## SHORT FORM

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

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

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APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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

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

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

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

## **IMPORTANT!**

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Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

#### SHORT FORM

NAME OF GOVERNMENT

CONTACT PERSON

**ADDRESS** 

Kinston Metropolitan District No. 2

c/o Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd

Loveland, CO 80537

Brendan Campbell, CPA

(970) 669-3611

brendanc@pcgi.com

For the Year Ended 12/31/22 or fiscal year ended:

## PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:

PHONE

**EMAIL** 

TITLE

FIRM NAME (if applicable)

ADDRESS

PHONE DATE PREPARED Brendan Campbell, CPA

District Accountant

Pinnacle Consulting Group, Inc.

550 W Eisenhower Blvd, Loveland, CO 80537

(970) 669-3611

2/28/2023

## PREPARER (SIGNATURE REQUIRED)

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

GOVERNMENTAL (MODIFIED ACCRUAL BASIS) PROPRIETARY (CASH OR BUDGETARY BASIS)

V

## **PART 2 - REVENUE**

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

Line#			Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 1,540	space to provide
2-2		Specific ow	nership	\$ 124	any necessary
2-3		Sales and us	se	\$ -	explanations
2-4		Other (spec	ify):	\$ -	
2-5	Licenses and		-197	\$ -	
2-6	Intergovernme		Grants	\$ -	
2-7	No. of the last of		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 forf			\$ -	
2-12	Special assess	sments		\$ -	
2-13	Investment inc			\$ -	
2-14	Charges for ut	ility services	a brokk askablada 4	\$ -	
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	Proceeds from	sale of capital ass	sets	\$ -	
2-19	Fire and police			\$ -	
2-20	Donations			\$ -	1
2-21	Other (specify	):		\$ -	
2-22	2.000.000.000000			\$	
2-23				\$	
2-24		lade	d lines 2-1 through 2-23) TOTAL REVENUE	S 1,664	

## **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	The second secon	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		\$ 1,633	
3-5	Employee benefits		\$	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ -	
3-8	Repair and maintenance		\$	
3-9	Supplies		\$	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police		\$	
3-12	Streets and highways		\$	
3-13	Public health		\$	
3-14	Capital outlay		\$	
3-15	Utility operations		\$ -	
3-16	Culture and recreation		\$ -	
3-17	Debt service principal	(should agree with Part 4)	\$	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal	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):	AND A STATE OF THE		
3-24	Treasurer Fees		\$ 31	
3-25		A Charles and the	\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	ITURES/EXPENSES	\$ 1,664	

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>".

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

	PART 4 - DEBT OUTSTANDING				
4-1	Please answer the following questions by marking the Does the entity have outstanding debt?	appropriate boxes		Yes	No V
4-2	If Yes, please attach a copy of the entity's Debt Repayment S. Is the debt repayment schedule attached? If no. MUST explai				
	is the dept repayment schedule attached: If no, most explain				
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	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior y	ear ending balance		
1000	Please answer the following questions by marking the appropriate boxes			Yes	No
4-5	Does the entity have any authorized, but unissued, debt?			✓	
If yes:	How much?		146,100,000.00		
	Date the debt was authorized:		/2019		22
4-6	Does the entity intend to issue debt within the next calendar	year?			$\checkmark$
If yes:	How much?	\$		100	- 2
4-7	Does the entity have debt that has been refinanced that it is s	till responsible	for?		V
If yes:	What is the amount outstanding?	\$			
4-8	Does the entity have any lease agreements?				$\checkmark$
If yes:	What is being leased?				
	What is the original date of the lease?			-	
	Number of years of lease?			, 0	
	Is the lease subject to annual appropriation?	T &		1	ш
	What are the annual lease payments?	\$	-		
	Please use this space to provide any	explanations o	r comments.		
	PART 5 - CASH AND	INVEST	MENTS		44.74
1	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	to describe the second			\$ -
	Investments (if investment is a mutual fund, please list underlying	investments):			1
				\$ -	-
5-3				\$ -	
	Total Investments			\$ -	\$ -
	Total Investments Total Cash and Investments	-			\$ -
	Please answer the following questions by marking in the approp	riate hoves	Yes	No	N/A
E 4	Are the entity's Investments legal in accordance with Section	24-75-601 of			
5-4	seq., C.R.S.?				V
5-5	Are the entity's deposits in an eligible (Public Deposit Protect	tion Act) public			

	PART 6 - CAPITAL AND Please answer the following questions by marking in the appropriate		ISE ASSI	ETS Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital at 29-1-506, C.R.S.,? If no, MUST explain:	ssets in accordance	with Section		
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
	Land Buildings Machinery and equipment Furniture and fixtures Infrastructure Construction In Progress (CIP) Leased Right-to-Use Assets Other (explain): Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -
	Please use this space to provide	any explanations or	comments:		
7-1 7-2 If yes:	PART 7 - PENSION  Please answer the following questions by marking in the appropriate Does the entity have an "old hire" firefighters' pension plant Does the entity have a volunteer firefighters' pension plant 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 put?	er retiree as of Jan	\$ - \$ - \$ - \$ -	Yes	No V
	Please use this space to provide	any explanations or	comments:		
31	PART 8 - BUDGE			7.0	N/A
8-1	Please answer the following questions by marking in the appropriate Did the entity file a budget with the Department of Local A current year in accordance with Section 29-1-113 C.R.S.?	Affairs for the	Yes  ✓	No	
8-2	Did the entity pass an appropriations resolution, in accor 29-1-108 C.R.S.? If no, MUST explain:	dance with Section			
If yes:	Please indicate the amount budgeted for each fund for th	e vear reported:			
yes.	Governmental/Proprietary Fund Name General Fund	Total Appropria	ntions By Fund 1,733		

	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.		
If no, MI	UST explain:		
	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	Data at formations		
If yes: 10-2	Date of formation:  Has the entity changed its name in the past or current year?		
10-2	has the entity changed its name in the past of current year?		•
16 cons	Disease Net the NEW years & DRIOR name:		
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:		
	Sanitation and storm drainage, water, streets, traffic & safety controls, parks & recreation, transportation, television relay, &		
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 Kinston Metropolitan District No. 1	_	-
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	V	
If yes:			
7. 6757	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		62.000
	General/Other mills		15.000
	Total mills		77.000
-	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	Print Board Member's Name	I <u>Abby Kirkbride</u> , 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	Abby Kirkbride	Signed Multiple 17:10:42 MDT  My term Expires: May 2023			
No. of Street	Print Board Member's Name	I <u>Tim Depeder</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this			
Board Member 2	Tim Depeder	application for exemption from audit.  Signed Time Strategy 2023   08:58:33 MDT  My term Expires: May 2025			
Board	Print Board Member's Name	I <u>Josh Kane</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.			
Member 3	Josh Kane	Signed John Land 2023   15:34:16 MST  My term Expires: May 2025			
Board Member 4	Print Board Member's Name	I Kim Perry, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this			
	Kim Perry	application for exemption from audit.  Signed Lim Parks 10/2023   13:25:18 MST  My term Expires: May 2025			
	Print Board Member's Name	I_Brad Lenz, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this			
Board Member 5	Brad Lenz	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: My term Expires:			

## **EXAMPLE - DO NOT FILL OUT THIS PAGE**

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

#### RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

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

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

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

#### [Choose 1 or 2 below, whichever is applicable]

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

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

O.R

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

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

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

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

ADOPTED THIS \_\_\_ day of \_\_\_\_\_, A.D. 20XX.

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

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
		3

## SHORT FORM

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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

## **FILING METHODS**

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

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MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

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

## **IMPORTANT!**

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Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

### SHORT FORM

NAME OF GOVERNMENT

**ADDRESS** 

Kinston Metropolitan District No. 3 c/o Pinnacle Consulting Group, Inc.

