmental accounting and that the informa				
NAME:	Amanda Castle				
TITLE	District Accountant				
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.				
ADDRESS					
PHONE	970-669-3611				
DATE PREPARED	2/19/2021				
PREPARER (SIGNATU					
Please indicate whether the fol	lowing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)		
using Governmental or Proprie	tary fund types	Z			

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

Line#			Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$	space to provide
2-2		Specific ov	nership	\$ -	any necessary explanations
2-3		Sales and	ise	\$	explanations
2-4		Other (spec	cify):	\$	
2-5	Licenses and permits		1 V	\$	
2-6	Intergovernmental:		Grants	\$ -	_3
2-7	200 Sept. 100 Se		Conservation Trust Funds (Lottery)	\$ -	- 1
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for services			\$ -	
2-11	Fines and forfeits			\$ -	
2-12	Special assessments			\$ -	
2-13	Investment income			\$ -	
2-14	Charges for utility se	rvices	State of the state	\$	10
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	1
2-17	Developer Advances	received	(should agree with line 4-4)	\$ -	Y
2-18	Proceeds from sale of		sets	\$ -	
2-19	Fire and police pensi	A STATE OF THE STA	2017	\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22	1-1-2-1-1			\$ -	4
2-23			and the state of t	\$ -	-6
2-24		.fac	d lines 2-1 through 2-23) TOTAL REVENUE	S	

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	STREET, STREET	Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary explanations
3-3	Payroll taxes	1	\$ -	explanations
3-4	Contract services	[\$ -	the second
3-5	Employee benefits		\$ -	
3-6	Insurance	1)	\$ -	
3-7	Accounting and legal fees	1	\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies	1	\$ -	7.0
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police	1	\$ -	
3-12	Streets and highways	1	\$ -	3.4
3-13	Public health		\$ -	1-9
3-14	Capital outlay		\$ -	
3-15	Utility operations		\$ -	
3-16	Culture and recreation		\$ -	
3-17	Debt service principal (show	ld agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (should	agree with line 4-4)	\$ -	200
3-20	Repayment of Developer Advance Interest	37777777	\$ -	<u> </u>
3-21		uld agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (sho	uld agree to line 7-2)	\$ -	
3-23	Other (specify):	74.10.10.10.10.10.10		
3-24	CONTRACTOR OF THE PROPERTY OF		\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITUR	ES/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	
la de la constante de la const	Please answer the following questions by marking the			Yes	No
4-1	Does the entity have outstanding debt?	chodule			✓
4-2	If Yes, please attach a copy of the entity's Debt Repayment S Is the debt repayment schedule attached? If no, MUST explain	in:		. 0	
4-2	is the dept repayment schedule attached? If no, woor explain				
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			
		111			
4-4	Please complete the following debt schedule, if applicable:	Comments of	the control of control	Retired during	Outstanding at
	(please only include principal amounts)(enter all amount as positive	Outstanding at end of prior year*	Issued during year	year year	year-end
	numbers)	Cita of pitor your			9100 1000
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	*must tie to prior ye	-		Φ -
	Please answer the following questions by marking the appropriate boxes		al eliding balance	Yes	No
4-5	Does the entity have any authorized, but unissued, debt?				V
If yes:	How much?	\$			
	Date the debt was authorized:] _	1.6
4-6	Does the entity intend to issue debt within the next calendar	year?			$\overline{\mathbf{A}}$
If yes:	How much?	\$		_	F2
4-7	Does the entity have debt that has been refinanced that it is				
If yes:	What is the amount outstanding?	\$	•	, ,	
4-8	Does the entity have any lease agreements? What is being leased?			1	
If 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? Please use this space to provide any	\$	comments:		SOCIOL (1)
	Flease use this space to provide any	explanations of	Comments		
-	PART 5 - CASH AND	INVESTM	IENTS		
		INVESTI	LIVIO	Amount	Total
5-1	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts			\$ -	Total
5-2	Certificates of deposit			\$ -	
0.2	Total Cash Deposits	No. of the last of			\$ -
	Investments (if investment is a mutual fund, please list underlying	j investments):			
				\$ -	1
				\$ -	
5-3				\$ -	
	The state of the s			\$ -	
	Total Investments				\$ -
	Total Cash and Investments		Andread Services		\$ -
	Please answer the following questions by marking in the appro	priate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section	n 24-75-601, et.			~
	seq., C.R.S.?				
5-5	Are the entity's deposits in an eligible (Public Deposit Protect	ction Act) public			V
	depository (Section 11-10.5-101, et seq. C.R.S.)?	n courts.	115	- M-	
If no, MI	UST use this space to provide any explanations:			Mary Notes	

