# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT	Loretto Heights Metropolitan District No. 5	For the Year Ended			
ADDRESS	8390 E Crescent Parkway	12/31/22			
	Suite 300	or fiscal year ended:			
	Greenwood Village, CO 80111				
CONTACT PERSON	Jason Carroll				
PHONE	303-779-5710				
EMAIL	Jason.Carroll@claconnect.com				
	PART 1 - CERTIFICATION OF PREPARER				
I certify that I am skilled in gove knowledge.	ernmental accounting and that the information in the application is complete	and accurate, to the best of my			
NAME:	AME: Jason Carroll				
TITLE	TLE Accountant for the District				
IRM NAME (if applicable) CliftonLarsonAllen LLP					
ADDRESS					
PHONE					
DATE PREPARED	PREPARED 2/27/2023				
PREPARER (SIGNATUI	RE REQUIRED)				
See attached Accountant's Com	apilation Report.				

Please indicate whether the following financial information is recorded

using Governmental or Proprietary fund types

**GOVERNMENTAL** 

(MODIFIED ACCRUAL BASIS)

✓

**PROPRIETARY** 

(CASH OR BUDGETARY BASIS)

## **PART 2 - REVENUE**

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

Line#		De	scription	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	Ψ	space to provide
2-2		Specific owners	ship	\$	any necessary
2-3		Sales and use			explanations
2-4		Other (specify):		Ψ	-
2-5	Licenses and permit	S		\$	-
2-6	Intergovernmental:		Grants	Ψ	-
2-7			Conservation Trust Funds (Lottery)	Ψ	-
2-8			Highway Users Tax Funds (HUTF)	\$	-
2-9			Other (specify):	Ψ	-
2-10	Charges for services	3		Ψ	-
2-11	Fines and forfeits			\$	-
2-12	Special assessments	S		\$	-
2-13	Investment income			\$	-
2-14	Charges for utility se	ervices		\$	-
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$	-
2-16	Lease proceeds			\$	
2-17	Developer Advances	received	(should agree with line 4-4)	\$	-
2-18	Proceeds from sale	of capital assets		\$	
2-19	Fire and police pens	ion		\$	-
2-20	Donations			Ψ	-
2-21	Other (specify):			\$	-
2-22				\$	-
2-23				\$	-
2-24		(add li	nes 2-1 through 2-23) TOTAL REVENUE	\$	

### **PART 3 - EXPENDITURES/EXPENSES**

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

Line#	payments on long-term debt. Financial information will not include the payments of long-term debt. Financial information will not include the payments of long-term debt. Financial information will not include the payments of long-term debt.	ide fund equity information.	Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries	-	\$ -	any necessary
3-2	Payroll taxes	-	\$ -	explanations
3-3 3-4	Contract services	-	Φ.	
3-4		-	*	
3-5 3-6	Employee benefits	-	<u>\$</u>	
	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):	· - /	\$ -	
3-24			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EX	PENDITURES/EXPENSES	\$ -	
			0705	

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

	PART 4 - DEBT OUTSTANDING  Please answer the following questions by marking the a			, AND RI	TIF	RED		No
4-1 Does the entity have outstanding debt?							<b>✓</b>	
4-2	If Yes, please attach a copy of the entity's Debt Repayment Schedule.			]		[	7	
4-3	Is the entity current in its debt service payments? If no, MUST N/A - The District has no debt	explain:			]		G	7
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstandi end of prio		Issued during year	Reti	red during year		anding at ar-end
	General obligation bonds	\$	-	\$ -	\$	-	\$	-
	Revenue bonds	\$	-	\$ -	\$	-	\$	-
	Notes/Loans	\$	-	\$ -	\$	-	\$	-
	Lease Liabilities	\$	-	\$ -	\$	-	\$	-
	Developer Advances	\$	-	\$ -	\$	-	\$	-
	Other (specify):	\$	-	\$ -	\$	-	\$	-
	TOTAL	\$	-	\$ -	\$	-	\$	-
		*must tie to	prior yea	ar ending balance		Voc		N.a
4-5	Please answer the following questions by marking the appropriate boxes. Does the entity have any authorized, but unissued, debt?					Yes		No
If yes:	How much?	\$	1.2	59,700,000.00	1			_
,	Date the debt was authorized:	_	11/5/2		1			
4-6	Does the entity intend to issue debt within the next calendar y	ear?	, ., .		J			<b>✓</b>
If yes:	How much?	\$		-	1	_		_
4-7	Does the entity have debt that has been refinanced that it is st	ill respons	ible fo	r?	J			<b>✓</b>
If yes:	What is the amount outstanding?	\$		_	1			
4-8	Does the entity have any lease agreements?				_			<b>✓</b>
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?	<u></u>			٦			Ш
	What are the annual lease payments?  Please use this space to provide any	ovnlanatio	ne or	- commonts:				
	PART 5 - CASH AND Please provide the entity's cash deposit and investment balances.	·			,	Amount	,	otal
5-1	YEAR-END Total of ALL Checking and Savings Accounts				\$	-		
5-2	Certificates of deposit				\$	-		
	Total Cash Deposits						\$	-
	Investments (if investment is a mutual fund, please list underlying i	nvestments	s):					
					\$		1	
					\$	_		
5-3					\$			
					\$	-	1	
	Total Investments						\$	-
	Total Cash and Investments						\$	
	Please answer the following questions by marking in the appropr	iate boxes		Yes		No		N/A
5-4	Are the entity's Investments legal in accordance with Section		et.				G	<b>_</b> _
	seq., C.R.S.?			Ц			L	<b>–</b>
5-5	Are the entity's deposits in an eligible (Public Deposit Protection depository (Section 11-10.5-101, et seq. C.R.S.)?	ion Act) pu	blic					2
If no, ML	JST use this space to provide any explanations:							