12/31/22 or fiscal year ended:

For the Year Ended

CONTACT PERSON

PHONE EMAIL 550 W Eisenhower Blvd Loveland, CO 80537 Brendan Campbell, CPA (970) 669-3611

brendanc@pcgi.com

## PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:

TITLE

FIRM NAME (if applicable)

ADDRESS PHONE

DATE PREPARED

Brendan Campbell, CPA
District Accountant

Pinnacle Consulting Group, Inc

550 W Eisenhower Blvd, Loveland, CO 80537

(970) 669-3611

2/28/2023

## PREPARER (SIGNATURE REQUIRED)

Please indicate whether the following financial informa

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

GOVERNMENTAL (MODIFIED ACCRUAL BASIS) PROPRIETARY
(CASH OR BUDGETARY BASIS)

## **PART 2 - REVENUE**

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

Line#			Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 43	
2-2		Specific ow	nership	\$ 19	any necessary
2-3		Sales and u	se	\$ -	explanations
2-4		Other (spec	ify):	\$ ~	
2-5	Licenses and			\$	
2-6	Intergovernme		Grants	\$ -	
2-7	CONTRACTOR OF STREET		Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$	
2-9			Other (specify):	\$	
2-10	Charges for se	rvices	000 m 300 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ -	
2-11	Fines and forfe			\$ -	
2-12	Special assess	sments		\$ -	
2-13	Investment inc	ome		\$ -	
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	Proceeds from	sale of capital ass	sets	\$ -	
2-19	Fire and police	College And College and Allege Andrews (College Andrews Andrew	7.55	\$ -	
2-20	Donations	A. C.		\$ -	
2-21	Other (specify)	:		\$ -	
2-22	Water Charles			\$	
2-23				\$ -	
2-24	K-1-1-7-	(add	l lines 2-1 through 2-23) TOTAL REVENUE	\$ 65	

#### 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		Please use this
Line#	Description		Round to nearest Dollar	space to provide
3-1	Administrative	-	\$ -	any necessary
3-2	Salaries		\$ -	explanations
3-3	Payroll taxes		\$	-
3-4	Contract services		\$ 61	
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	I	\$	
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)	\$ -	1
3-20	Repayment of Developer Advance Interest	Authority and president	\$ -	1
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):	,		1
3-24	Treasurer Fees		\$ 1	
3-25	110000131 1 300	)	\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXP	ENDITURES/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>".

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

	PART 4 - DEBT OUTSTANDING Please answer the following questions by marking the			ETIRED Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S	chedule.			Ø.
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	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
	TOTAL	*must tie to prior ye		1	Ψ
	Please answer the following questions by marking the appropriate boxes	A CONTRACTOR OF THE PROPERTY O	ter erraing believe	Yes	No
4-5	Does the entity have any authorized, but unissued, debt?		district district	V	
If yes:	How much?	\$ 1	46,100,000.00		
20 0000	Date the debt was authorized:	11/5/	2019		
4-6	Does the entity intend to issue debt within the next calendar	vear?			7
If yes:	How much?	\$	-	1	
4-7	Does the entity have debt that has been refinanced that it is s	still responsible	for?		
	What is the amount outstanding?	\$		1 –	
If yes: 4-8	Does the entity have any lease agreements?	Ψ	7	, –	
If yes:	What is being leased?			1	
ii yes.	What is the original date of the lease?			1	
	Number of years of lease?			1 // /	
	Is the lease subject to annual appropriation?				
	What are the annual lease payments?	\$			
1	Please use this space to provide any	explanations or	comments:		
	PART 5 - CASH AND Please provide the entity's cash deposit and investment balances.	INVESTM	IENTS	Amount	Total
5-1 5-2	YEAR-END Total of ALL Checking and Savings Accounts			\$ -	
5-2	Certificates of deposit			Φ -	\$ -
	Total Cash Deposits Investments (If investment is a mutual fund, please list underlying	investments):		\$ -	_ <del>-</del>
				\$ -	1
5-3				\$ -	1
				\$ -	
	Total Investments		3.	1	\$ -
	Total Cash and Investments				\$ -
-	Please answer the following questions by marking in the approp	riate hoves	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section seq., C.R.S.?		□ □		✓.
5-5	Are the entity's deposits in an eligible (Public Deposit Protection of Company) (Section 11-10.5-101, et seq. C.R.S.)?	tion Act) public			

	PART 6 - CAPITAL AND Please answer the following questions by marking in the appropria		-10-0	OL /	1001		'es		No
6-1	Does the entity have capital assets?						]		V
6-2	Has the entity performed an annual inventory of capital 29-1-506, C.R.S.,? If no, MUST explain:	assets in acc	cordance	with S	ection				
6-3	Complete the following capital & right-to-use assets table:	beginn	ance - ling of the ear*	be inc	ns (Must luded in rt 3)	Dele	etions		ar-End
	Land	\$	-	\$	8	\$	-	\$	-
	Buildings	\$	-	\$		\$	144	\$	-
	Machinery and equipment	\$		\$	-	\$	-	\$	- Z
	Furniture and fixtures	\$	-	\$		\$		\$	-
	Construction In Progress (CIP)	\$		\$		\$	-	\$	
	Leased Right-to-Use Assets	\$		\$	-	\$	-	\$	-
	Other (explain):	\$		\$	-0	\$		\$	
	Accumulated Depreciation/Amortization							1	
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
	Please use this space to provid	e any explan	ations or	comm	ents:		400		The same of
	Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service 1? Please use this space to provid		s of Jan	\$ \$ \$	-				
	r icase use tins space to provid	e any explan	ations or	\$ comm	- ents:				
	PART 8 - BUDG Please answer the following questions by marking in the appropria	ET INFO	RMA	commo			No		N/A
8-1	PART 8 - BUDG	ET INFO	RMA	commo	<b>\</b> 'es			_	N/A
8-1	PART 8 - BUDG  Please answer the following questions by marking in the appropriation of the entity file a budget with the Department of Local	ET INFO ate boxes. I Affairs for t	ORMA	commo	Ves			[	
	PART 8 - BUDG  Please answer the following questions by marking in the appropriation of the entity file a budget with the Department of Loca current year in accordance with Section 29-1-113 C.R.S  Did the entity pass an appropriations resolution, in access 29-1-108 C.R.S.? If no, MUST explain:  Please indicate the amount budgeted for each fund for	ET INFO	DRMA he Section	TION	Ves			[	
8-2	PART 8 - BUDG  Please answer the following questions by marking in the appropria  Did the entity file a budget with the Department of Loca current year in accordance with Section 29-1-113 C.R.S  Did the entity pass an appropriations resolution, in acce 29-1-108 C.R.S.? If no, MUST explain:  Please indicate the amount budgeted for each fund for Governmental//Proprietary Fund Name	ET INFO	DRMA he Section	TION	Yes			[	
8-2	PART 8 - BUDG  Please answer the following questions by marking in the appropriation of the entity file a budget with the Department of Loca current year in accordance with Section 29-1-113 C.R.S  Did the entity pass an appropriations resolution, in access 29-1-108 C.R.S.? If no, MUST explain:  Please indicate the amount budgeted for each fund for	ET INFO	DRMA he Section	TION	Ves			[	
8-2	PART 8 - BUDG  Please answer the following questions by marking in the appropria  Did the entity file a budget with the Department of Loca current year in accordance with Section 29-1-113 C.R.S  Did the entity pass an appropriations resolution, in acce 29-1-108 C.R.S.? If no, MUST explain:  Please indicate the amount budgeted for each fund for Governmental//Proprietary Fund Name	ET INFO	DRMA he Section	TION	Yes			[	

	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)]?	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.		
f no, MI	UST explain:		
	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	Butter		
If yes:	Date of formation:		-
10-2	Has the entity changed its name in the past or current year?		V
16	DI VILLE NEW A PRIOR		
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	V	
10.0	Please indicate what services the entity provides:		
	Sanitation and storm drainage, water, streets, traffic & safety controls, parks & recreation, transportation, television relay, & translator, mosquito &		
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 Kinston Metropolitan District No. 1		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		~
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	<b>V</b>	
If yes:			
ii yoo.	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		62.000
	General/Other mills		15.000
	Total mills		77.000
-	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	Print Board Member's Name	I <u>Abby Kirkbride</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
1	Abby Kirkbride	Signed Othy big Hydrold 17:10:42 MDT  Date: May 2023  My term Expires: May 2023
Board	Print Board Member's Name	I <u>Tim Depeder</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 2	Tim Depeder	application for exemption from audit. Signed
Board	Print Board Member's Name	I <u>Josh Kane</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 3	Josh Kane	Signed John Land 10/2023   15:34:16 MST  Date: May 2025
Board	Print Board Member's Name	I Kim Perry , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 4	Kim Perry	application for exemption from audit. Signed Lim fund. Date: 13:25:18 MST My term Expires: May 2025
Board	Print Board Member's Name	I <u>Brad Lenz</u> , 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	Brad Lenz	Signed by United 2023   08:16:45 MDT  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
		Date: My term Expires:

## **EXAMPLE - DO NOT FILL OUT THIS PAGE**

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

#### RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

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

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

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

#### [Choose 1 or 2 below, whichever is applicable]

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

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

O.R

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

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

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

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

ADOPTED THIS \_\_\_ day of \_\_\_\_\_, A.D. 20XX.