	PART 6 - CAPIT		5	W. J	Wes.
	Please answer the following questions by marking in the appropriate be	oxes.		Yes	No ✓
6-1	Does the entity have capital assets?			О	·
6-2	Has the entity performed an annual inventory of capital asseze-1-506, C.R.S.,? If no, MUST explain:	ets in accordance w	ith Section		
6-3	Complete the following capital assets table:		dditions (Must be included in Part 3)	Deletions	Year-End Balance
	Land Buildings Machinery and equipment Furniture and fixtures Infrastructure Construction In Progress (CIP) Other (explain): Accumulated Depreciation	\$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$	6 - 6 - 6 - 6 - 6 - 7 - 7 - 8 -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	TOTAL Please use this space to provide an			Ψ -	- District
7-1 7-2 If yes:	PART 7 - PENSION Please answer the following questions by marking in the appropriate by Does the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's 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 Please use this space to provide an	retiree as of Jan ny explanations or c	\$ - \$ - \$ - \$ -	Yes	No V
	PART 8 - BUDGET Please answer the following questions by marking in the appropriate b		Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Afteurrent year in accordance with Section 29-1-113 C.R.S.?	fairs for the	Ø		
8-2	Did the entity pass an appropriations resolution, in accorda 29-1-108 C.R.S.? If no, MUST explain:	ance with Section	Ø		
If yes:	Please indicate the amount budgeted for each fund for the	year reported:			
If yes:	Fund Name	Budgeted Expendit	ures/Expenses		
If yes:			ures/Expenses -		

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABO	R)	
Please answer the following question by marking in the appropriate box	Y(e)s)	No
Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	V	
JSIT 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?		V
	L D	V
Has the entity changed its name in the past of current year?	U	Ų.
Please list the NEW name & PRIOR name:		
	E	_
Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control		
	~	
List the name of the other governmental entity and the services provided:		
All services provided by Berthoud Heritage Metropolitan District No. 1.		12
Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		v
Date Filed:		
Does the entity have a certified Mill Levy?		
Please provide the following mills levied for the year reported (do not report \$ amounts):		
Bond Redemption mills		
General/Other mills		-
Total mills		-
	Is the entity and properties of lowing question by marking initial properties. PART 10 - GENERAL INFORMATION PART 10 - GENERAL INFORMATION Please answer tire following questions by marking limitine appropriate boxes. Is this application for a newly formed governmental entity? Date of formation: Has the entity a metropolitan district? Please list the NEW name & PRIOR name: Is the entity a metropolitan district? Please indicate what services the entity provides: Streats, traffic & safety, water, senilary sewer, storm dreinage, parks & recreation, transportation, television relay, and mosquito control Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided: All services provided by Berthoud Heritage Metropolitan District No. 1. Has the district filled a Title 32, Article 1 Special District Notice of Inactive Status during Does the entity have a certified Mill Levy? Please provide the following mills levied for the year reported (do not report \$ amounts): Bond Redemption mills General/Other mills	Is the entity a metropolitan district? Please list the NEW name & PRIOR name: Is the entity a metropolitan district? Please indicate what services the entity provides: Sirels, traffic & safety, water, samelar government and interpretation, transportation, television relay, and mosquilo control Does the entity filed a Tittle 32, Article 1 Special District Notice of Inactive Status during Date Filed: Does the entity have a certified Mill Levy? Please provide the following mills levied for the year reported (do not report \$ amounts): Bond Redemption mills General/Other mills Bond Redemption mills General/Other 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?	V	

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

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- · Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