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

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

## SHORT FORM

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

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

## **EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC**

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

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

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

#### READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

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

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

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

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

	1 11	_ /	$\frown$		- 1	$\sim$ T	
٠,	_	_ (		$\sim$ 1		. T	

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

## **FILING METHODS**

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

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

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

## **IMPORTANT!**

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

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

#### SHORT FORM

NAME OF GOVERNMENT

**ADDRESS** 

Kinston Metropolitan District No. 4 c/o Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd

For the Year Ended 12/31/22 or fiscal year ended:

CONTACT PERSON

PHONE **EMAIL** 

Loveland, CO 80537 Brendan Campbell, CPA (970) 669-3611 brendanc@pcgi.com

## PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:

TITLE

FIRM NAME (if applicable)

**ADDRESS** 

PHONE DATE PREPARED Brendan Campbell, CPA

District Accountant

Pinnacle Consulting Group, Inc

550 W Eisenhower Blvd, Loveland, CO 80537

(970) 669-3611

2/28/2023

## PREPARER (SIGNATURE REQUIRED)

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

GOVERNMENTAL (MODIFIED ACCRUAL BASIS) 1

**PROPRIETARY** (CASH OR BUDGETARY BASIS)

## **PART 2 - REVENUE**

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

Line#			Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 109	
2-2		Specific ow	nership	\$ 82	any necessary
2-3		Sales and u	se	\$ -	explanations
2-4		Other (spec	ify):	\$ -	
2-5	Licenses and permi			\$ -	
2-6	Intergovernmental:		Grants	\$ -	
2-7	The Property of		Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for service	s		\$ -	
2-11	Fines and forfeits			\$ -	
2-12	Special assessment	ts		\$ -	
2-13	Investment income			\$ -	
2-14	Charges for utility s	ervices		\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances	s received	(should agree with line 4-4)	\$ -	
2-18	Proceeds from sale		sets	\$ -	
2-19	Fire and police pens			\$ -	
2-20	Donations			\$ -	7
2-21	Other (specify):			\$ -	
2-22				\$ -	
2-23			The second second second second	\$ -	
2-24		(add	l lines 2-1 through 2-23) TOTAL REVENUE	S 191	

## **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	Section Control of the Control	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	39
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ -	
3-8	Repair and maintenance		\$ -	1.0
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	0.000.000.000.74	\$ -	
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	An expedience and the rest of the	\$ -	
3-21	Contribution to pension plan	(should agree to line 7-2)	\$ -	171
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$ -	
3-23	Other (specify):	10,000,000		
3-24	Treasurer Fees		\$	2
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPEN	DITURES/EXPENSES	\$ 1	91

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>".

		1001155	AMPR		72-4-00
	PART 4 - DEBT OUTSTANDIN		), AND RI		
4-1	Please answer the following questions by marking the Does the entity have outstanding debt?	e appropriate boxes.		Yes	No ✓
4-1	If Yes, please attach a copy of the entity's Debt Repayment				
4-2	Is the debt repayment schedule attached? If no, MUST expl.			. 🗆	
				1	
4-3	Is the entity current in its debt service payments? If no, MU	ST explain:		]	
4-4	Please complete the following debt schedule, if applicable:	Total in the second		Lacrosia resource	The state of the s
	(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	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ear ending balance		
4.5	Please answer the following questions by marking the appropriate box. Does the entity have any authorized, but unissued, debt?	es.		Yes	No
4-5 If yes:	How much?	\$ 1	46,100,000.00	1	
ii yes.	Date the debt was authorized:	11/5/2			
4-6	Does the entity intend to issue debt within the next calenda			, –	7
If yes:	How much?	\$			- 7
4-7	Does the entity have debt that has been refinanced that it is	still responsible	for?	, –	~
If yes:	What is the amount outstanding?	\$		1	
4-8	Does the entity have any lease agreements?				<b>V</b>
If yes:	What is being leased?			1 1 2 2 4	
	What is the original date of the lease?				
	Number of years of lease? Is the lease subject to annual appropriation?			, 0	
	What are the annual lease payments?	\$		1	
	Please use this space to provide an	y explanations or	comments:		
		Company of the Compan			
	PART 5 - CASH ANI	DINVESTM	IENTS	-	
		DINACOIN	ILIVIO	Amount	4333
E 4	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts			\$ -	Total
5-1 5-2	Certificates of deposit			\$ -	1
0-2	Total Cash Deposits	*	\$ -		
	Investments (if investment is a mutual fund, please list underlying		_ <del>T</del>		
					7
				\$ -	-
5-3				\$ -	-
				<b>\$</b>	-

	Please provide the entity's cash deposit and investment balances.		An	ount		Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts	\$	-			
5-2	Certificates of deposit		\$	- 4		
	Total Cash Deposits			-00-110	\$	
	Investments (if investment is a mutual fund, please list underlying investments):				,	
			\$	+		
5-3			\$	-		
5-3			\$	-		
			\$	(Hr)	-	
	Total Investments				\$	
	Total Cash and Investments				\$	
	Please answer the following questions by marking in the appropriate boxes	Yes		No		N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?			Ì		V
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?			1	0	V

	PART 6 - CAPITAL AND Please answer the following questions by marking in the appropria		-TO-U	SE A	SSE	TS Yes	N	lo
6-1	Does the entity have capital assets?						v	9
6-2	Has the entity performed an annual inventory of capital 29-1-506, C.R.S.,? If no, MUST explain:	assets in acc	ordance	with Sec	tion			ן
6-3	Complete the following capital & right-to-use assets table:	beginn	ance - ing of the ear*	Additions be included Part	led in	Deletions	1 1000	r-End ance
	Land Buildings Machinery and equipment Furniture and fixtures Infrastructure Construction In Progress (CIP) Leased Right-to-Use Assets Other (explain): Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance) TOTAL Please use this space to provide	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- - - - - - ations or	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$	
7-1 7-2 If yes:	Please answer the following questions by marking in the appropria Does the entity have an "old hire" firefighters' pension play Does the entity have a volunteer firefighters' pension play 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 1?  Please use this space to provide	te boxes. blan? an? per retiree as	s of Jan	\$ \$ \$ \$ \$ \$		Yes	N V	
	PART 8 - BUDG	te boxes.	10000	TION Yes		No	N	IA.
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.		ne	V				
8-2	Did the entity pass an appropriations resolution, in acco	ass an appropriations resolution, in accordance with Section ? If no, MUST explain:					)I	
If yes:	Please indicate the amount budgeted for each fund for t  Governmental/Proprietary Fund Name  General Fund		rted: Appropria	tions By F	und 216			

	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.		
lf no, Ml	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
705.1	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?		7
If yes:	Please list the NEW name & PRIOR name:		
72.2		7	
10-3	Is the entity a metropolitan district?	(V)	ш
	Please indicate what services the entity provides:  Sanitation & storm drainage, water, streets, traffic & safety controls, parks & recreation, transportaton, television relay, & translator, mosquito & pest		
40.4	anatral passerily, programma afarancered	7	
10-4	Does the entity have an agreement with another government to provide services?	Ů.	
If yes:	List the name of the other governmental entity and the services provided:  All services provided by Kinston 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		V
If yes:	Date Filed:		
11 yes.	Date Filed.		
10-6	Does the entity have a certified Mill Levy?	<b>V</b>	
If yes:	boes the charty have a softmon min bory.		
ii yos.	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		62.000
	General/Other mills		15.000
	Total mills		77.000
-	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	

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

#### Policy - Requirements

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

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

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

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

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board	Print Board Member's Name	I <u>Abby Kirkbride</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 1	Abby Kirkbride	application for exemption from audit. Signed May Eighbir Date:
Alexander	Print Board Member's Name	I <u>Tim Depeder</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 2	Tim Depeder	application for exemption from audit.  Signed Tim Declar  Date: SESTING FOR LAND  My term Expires: May 2025
Board	Print Board Member's Name	I <u>Josh Kane</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 3	Josh Kane	Signed
Board	Print Board Member's Name	I Kim Perry , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 4	Kim Perry	application for exemption from audit.  Signed Lim fun.  Date: 87900035/4±0/2023   13:25:18 MST  My term Expires: May 2025
Board	Print Board Member's Name	I <u>Brad Lenz</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 5	Brad Lenz	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: My term Expires:

## **EXAMPLE - DO NOT FILL OUT THIS PAGE**

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

#### RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

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

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

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

#### [Choose 1 or 2 below, whichever is applicable]

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

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

O.R

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

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

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

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

ADOPTED THIS \_\_\_ day of \_\_\_\_\_, A.D. 20XX.

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

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

## SHORT FORM

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

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

## **EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC**

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

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

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

#### READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

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

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

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

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

	1 11	_ /	າ I		- 1	$\sim$ T	
٠,	_	_ (		ヘコ		. T	

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

## **FILING METHODS**

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

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

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

## **IMPORTANT!**

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

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

#### SHORT FORM

NAME OF GOVERNMENT

CONTACT PERSON

**ADDRESS** 

PHONE

**EMAIL** 

Kinston Metropolitan District No. 6 c/o Pinnacle Consulting Group, Inc.

c/o Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd

Loveland, CO 80537 Brendan Campbell, CPA

(970) 669-3611 brendanc@pcgi.com For the Year Ended 12/31/22 or fiscal year ended:

## **PART 1 - CERTIFICATION OF PREPARER**

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:

TITLE

FIRM NAME (if applicable)

ADDRESS PHONE

PHONE DATE PREPARED Brendan Campbell, CPA

District Accountant

Pinnacle Consulting Group, Inc

550 W Eisenhower Blvd, Loveland, CO 80537

(970) 669-3611

2/28/2023

21212121212	(SIGNATURE REQUIRED)
	 I DIGINATURE REQUIRED!

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

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)

PROPRIETARY (CASH OR BUDGETARY BASIS)

1

## **PART 2 - REVENUE**

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

Line#			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 perm		· 577	\$ -	
2-6	Intergovernmental:		Grants	\$	
2-7	and the comments		Conservation Trust Funds (Lottery)	\$	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$	
2-10	Charges for service	es	exercise continued to	\$ -	
2-11	Fines and forfeits			\$ -	
2-12	Special assessmen	its		\$ -	
2-13	Investment income		4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4	\$ -	
2-14	Charges for utility	services		\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	- 1
2-16	Lease proceeds			\$ -	
2-17	Developer Advance	s received	(should agree with line 4-4)	\$ -	
2-18	Proceeds from sale		sets	\$ -	
2-19	Fire and police per	sion	1000	\$	
2-20	Donations			\$	
2-21	Other (specify):			\$ -	
2-22				\$ -	
2-23				\$ -	
2-24		(add	l 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.

	interest payments on long-term debt. Financial information will not inclu	de fund equity inform	nation.	PYROLENSON WIND
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	1	\$ -	
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	1	\$ -	
3-14	Capital outlay		\$ -	11
3-15	Utility operations		\$ -	1
3-16	Culture and recreation	. Sure transf	\$ -	
3-17		ould agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (sho	uld agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		hould agree to line 7-2)	\$ -	
3-22		hould agree to line 7-2)		I I
3-23	Other (specify):	Months and a control		
3-24	Treasurer Fees		\$ -	
3-25	0,700,000,000		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITU	JRES/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 OUTSTANDIN	G, IS	SUED	AN,	ID R	ETIR	ED	-	. 1
	Please answer the following questions by marking the	appropr	iate boxes.	1000			Yes		No
4-1	Does the entity have outstanding debt?	Schodul				L			J.
4-2	If Yes, please attach a copy of the entity's Debt Repayment S Is the debt repayment schedule attached? If no. MUST expla		] [		I				
4-3	Is the entity current in its debt service payments? If no, MUS	T expla	in:			] [	3	[	
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)		tanding at prior year		d during ear	200000	d during rear	100000000000000000000000000000000000000	anding at ar-end
	General obligation bonds	\$	- 4	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$		\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	(*
	Lease Liabilities	\$	-	\$	¥ - 1	\$		\$	-
	Developer Advances	\$	-	\$		\$	+	\$	. 4
	Other (specify):	\$	- 4	\$	-	\$	-	\$	-
	TOTAL	\$		\$	-	\$	-	\$	-
		*must	tie to prior ye	ar endir	g balance				
	Please answer the following questions by marking the appropriate boxes	s.					Yes		No
4-5	Does the entity have any authorized, but unissued, debt?	T &	- 1	46 400	,000.00	1	<b>V</b>		
If yes:	How much?	\$			,000.00				
13.61	Date the debt was authorized:		11/5/	2019		J			~
4-6	Does the entity intend to issue debt within the next calendar	year?				, ,			(V)
If yes:	How much?	\$			-	J.			
4-7	Does the entity have debt that has been refinanced that it is	still res	ponsible	for?		, ,			~
If yes:	What is the amount outstanding?	\$		-	-	]	_		-
4-8	Does the entity have any lease agreements?	_				1			~
If yes:	What is being leased? What is the original date of the lease? Number of years of lease?								
	Is the lease subject to annual appropriation? What are the annual lease payments?	\$			-	]			
and the same	Please use this space to provide any	/ explar	nations or	comm	ents:		-		
	PART 5 - CASH AND	) INV	ESTI	IEN.	S	An	nount	į.	Fotal .
5-1	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts					\$	-		otar
5-2	Certificates of deposit					\$	-		
5-2	Total Cash Deposits		-		-	4		\$	_
	Investments (if investment is a mutual fund, please list underlying	n investr	ments):					4	
	mivestificates (ii investificate is a mattal rand, picase and andenying	9 11110011	nonto).						
						\$	-		
5-3						\$	-		
0.0						\$		Į	
						\$			
	Total Investments							\$	
	Total Cash and Investments		Sile i				110	\$	1000
الماليات	Please answer the following questions by marking in the appro				Yes		No		N/A
5-4	Are the entity's Investments legal in accordance with Section	n 24-75	-601, et.	[				[	7
	seq., C.R.S.?		A miles						
5-5	Are the entity's deposits in an eligible (Public Deposit Protect depository (Section 11-10.5-101, et seq. C.R.S.)?	ction Ac	t) public			Е	]	[	7
f no M	JST use this space to provide any explanations:		1920 4750						

	PART 6 - CAPITAL AND Please answer the following questions by marking in the appropriate		JOL AGOI	Yes	No
6-1	Does the entity have capital assets?				~
6-2	Has the entity performed an annual inventory of capital as 29-1-506, C.R.S.,? If no, MUST explain:	1			
		Balance -	Additions (Must		
6-3	Complete the following capital & right-to-use assets table:	beginning of the		Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Leased Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation/Amortization	\$ -	\$ -	\$ -	•
	(Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
/es:	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 p 1?  Please use this space to provide		Φ -		
	PART 8 - BUDGE	T INFORMA	TION		
	Please answer the following questions by marking in the appropriate		Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Acurrent year in accordance with Section 29-1-113 C.R.S.?	Affairs for the			
8-2	Did the entity pass an appropriations resolution, in accor 29-1-108 C.R.S.? If no, MUST explain:	rdance with Section			
yes:	Please indicate the amount budgeted for each fund for th	ne year reported:			
	Governmental/Proprietary Fund Name General Fund	Total Appropri	iations By Fund 100	'n 2	

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABC	R)	
and the same	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	
lf no, MI	JST explain:		
	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	Data of Compatibility		
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		V
10-2	has the entity changed its name in the past of current year?	Ш	[4]
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	~	
	Please indicate what services the entity provides:		
	Sanitation & storm drainage, water, streets, traffic & safety controls, parks & recreation, transportation, television relay, & translator, mosquito & pest		
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 Kinston Metropolitan District No. 1		7
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		<u> </u>
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	~	
If yes:			
ii yos.	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		*
	General/Other mills		25.000
	Total mills		25.000
-	Please use this space to provide any explanations or comments:		

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

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

#### Policy - Requirements

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

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

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

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

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.					
Board	Print Board Member's Name	I <u>Abby Kirkbride</u> , 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	Abby Kirkbride	Signed Alley Englished / 2023   17:10:42 MDT  My term Expires: May 2023					
Ed. Ja	Print Board Member's Name	I <u>Tim Depeder</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this					
Board Member 2	Tim Depeder	application for exemption from audit.  Signed 100 Detailed 100 Detaile					
Board	Print Board Member's Name	I <u>Josh Kane</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.					
Member 3	Josh Kane	Signed John Land 10/2023   15:34:16 MST  My term Expires: May 2025					
4540	Print Board Member's Name	I Kim Perry, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this					
Board Member 4	Kim Perry	application for exemption from audit.  Signed					
Board	Print Board Member's Name	I Brad Lenz , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this					
Member 5	Brad Lenz	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					
Board Member 6		exemption from audit. Signed Date: My term Expires:					
Board Member 7	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed					
		Date: My term Expires:					

# **EXAMPLE - DO NOT FILL OUT THIS PAGE**

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

#### RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

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

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

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

#### [Choose 1 or 2 below, whichever is applicable]

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

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

O.R

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

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

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

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

ADOPTED THIS \_\_\_ day of \_\_\_\_\_, A.D. 20XX.

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

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
		3

# SHORT FORM

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

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

## **EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC**

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

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

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

#### READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

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

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

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

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

	1 11	_ /	$\frown$		- 1	$\sim$ T	
٠,	_	_ (		$\sim$ 1		. T	

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

### **FILING METHODS**

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

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

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

### **IMPORTANT!**

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

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

## SHORT FORM

NAME OF GOVERNMENT

**ADDRESS** 

Kinston Metropolitan District No. 7 c/o Pinnacle Consulting Group, Inc.

For the Year Ended 12/31/22 or fiscal year ended:

CONTACT PERSON

PHONE **EMAIL** 

550 W Eisenhower Blvd Loveland, CO 80537 Brendan Campbell, CPA

(970) 669-3611 brendanc@pcgi.com

## PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:

TITLE

FIRM NAME (if applicable)

**ADDRESS** 

PHONE DATE PREPARED Brendan Campbell, CPA

District Accountant

Pinnacle Consulting Group, Inc.