	Print the names of ALL members of current governing body below.	A MAJORITY 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 exemption from audit. 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 from audit. Signed Date:May 2022
Book	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 exemption from audit. Signed Date:
Board	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
Member 4	Elizabeth S. Birdsall	application for exemption from audit. Signed Date: 39-202/ My term Expires:May 2023
Board	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
Member 5	Emily Kupec	application for exemption from addit. Signed Date: 3 - 9 - 20 - 1 My term Expires:May 2023
Board	Print Board Member's Name	nember, and that I have personally reviewed and approve this application for
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:

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Berthoud-Heritage Metropolitan Distr	rict No. 17	For the Year Ended
ADDRESS	C/O Pinnacle Consulting Group, Inc.		12/31/20
	550 W Eisenhower Blvd		or fiscal year ended:
	Loveland, CO 80537		
CONTACT PERSON	Amanda Castle		
PHONE	970-669-3611]
EMAIL	amandac@pinnacleconsultinggroupi	nc.com	1
FAX	970-669-3612		1
Control of the Control	PART 1 - CERTIFICATIO	N OF PREPARER	William St. Co., St. Co.
I certify that I am skilled in go my knowledge.	vernmental accounting and that the informa	THE RESERVE OF THE PARTY OF THE	
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	2/19/2021		
PREPARER (SIGNATU	RE REQUIRED)		
Amandack	ne Caster		
Please indicate whether the foll	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Propriet	ary fund types	V	

PART 2 - REVENUE

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

Lline#		Description	Round to nearest Dollar	Please use this
2-1	Taxes: Propert	y (report mills levied in Question 10-6)	\$ -	space to provide
2-2	Specific	ownership	\$ -	any necessary explanations
2-3	Sales a	nd use	\$ -	explanations
2-4	Other (s	specify):	\$ -	
2-5	Licenses and permits	70.000	\$ -	
2-6	Intergovernmental:	Grants	\$ -	
2-7		Conservation Trust Funds (Lottery)	\$ -	e1
2-8		Highway Users Tax Funds (HUTF)	\$ -	
2-9		Other (specify):	\$ -	
2-10	Charges for services	The state of the s	\$ -	
2-11	Fines and forfeits		\$ -	
2-12	Special assessments		\$ -	
2-13	Investment income		\$ -	
2-14	Charges for utility services		\$ -	
2-15	Debt proceeds	(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds		\$ -	
2-17	Developer Advances receive	d (should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capita		\$ -	
2-19	Fire and police pension		\$ -	
2-20	Donations		\$ -	1.
2-21	Other (specify):		\$ -	1
2-22	a balable for an and a section		\$ -	1
2-23			\$ -	
2-24		(add lines 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.

Lline#	Description	SERVICE LANGUAGE	Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary explanations
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	The second of
3-5	Employee benefits		\$ -	
3-6	Insurance) I	\$ -	
3-7	Accounting and legal fees		\$ -	
3-8	Repair and maintenance	//	\$ -	
3-9	Supplies		\$ -	
3-10	Utilities and telephone) [\$	
3-11	Fire/Police	10	\$ -	
3-12	Streets and highways		\$ -	-2
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations		\$ -	
3-16	Culture and recreation	L X a X b	\$ -	
3-17	Debt service principal	(should agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal	(should agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	Contribution to pension plan	(should agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)		
3-23	Other (specify):	A CANADA CANADA ST.		
3-24	A STOLEN MANUAL SAN		\$ -	
3-25		deli Merce Sue di	\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENT	DITURES/EXPENSES	\$	
	A STATE OF THE PROPERTY OF THE		OTOD W	A STATE OF THE PARTY OF