550 W Eisenhower Blvd, Loveland, CO 80537

(970) 669-3611

2/28/2023

		$\overline{}$	-Λ	$\mathbf{a}$		l m	
$\boldsymbol{L}$	ы		Δ		_	-	(SIGNATURE REQUIRED)
1000	ш	100	700	V III			. (SIGNATURE REQUIRED)

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

**GOVERNMENTAL** (MODIFIED ACCRUAL BASIS)

**PROPRIETARY** (CASH OR BUDGETARY BASIS)

1

### **PART 2 - REVENUE**

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

Line#			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	se	\$ -	explanations
2-4		Other (spec	ify):	\$ -	
2-5	Licenses and permits			\$ -	
2-6	Intergovernmental:		Grants	\$ -	
2-7	many the analysis of the		Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$	
2-9			Other (specify):	\$ -	
2-10	Charges for services			\$ -	
2-11	Fines and forfeits			\$ -	7
2-12	Special assessments			\$ -	
2-13	Investment income			\$ -	
2-14	Charges for utility se	rvices	18.69 - 1.5.3	\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ 4	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances	received	(should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of		sets	\$ -	
2-19	Fire and police pensi		77.7	\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22	The state of the s			\$ -	
2-23				\$ -	
2-24		(add	d 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.

	interest payments on long-term debt. Financial information will not incl	ude fund equity inform		The second second second
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		\$ -	
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	. w 1 5	\$ -	
3-17	Debt service principal (s	hould agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (she	ould agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	^ B. H.	should agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc.	should agree to line 7-2)	\$ -	
3-23	Other (specify):	And the second		
3-24	Treasurer Fees		\$ -	
3-25	IN DESCRIPTION AS ONLY	To be the second	\$ -	7
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDIT	URES/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>".

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

F	PART 4 - DEBT OUTSTANDING			, A	ND R	ETIR	ED		
	Please answer the following questions by marking the	appropri	ate boxes.		عليان		Yes	-	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Se	chedul	o.						7
4-2									
							1		
4-3	Is the entity current in its debt service payments? If no, MUS	ехріа	in:				,		
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	10 miles (10 mil	anding at prior year*	7 (4 (4))	ed during year		d during ear		tanding at ear-end
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$		\$	-	\$	4
	Notes/Loans	\$	1 -	\$	1411	\$	-	\$	- +
	Lease Liabilities	\$		\$	-	\$	-	\$	
	Developer Advances	\$		\$	-	\$	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	\$	-
	Other (specify):	\$	-	\$	4.11	\$	-	\$	
	TOTAL	\$	_	\$	-	\$	_	\$	
			e to prior ye		ng balance				
	Please answer the following questions by marking the appropriate boxes	45 V SC 4 147 C L			1.9		Yes		No
4-5	Does the entity have any authorized, but unissued, debt?						<b>V</b>		
If yes:	How much?	\$	1	46,10	0,000.00				
	Date the debt was authorized:		11/5/2	2019		1			
4-6	Does the entity intend to issue debt within the next calendar	vear?							<b>✓</b>
If yes:	How much?	\$			-	1			
4-7	Does the entity have debt that has been refinanced that it is s	till resi	onsible t	for?		,			<b>V</b>
	What is the amount outstanding?	\$	JOHSHJIC	01:	- 12	1			
If yes:		φ				1			7
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?	\$		_		1			
-	Please use this space to provide any		ations or	comi	nents:	-			
NAME OF TAXABLE PARTY.									
	Please provide the entity's cash deposit and investment balances.	INV	ESTIV	IEN	TS	An	nount		Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts					\$			
5-2	Certificates of deposit					\$	4		
	Total Cash Deposits		100		2000			\$	-
	Investments (if investment is a mutual fund, please list underlying	investn	nents):	-7.7					
	, , , , , , , , , , , , , , , , , , , ,	Washington,							
						\$			
5-3						\$	-		
0.0				_		\$	#		
						\$	-		
	Total Investments							\$	
	Total Cash and Investments						-	\$	-
	Please answer the following questions by marking in the approp				Yes	<b>*</b>	No		N/A
5-4	Are the entity's Investments legal in accordance with Section seq., C.R.S.?	24-75-	601, et.				]		V
5-5	Are the entity's deposits in an eligible (Public Deposit Protection of the entity's depository (Section 11-10.5-101, et seq. C.R.S.)?	tion Ac	t) public			C	1		v

	PART 6 - CAPITAL AND Please answer the following questions by marking in the appropria		100		.00.		Yes		No
6-1	Does the entity have capital assets?					E			V
6-2	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain:					[			
6-3	Complete the following capital & right-to-use assets table:	beginn	ance - ing of the ear*	be inc	ns (Must luded in rt 3)	Del	etions		ar-End
	Land	\$	-	\$	-	\$	-	\$	-
	Buildings	\$	-	\$	<u> </u>	\$		\$	-
	Machinery and equipment	\$	-	\$		\$	-	\$	(4)
	Furniture and fixtures	\$	-	\$	-	\$		\$	
	Infrastructure	\$	-	\$	-	\$	-	\$	-
	Construction In Progress (CIP)	\$	-	\$	-	\$	-	\$	
	Leased Right-to-Use Assets	\$		\$	-	\$	-	\$	- 12
	Other (explain):	\$	-	\$	-	\$		\$	-
	Accumulated Depreciation/Amortization	\$	-	\$	2.1	\$	μ.		
	(Please enter a negative, or credit, balance)	\$		\$		\$	-	\$	
	TOTAL Please use this space to provid		ations or		enfs:	φ	_	1 4	
	Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service	C		\$	-				
	1?  Please use this space to provid			\$ \$ @OIIIII	ents:				
	Please use this space to provide	e any explan	ations or	\$ comm	٧				
0.4	Please use this space to provide PART 8 - BUDG  Please answer the following questions by marking in the appropria	e any explan  ET INFC	ations or	\$ comm	<b>\</b> /es		No		N/A
8-1	Please use this space to provide	e any explan  ET INFC  ate boxes.  I Affairs for t	ations or	\$ comm	٧				NIA
8-1	Please use this space to provide  PART 8 - BUDG  Please answer the following questions by marking in the appropriation of the policy of the entity file a budget with the Department of Local	ET INFO ate boxes. I Affairs for t	or ORMA	\$ COMM	<b>\</b> /es		]		
	Please use this space to provide  PART 8 - BUDG  Please answer the following questions by marking in the appropriation bid the entity file a budget with the Department of Loca current year in accordance with Section 29-1-113 C.R.S.  Did the entity pass an appropriations resolution, in accordance with section 29-1-113 C.R.S.	ET INFO	ORMA  he  Section	\$ COMM	V res		]		
8-2	Please use this space to provide  PART 8 - BUDG  Please answer the following questions by marking in the appropriate Did the entity file a budget with the Department of Loca current year in accordance with Section 29-1-113 C.R.S.  Did the entity pass an appropriations resolution, in access 29-1-108 C.R.S.? If no, MUST explain:	ET INFO	ORMA  he  Section	\$ COMM	Ves Z		]		
8-2	Please use this space to provide  PART 8 - BUDG  Please answer the following questions by marking in the appropriate Did the entity file a budget with the Department of Loca current year in accordance with Section 29-1-113 C.R.S.  Did the entity pass an appropriations resolution, in access 29-1-108 C.R.S.? If no, MUST explain:  Please indicate the amount budgeted for each fund for the section of the section	ET INFO	ORMA  he  Section	\$ COMM	Ves		]		
8-2	Please use this space to provide  PART 8 - BUDG  Please answer the following questions by marking in the appropriate Did the entity file a budget with the Department of Loca current year in accordance with Section 29-1-113 C.R.S.  Did the entity pass an appropriations resolution, in access 29-1-108 C.R.S.? If no, MUST explain:  Please indicate the amount budgeted for each fund for a Governmental/Proprietary Fund Name	ET INFO	ORMA  he  Section	\$ COMM	Ves Z		]		

-	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABC	R)	
200000	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.	7	
lf no, Mi	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		V
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		Ø
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:  Sanitation & storm drainage, water, streets, traffic & safety controls, parks & recreation, transportation, television relay, & translator, mosquito & pest		
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 Kinston Metropolitan District No. 1		1 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?	<b>V</b>	
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		100
	General/Other mills		25.000
	Total mills		25.000

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	Print Board Member's Name	I <u>Abby Kirkbride</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 1	Abby Kirkbride	application for exemption from audit.  Signed Abby Eigheid: Date:
	Print Board Member's Name	I <u>Tim Depeder</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 2	Tim Depeder	application for exemption from audit.  Signed 1000000000000000000000000000000000000
	Print Board Member's Name	
Board Member 3	Vandament attentive about	I <u>Josh Kane</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
	Josh Kane	Signed Docusioned by:  Date: FOOCTS AND 0/2023   15:34:16 MST  My term Expires: May 2025
Board Member 4	Print Board Member's Name	I Kim Perry , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
	Kim Perry	application for exemption from audit.  Signed
	Print Board Member's Name	I Brad Lenz , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 5	Brad Lenz	application for exemption from audit.  Signed
Toronto.	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 6		exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I
		My term Expires:

# **EXAMPLE - DO NOT FILL OUT THIS PAGE**

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

#### RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

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

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

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

#### [Choose 1 or 2 below, whichever is applicable]

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

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

O.R

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

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

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

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

ADOPTED THIS \_\_\_ day of \_\_\_\_\_, A.D. 20XX.

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

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

# SHORT FORM

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

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

## **EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC**

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

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

#### READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

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

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

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

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PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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

### **FILING METHODS**

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

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

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

### **IMPORTANT!**

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Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

#### SHORT FORM

NAME OF GOVERNMENT

**ADDRESS** 

Kinston Metropolitan District No. 8

12/31/22 or fiscal year ended:

For the Year Ended

**CONTACT PERSON** 

PHONE **EMAIL** 

c/o Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd

Loveland, CO 80537 Brendan Campbell, CPA

(970) 669-3611 brendanc@pcgi.com

### PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:

TITLE

FIRM NAME (if applicable)

**ADDRESS** PHONE

DATE PREPARED

Brendan Campbell, CPA

District Accountant

Pinnacle Consulting Group, Inc.

550 W Eisenhower Blvd, Loveland, CO 80537

(970) 669-3611

2/28/2023

### PREPARER (SIGNATURE REQUIRED)

using Governmental or Proprietary fund types

Please indicate whether the following financial information is recorded

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)

**PROPRIETARY** (CASH OR BUDGETARY BASIS)

1

## **PART 2 - REVENUE**

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

Line#			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	fy):	\$ -	
2-5	Licenses and permits			\$	
2-6	Intergovernmental:		Grants	\$	
2-7			Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for services		47.2174.117	\$ -	
2-11	Fines and forfeits			\$ -	
2-12	Special assessments			\$	
2-13	Investment income			\$ -	
2-14	Charges for utility se	rvices		\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances	received	(should agree with line 4-4)	\$ -	
2-18	Proceeds from sale o		sets	\$ -	
2-19	Fire and police pensi	A Company of the Company of the Company	14.11	\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$	
2-22	CONTRACTOR OF THE STATE OF THE			\$	
2-23				\$	
2-24		(add	l 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.

A francish		ide fund equity inform		Company of the Compan
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		\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies	140	\$ -	
3-10	Utilities and telephone	140	\$ -	
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	115 J. S. J. C. A. P. J.	\$ -	
3-17	Debt service principal (s	ould agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (she	ould agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		hould agree to line 7-2)	\$ -	
3-22	- III ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	hould agree to line 7-2)		
3-23	Other (specify):	Property of the control of		
3-24	Treasurer Fees		\$ -	
3-25	110000000		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDIT	URES/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>".

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

	PART 4 - DEBT OUTSTANDING				The same of
4-1	Please answer the following questions by marking the Does the entity have outstanding debt?	appropriate boxes.		Yes	No ✓
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				
4-3	Is the entity current in its debt service payments? If no, MUS				
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year*	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ear ending balance		
4.5	Please answer the following questions by marking the appropriate boxes			Yes	No
4-5	Does the entity have any authorized, but unissued, debt? How much?	\$ 1	46,100,000.00	1	
If yes:	Date the debt was authorized:	11/5/2			
4.0	Does the entity intend to issue debt within the next calendar		2019		<b>V</b>
4-6	How much?	e e		1	
If yes:	Does the entity have debt that has been refinanced that it is s	ψ still reconcible:		, 0	v
4-7		\$	iorr	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?			1 -	
ii yes.	What is the original date of the lease?			1	
	Number of years of lease?				22
	Is the lease subject to annual appropriation?				
	What are the annual lease payments?	\$	1 To 1 To 1 To 1		
4	Please use this space to provide any	explanations or	comments:		
5-1	PART 5 - CASH AND Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts	INVESTM	IENTS	Amount	Total
5-2	Certificates of deposit			\$ -	
	Total Cash Deposits				\$ -
	Investments (if investment is a mutual fund, please list underlying	investments):			
		THE PARTY OF		1 6	7
				\$ -	1
5-3				\$ -	
				\$ -	
	Total Investments		-	7 7	\$ -
	Total Cash and Investments	Other Bridge			\$ -
	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 seq., C.R.S.?				v
5-5	Are the entity's deposits in an eligible (Public Deposit Protection of Control of Contro	tion Act) public			

	PART 6 - CAPITAL AND Please answer the following questions by marking in the appropriate		-TO-U	SE ASS	ETS Yes		No
6-1	Does the entity have capital assets?					1	7
6-2	Has the entity performed an annual inventory of capital a 29-1-506, C.R.S.,? If no, MUST explain:	assets in acc	cordance	with Section	7	1	
6-3	Complete the following capital & right-to-use assets table:	beginn	ance - ing of the ear*	Additions (Mus be included in Part 3)		9,000	r-End lance
7-1 7-2 If yes:	Land Buildings Machinery and equipment Furniture and fixtures Infrastructure Construction In Progress (CIP) Leased Right-to-Use Assets Other (explain): Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)  TOTAL  Please use this space to provide  PART 7 - PENSIC  Please answer the following questions by marking in the appropriat Does the entity have an "old hire" firefighters' pension pla Who administers the plan?	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ DN INFO	- - - - - - ations or	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	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 paid.			\$ - \$ - \$ - \$ -			
	Ticase dae tills abace to provide	any explain	ations of	oommonto.			
8-1	PART 8 - BUDGE Please answer the following questions by marking in the appropriat Did the entity file a budget with the Department of Local	e boxes. Affairs for tl		ΓΙΟΝ Yes ✓	No		I/A
	current year in accordance with Section 29-1-113 C.R.S.1	?		1			
8-2	Did the entity pass an appropriations resolution, in acco 29-1-108 C.R.S.? If no, MUST explain:	rdance with	Section	v			]
If yes:	Please indicate the amount budgeted for each fund for the	ne year repo	rted:				
*	Governmental/Proprietary Fund Name General Fund	Total \$	Appropria	tions By Fund 100	0		

	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.	7	
f no, Mi	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: 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?	v	
	Please indicate what services the entity provides:  Sanitation & storm drainage, water, streets, traffic & safety controls, parks & recreation, transportaton, television relay, & translator, mosquito & pest		
10-4 If yes:	Does the entity have an agreement with another government to provide services?  List the name of the other governmental entity and the services provided:	V	
	All services provided by Kinston Metropolitan District No. 1		
10-5 If yes:	Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during Date Filed:	Ц	
10-6	Does the entity have a certified Mill Levy?	7	
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		
	General/Other mills		25.000
	Total mills		25.000
	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	Print Board Member's Name	I <u>Abby Kirkbride</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 1	Abby Kirkbride	application for exemption from audit.  Signed Mulay External Date: 17:10:42 MDT  My term Expires: May 2023
	Print Board Member's Name	I <u>Tim Depeder</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 2	Tim Depeder	application for exemption from audit.  Signed
Board	Print Board Member's Name	I <u>Josh Kane</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 3	Josh Kane	application for exemption from audit.  Signed John Lang / 10/2023   15:34:16 MST  Date:
Poord	Print Board Member's Name	I Kim Perry appointed board member, and that I have personally reviewed and approve this
Board Member 4	Kim Perry	application for exemption from audit.  Signed
	Print Board Member's Name	I Brad Lenz , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 5	Brad Lenz	application for exemption from audit.  Signed from Lys 13/2023   08:16:45 MDT  My term Expires: May 2023
Marrie .	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 6		exemption from audit. Signed Date: My term Expires:
Board Member	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
7		Date: My term Expires:

# **EXAMPLE - DO NOT FILL OUT THIS PAGE**

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

#### RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

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

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

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

#### [Choose 1 or 2 below, whichever is applicable]

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

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

O.R

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

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

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

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

ADOPTED THIS \_\_\_ day of \_\_\_\_\_, A.D. 20XX.

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

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

# SHORT FORM

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APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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

### **FILING METHODS**

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WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

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

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In that event, AN AUDIT SHALL BE REQUIRED.

#### SHORT FORM

NAME OF GOVERNMENT

**ADDRESS** 

Kinston Metropolitan District No. 9

For the Year Ended 12/31/22 or fiscal year ended:

CONTACT PERSON

PHONE **EMAIL** 

c/o Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd

Loveland, CO 80537 Brendan Campbell, CPA

(970) 669-3611 brendanc@pcgi.com

### PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:

TITLE

FIRM NAME (if applicable)

**ADDRESS** PHONE

DATE PREPARED

Brendan Campbell, CPA

District Accountant

Pinnacle Consulting Group, Inc.