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

	PART 4 - DEBT OUTSTANDING		, AND RE	TIRED	
	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 S	chedule			V
4-2	Is the debt repayment schedule attached? If no. MUST explai	n'			
4-2	is the dept repayment schedule attached? If no, wost explai			(1 C) (7 /	
				h - 6 8	
4-3	Is the entity current in its debt service payments? If no, MUS'	T explain:			
	to the ontity surrous in the desir out the payments.				
4-4	Please complete the following debt schedule, if applicable:		A Long Control	Telephone with the	A CANADA AND AND AND AND AND AND AND AND AN
	(please only include principal amounts)(enter all amount as positive	Outstanding at	Issued during	Retired during	Outstanding at year-end
	numbers)	end of prior year*	year	year	year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	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?	\$	-		V
If yes:	How much?	Ф			
1	Date the debt was authorized:	voor2			v
4-6	Does the entity intend to issue debt within the next calendar	yearr	_	1 -	
If yes:	How much?	φ still responsible t			V
4-7	Does the entity have debt that has been refinanced that it is s	\$	-	1	
If yes:	What is the amount outstanding? Does the entity have any lease agreements?	Φ			V
4-8 If yes:	What is being leased?				-
ii yos.	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?	\$	evanstravan(la)		
	Please use this space to provide any	explanations or	(comments)	ME TO SERVICE OF THE	
	DARTE CACILAND	INVECTM	ENTE		
	PART 5 - CASH AND	INAESIN	ENIS		
	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	(humatraanta)			Φ -
	Investments (if investment is a mutual fund, please list underlying	i investments).			
				\$ -	
				\$ -	
5-3				\$ -	
	The state of the s			\$ -	¢
	Total Investments				\$ -
	Total Cash and Investments	PROPERTY 1997	V	No	N/A
	Please answer the following questions by marking in the approp	24-75-604 of	Yes	Add The	
5-4	Are the entity's Investments legal in accordance with Section	1 24-75-601, et.			₹
	seq., C.R.S.?				
5-5	Are the entity's deposits in an eligible (Public Deposit Protect	tion Act) public			V
	depository (Section 11-10.5-101, et seq. C.R.S.)?				
Character LVII	JET use this enage to provide any explanations.				The second second

	PART 6 - CAPIT		S	7,0	
	Please answer the following questions by marking in the appropriate bo	xes.	No.	Yes	No
6-1	Does the entity have capital assets?				✓
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ets in accordance	with Section		
6-3	Complete the following capital 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) Other (explain): Accumulated Depreciation TOTAL Please use this space to provide an	\$ - \$ - \$ - \$ - \$ - \$ - y cyplanations or	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	DIRE DEVICE	LINEODMA	TION		
	PART 7 - PENSION		TION	Yes	No
7-1 7-2 If yes:	Please answer the following questions by marking in the appropriate be Does the entity have an "old hire" firemen's pension plan? Does the entity have a volunteer firemen's pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount:	, ACG.	\$ - \$ -		\ \ \
	Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per	retiree as of Jan	\$ - \$ -		
	Please use this space to provide an	y explanations or	comments:		
	PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo		TION Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affecurrent year in accordance with Section 29-1-113 C.R.S.?	airs for the	v I		
8-2	Did the entity pass an appropriations resolution, in accorda 29-1-108 C.R.S.? If no, MUST explain:	nce with Section			
If yes:	Please indicate the amount budgeted for each fund for the y	vear reported:			
	Flundilikame General Fund		litures/Expenses -		

Real Property	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABO	R)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	V	
f no, MU	JSIT explain:		
	PART 10 - GENERAL INFORMATION		
- 112	Please answer the following questions by marking in the appropriate boxes.	Yes	No
40.4	Is this application for a newly formed governmental entity?		V
10-1 If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		V
If yes:	Please list the NEW name & PRIOR name:		
7367		-	
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?	7	
If yes:	List the name of the other governmental entity and the services provided:	776	
1177	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:			
1 1 2	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		14
	General/Other mills		19
	Total mills Please use this space to provide any explanations or comments:		-

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	v	

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

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- · Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

Print the names of ALL members of current governing body below.	A MAJORITY 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 application for exemption from audit.
Jon A. Turner	Signed 3-9-2021
Print Board Member's Name	My term Expires:May 2022, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
2 Christopher J. Frye	Signed Date:
Print Board Member's Name	My term Expires:May 2022, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
James I. Birdsall	application for exemption from audit. Signed Date: 3 - 7 - 2-22/ My term Expires:May 2022
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 application for exemption from audit.
4 Elizabeth S. Birdsall	Signed 3-5-2021 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
5 Emily Kupec	application for exemption from audit. Signed Date: 3-9-2021 My term Expires: May 2023
Print Board Member's Name Board Member 6	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:
Print Board Member's Name Board Member 7	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:
	Jon A. Turner Print Board Member's Name Christopher J. Frye Print Board Member's Name James I. Birdsall Print Board Member's Name Elizabeth S. Birdsall Print Board Member's Name Emily Kupec Print Board Member's Name