550 W Eisenhower Blvd, Loveland, CO 80537

(970) 669-3611

2/28/2023

## PREPARER (SIGNATURE REQUIRED)

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

**GOVERNMENTAL** (MODIFIED ACCRUAL BASIS)

PROPRIETARY (CASH OR BUDGETARY BASIS)

4

## **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#	No. of Contract of		Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 12	
2-2		Specific ow	nership	\$	any necessary
2-3		Sales and u		\$ -	explanations
2-4		Other (spec	ify):	\$ -	
2-5	Licenses and pern			\$ -	
2-6	Intergovernmental		Grants	\$ -	
2-7	Ver Sires all the		Conservation Trust Funds (Lottery)	\$	
2-8			Highway Users Tax Funds (HUTF)	\$ -	- 1
2-9			Other (specify):	\$ -	
2-10	Charges for service	es	AMARIA CANTA	\$ -	
2-11	Fines and forfeits			\$ -	
2-12	Special assessme	nts		\$ -	
2-13	Investment income	9		\$ -	1
2-14	Charges for utility	services		\$ -	3
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds		200 CO 100 CO 10	\$ -	
2-17	Developer Advanc	es received	(should agree with line 4-4)	\$ -	
2-18	Proceeds from sal			\$ -	
2-19	Fire and police per	The state of the state of the state of the state of	1441	\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22				\$ -	
2-23				\$ -	
2-24		(ad	d lines 2-1 through 2-23) TOTAL REVENUE	\$ 1:	3

## **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 i	nclude fund equity inform	nation.	PW-STATE STATE OF
Line#	Description	A THE PROPERTY OF THE PARTY OF	Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary explanations
3-3	Payroll taxes		\$	account to the control of
3-4	Contract services		\$ 13	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$	
3-7	Accounting and legal fees		\$	
3-8	Repair and maintenance		\$	
3-9	Supplies		\$	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police		\$ -	
3-12	Streets and highways		\$	
3-13	Public health		\$ -	
3-14	Capital outlay		\$	
3-15	Utility operations		\$ -	
3-16	Culture and recreation	the form of the fall	\$ -	
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):	2000 C - NOVE - 100		
3-24	Treasurer Fees		\$ -	
3-25	**************************************		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	DITURES/EXPENSES	\$ 13	

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>".

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

	PART 4 - DEBT OUTSTANDING			, A	ND R				way .
4-1	Please answer the following questions by marking the Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S						Yes		No ✓
4-2	Is the debt repayment schedule attached? If no. MUST explain		<u> </u>			]			
4-3	Is the entity current in its debt service payments? If no, MUS'	T expla	in:			]	3		
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	10000000	tanding at prior year*	10000000	ed during year	2000	d during rear	100000	tanding at ar-end
	General obligation bonds	\$		\$		\$	-	\$	
	Revenue bonds	\$	12	\$		\$	2	\$	- 4
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease Liabilities	\$		\$	- 4	\$	- 4	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	14
	Other (specify):	\$	-	\$		\$	2	\$	1
	TOTAL	\$		\$	-	\$		\$	-
	TOTAL	-	tie to prior ye	-	na halance	Ψ		Ψ	
	Please answer the following questions by marking the appropriate boxes		tie to prior ye	ar cria	ng balance		Yes	- 30	No
4-5	Does the entity have any authorized, but unissued, debt?			5	Carlotte S		<b>V</b>		
If yes:	How much?	\$	1	46,10	0,000.00				
100000	Date the debt was authorized:		11/5/2	2019					
4-6	Does the entity intend to issue debt within the next calendar	year?							V
If yes:	How much?	\$			9				
4-7	Does the entity have debt that has been refinanced that it is s	till res	ponsible f	or?		1			V
If yes:	What is the amount outstanding?	\$	•			1			
4-8	Does the entity have any lease agreements?								7
If yes:	What is being leased?								63
,	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?	\$			- 4				
-	Please use this space to provide any	explar	nations or	comn	nents:				
-	PART 5 - CASH AND Please provide the entity's cash deposit and investment balances.	INV	/ESTM	ΙEΝ	TS	A STATE OF THE PARTY OF THE PAR	nount		Total
5-1 5-2	YEAR-END Total of ALL Checking and Savings Accounts Certificates of deposit					\$	-		
3-2	Total Cash Deposits	-	~			Ψ		\$	
	Investments (if investment is a mutual fund, please list underlying	invest	nente)	_				Ψ	
	investments (it investment is a mutual fund, please list underlying	IIIVCSI	nemoj.						
						\$	-		
5-3						\$	-		
0-3						\$			
						\$	-		
	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 seq., C.R.S.?	24-75	-601, et.				]		V
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 Ad	t) public				]		

	PART 6 - CAPITAL AND Please answer the following questions by marking in the appropria		ro-u	ISE .	ASSI		es		No
6-1	Does the entity have capital assets?						]		V
6-2	Has the entity performed an annual inventory of capital 29-1-506, C.R.S.,? If no, MUST explain:	assets in acco	rdance	with Section		]	)		
6-3	Complete the following capital & right-to-use assets table:	Balan beginning yea	g of the	be inc	ns (Must luded in rt 3)	Dele	tions		ear-End alance
	Land	\$		\$	-	\$	-	\$	100
	Buildings	\$	-	\$		\$	-		
	Machinery and equipment Furniture and fixtures	\$		\$		\$		_	
	Infrastructure	\$	-	\$		\$		_	1
	Construction In Progress (CIP)	\$	1	\$	- 0 -	\$			
	Leased Right-to-Use Assets	\$	-	\$		\$			-
	Other (explain):	\$	-	\$	14.	\$	- A		-
	Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$		\$	-	\$	-		
	TOTAL	\$		\$	-	\$	9	\$	-
-	Please use this space to provide	any explanati	ons or	comm	ents:				
	Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service 1? Please use this space to provide			\$ \$ \$ \$	ents:				
	PART 8 - BUDGI		RMA		V es		lo.		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		G ]					1.4
8-2	Did the entity pass an appropriations resolution, in acco	ordance with S	ection	, G	2				
If yes:	Please indicate the amount budgeted for each fund for t	he year reporte	ed:				etions Yeal Ball - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$		
If yes:	Governmental/Proprietary Fund Name	Total A	ed: ppropria	tions By					
If yes:		National Internet	511	tions By	Fund 113				
If yes:	Governmental/Proprietary Fund Name	Total A	511	tions By					

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABC	R)	
<b>CONTRACTOR</b>	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	
lf no, Ml	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		V
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		<b>V</b>
If yes: 10-3	Please list the NEW name & PRIOR name:  Is the entity a metropolitan district?  Please indicate what services the entity provides:	v	
11.5	Sanitation & storm drainage, water, streets, traffic & safety controls, parks & recreation, transportation, television relay, & translator, mosquito & pest	-	-
10-4 If yes:	Does the entity have an agreement with another government to provide services?  List the name of the other governmental entity and the services provided:	<b>4</b>	
ii you.	All services provided by Kinston Metropolitan District No. 1		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		~
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?		
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		
	General/Other mills		25.000
	Total mills		25.000
	Please use this space to provide any explanations or comments:	Ø-1-1-1-1	

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

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

#### Policy - Requirements

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

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

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

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

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board	Print Board Member's Name	I <u>Abby Kirkbride</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 1	Abby Kirkbride	application for exemption from audit.  Signed Abby Einstein Date:  Date:  Date: May 2023   17:10:42 MDT  My term Expires: May 2023
Board	Print Board Member's Name	I <u>Tim Depeder</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 2	Tim Depeder	application for exemption from audit.  Signed 1
Board	Print Board Member's Name	I <u>Josh Kane</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 3	Josh Kane	Signed John Lang 10/2023   15:34:16 MST  My term Expires: May 2025
Board	Print Board Member's Name	I Kim Perry , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 4	Kim Perry	application for exemption from audit.  Signed Signe
Board	Print Board Member's Name	I <u>Brad Lenz</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 5	Brad Lenz	application for exemption from audit.  Signed for lung  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 exemption from audit.
Member 6		Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I

# **EXAMPLE - DO NOT FILL OUT THIS PAGE**

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

#### RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

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

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

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

#### [Choose 1 or 2 below, whichever is applicable]

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

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

O.R

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

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

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

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

ADOPTED THIS \_\_\_ day of \_\_\_\_\_, A.D. 20XX.

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

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
		3

## **APPLICATION FOR EXEMPTION FROM AUDIT**

# SHORT FORM

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

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

## **EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC**

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

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

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

#### READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

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

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

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

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

	1 11	_ /	$\frown$		- 1	$\sim$ T	
٠,	_	_ (		$\sim$ 1		. T	

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

## **FILING METHODS**

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

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

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

## **IMPORTANT!**

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

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

# APPLICATION FOR EXEMPTION FROM AUDIT

#### SHORT FORM

NAME OF GOVERNMENT

**ADDRESS** 

Kinston Metropolitan District No. 10

12/31/22 or fiscal year ended:

For the Year Ended

**CONTACT PERSON** 

PHONE **EMAIL** 

c/o Pinnacle Consulting Group, Inc. 550 W Eisenhower Blvd

Loveland, CO 80537 Brendan Campbell, CPA

(970) 669-3611 brendanc@pcgi.com

# PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:

TITLE

FIRM NAME (if applicable)

**ADDRESS** PHONE

DATE PREPARED

Brendan Campbell, CPA District Accountant Pinnacle Consulting Group, Inc.

550 W Eisenhower Blvd, Loveland, CO 80537

(970) 669-3611 2/28/2023

PREPARER (SIGNATURE REQUIRED)

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

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)

**PROPRIETARY** (CASH OR BUDGETARY BASIS)

J

# **PART 2 - REVENUE**

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and

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	\$	4 any necessary
2-3		Sales and us		\$ -	explanations
2-4		Other (speci	fy):	\$ -	
2-5	Licenses and			\$ -	
2-6	Intergovernme		Grants	\$ -	
2-7	1000203000		Conservation Trust Funds (Lottery)	\$ -	2.0
2-8			Highway Users Tax Funds (HUTF)	\$ -	30.1
2-9			Other (specify):	\$ -	
2-10	Charges for s	ervices	24012/12/2013/	\$ -	
2-11	Fines and forf	eits		\$ -	
2-12	Special asses	sments		\$ -	
2-13	Investment in			\$ -	
2-14	Charges for u	tility services		\$ -	91
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceed			\$ -	
2-17		vances received	(should agree with line 4-4)	\$ -	
2-18	Proceeds from	n sale of capital ass	sets	\$ -	
2-19	Fire and polic	아는 아이들이 아내는 가는데 하는데 살아가는 아내를 다른 살이다.		\$ -	
2-20	Donations			\$ -	
2-21	Other (specify	·):		\$ -	
2-22		10		\$ -	
2-23				\$ -	
2-24		(add	l lines 2-1 through 2-23) TOTAL REVENUE	S	4

### 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.

A treesing	interest payments on long-term debt. Financial information will not	include fund equity inform		Please use this
Line#	Description		Round to nearest Dollar	space to provide
3-1	Administrative		\$ -	any necessary
3-2	Salaries	-	\$ -	explanations
3-3	Payroll taxes		\$ -	200
3-4	Contract services		\$ 2	
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		\$ -	- 0
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):	TANK SAMOANING		
3-24	Treasurer Fees		\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENT	DITURES/EXPENSES		

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

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

	PART 4 - DEBT OUTSTANDING	G, ISSUI	ΕD	, A	ND R	TIF	RED		
	Please answer the following questions by marking the				والنابلة		Yes		No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S	chedule							<b>V</b>
4-2	is the debt repayment schedule attached? If no, MUST explain								
1/2	TO THE GENT TEDAY HERE SOME GALLONG AND								
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:							
	The state of the s								
4.4									
4-4	Please complete the following debt schedule, if applicable:	Outstanding	at	Issu	ed during	Reti	red during	Outs	anding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of prior y	ear*		year	1	year	ye	ar-end
	General obligation bonds	\$		\$		\$		\$	-
	Revenue bonds	\$		\$		\$		\$	
	Notes/Loans		-	\$		\$	-	\$	
	Lease Liabilities		-	\$	1	\$	4	\$	
	Developer Advances	-	-	\$		\$	-	\$	-
	Other (specify):	\$	-	\$		\$		\$	-
	TOTAL	\$	-	\$		\$	-	\$	-
		*must tie to pri	ior yea	ar end	ing balance				
	Please answer the following questions by marking the appropriate boxes	(C)			440,95		Yes		No
4-5	Does the entity have any authorized, but unissued, debt?	- e	1/	16 10	0,000.00		7		
If yes:	How much?	\$	1/5/2		0,000.00				
4.0	Date the debt was authorized:  Does the entity intend to issue debt within the next calendar		17572	019		l.			7
4-6	How much?	φear r	_				ш		
If yes: 4-7	Does the entity have debt that has been refinanced that it is	etill responsi	ble f	or?					V
If yes:	What is the amount outstanding?	\$	DIC I	011	-		_		77
4-8	Does the entity have any lease agreements?	4							1
If yes:	What is being leased?								
	What is the original date of the lease?				_				
	Number of years of lease?								
	Is the lease subject to annual appropriation? What are the annual lease payments?	\$	-		-				
	Please use this space to provide any	the state of the s	s or c	comi	nents:			-	
	, i leade des tine operat to promise any								
	PART 5 - CASH AND	INVEST	TM	ΕN	TS				
	Please provide the entity's cash deposit and investment balances.					À	mount		Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts					\$	-		T Otal
5-2	Certificates of deposit					\$			
	Total Cash Deposits							\$	007-011
	Investments (if investment is a mutual fund, please list underlying	investments)							
		The contract	-			\$			
			_			\$			
5-3			_			\$			
						\$	-		
	Total Investments							\$	- Y
	Total Cash and Investments							\$	1.1740
	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	24-75-601, e	et.						J.
	seq., C.R.S.?				7		_		-
5-5	Are the entity's deposits in an eligible (Public Deposit Protect	tion Act) pub	olic						7
10/10/	depository (Section 11-10.5-101, et seg. C.R.S.)?								-1

6-1 6-2	Please answer the following questions by marking in the appropriate Does the entity have capital assets?							
6-2								V
	Has the entity performed an annual inventory of capital a 29-1-506, C.R.S.,? If no, MUST explain:	assets in acc	cordance	with Sec	etion			
6-3	Complete the following capital & right-to-use assets table:	beginn	ance - ing of the	Additions be included Part	ded in	Deletions		ear-End Jalance
	Land Buildings Machinery and equipment Furniture and fixtures Infrastructure Construction In Progress (CIP) Leased Right-to-Use Assets Other (explain): Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ \$ \$ \$ \$ \$	ear*	* * * * * * * * * *	- \$ - \$ - \$ - \$ - \$ - \$ - \$		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
_	TOTAL Please use this space to provide		- ations or	\$ commen	- \$	_	1 \$	-
If yes:	Who administers the plan? Indicate the contributions from:  Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):  TOTAL  What is the monthly benefit paid for 20 years of service paid:  Please use this space to provide			\$ \$ \$ \$	-			
	PART 8 - BUDGE Please answer the following questions by marking in the appropriate	ET INFO				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 t	he	V				
8-2	Did the entity pass an appropriations resolution, in acco 29-1-108 C.R.S.? If no, MUST explain:	rdance with	Section	V				
If yes:	Please indicate the amount budgeted for each fund for t	he year repo	rted:					
	Governmental/Proprietary Fund Name General Fund	Total	l Appropria	tions By F	und 100			

	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)]?	<b>V</b>	
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.		
f no, MI	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
42/5	Is this application for a newly formed governmental entity?		7
10-1	V (2011) V (1) V (		
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		<b>I</b>
If yes:	Please list the NEW name & PRIOR name:		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
10-3	Is the entity a metropolitan district?	Ů.	
	Please indicate what services the entity provides:  Sanitation & storm drainage, water, streets, traffic & safety controls, parks & recreation, transportation, television relay, & translator, mosquito & pest		
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:		
ii yes.	All services provided by Kinston 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		$\overline{\mathbf{v}}$
If yes:	Date Filed:		
4 5 4 1			
10-6	Does the entity have a certified Mill Levy?	$\overline{\mathcal{A}}$	
If yes:			
11.00	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		27.786
	General/Other mills		15.000
	Total mills		42.786
-	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.

names of ALL members of t governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board Member's Name	I <u>Abby Kirkbride</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member  1 Abby Kirkbride	application for exemption from audit. Signed Abby   Signed by 1/2023   17:10:42 MDT  Date:
Board Member's Name	I <u>Tim Depeder</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 2 Tim Depeder	application for exemption from audit.  Signed ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑ ↑
Board Member's Name	I <u>Josh Kane</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 3 Josh Kane	application for exemption from audit.  Signed July 10/2023   15:34:16 MST  My term Expires: May 2025
Board Member's Name	I Kim Perry , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 4 Kim Perry	application for exemption from audit.  Signed Lim fund 10/2023   13:25:18 MST  My term Expires: May 2025
Board Member's Name	I Brad Lenz , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
5 Brad Lenz	application for exemption from audit.  Signed by: Date:
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:
Board Member's Name	I

# **EXAMPLE - DO NOT FILL OUT THIS PAGE**

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

#### RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

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

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

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

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

#### [Choose 1 or 2 below, whichever is applicable]

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

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

O.R

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

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

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

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

ADOPTED THIS \_\_\_ day of \_\_\_\_\_, A.D. 20XX.

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

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