	PART 6 - CAPITAL AND RI	GHT-TO-L	ISE ASSE	ETS	
	Please answer the following questions by marking in the appropriate boxe			Yes	No
6-1	Does the entity have capital assets?				<b>V</b>
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	s in accordance	with Section		<b>V</b>
	N/A The District has no capital assets.				
6-3		Balance -	Additions (Must		Year-End
	Complete the following capital & right-to-use assets table:	beginning of the year*	be included in Part 3)	Deletions	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)	_ '	, i	<u>'</u>	\$ -
	TOTAL  Please use this space to provide any	\$ -	\$ -	\$ -	-
	r lease use this space to provide any	explanations of	comments.		
	PART 7 - PENSION	INFORMA	TION		
	Please answer the following questions by marking in the appropriate boxe	s.		Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				<b>✓</b>
	7-2 Does the entity have a volunteer firefighters' pension plan?				✓
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	Tax (property, SO, sales, etc.):		\$ -	1	
	State contribution amount:		\$ -	1	
	Other (gifts, donations, etc.):		\$ -	1	
	TOTAL		\$ -		
	What is the monthly benefit paid for 20 years of service per re	tiree as of Jan	<b>c</b>		
	1?		\$ -		
	Please use this space to provide any	explanations or	comments:		
	PART 8 - BUDGET	INFORMA	TION		
	Please answer the following questions by marking in the appropriate boxe		Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affair			<u></u>	
	year in accordance with Section 29-1-113 C.R.S.?		✓		
			7		
8-2	Philippe and the second and the seco		_		
-	Did the entity pass an appropriations resolution, in accordance	e with Section	$\checkmark$		
	29-1-108 C.R.S.? If no, MUST explain:				
			]		
16	Phone to Prote the consent had a feet of feet and feet the				
ır yes:	Please indicate the amount budgeted for each fund for the year	ar reported:			
	Governmental/Proprietary Fund Name	Total Appropria	ations By Fund	I	
	General Fund	\$	-	1	
		\$	-	1	
				1	
				]	

	PART 9 - TAXPATER 3 BILL OF RIGHTS (TAB	UK)	
	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.	✓	Ц
f no, Ml	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	Is this application for a newly formed governmental entity?	П	
10-1		Ь	
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		<b>✓</b>
If yes:	Please list the NEW name & PRIOR name:		
,	N/A		
10-3	Is the entity a metropolitan district?	<b>✓</b>	
	Please indicate what services the entity provides:		
	See below.		
10-4	Does the entity have an agreement with another government to provide services?	<b>V</b>	
If yes:	List the name of the other governmental entity and the services provided:	_	_
,	See below.		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the		✓
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	$\checkmark$	
If yes:	,·		
, , - 3.	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		-
	Total mills		-
	Please use this space to provide any explanations or comments:		

Please use this space to provide any explanations or comments:

10-3 Public improvements for streets, paks and recreation, water, sanitary/storm sewer, transportation, mosquito control, safety protection, fire protection, television and relay translation, security, and opearation and maintenance.

10-

<sup>4</sup> Loretto Heights Metro Districts No. 1 through 5 and Loretto Heights Programming District work together to provide services to the Loretto Heights Community.

	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, Witkiewicz, Mark, 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	Witkiewicz, Mark	Signed Date: My term Expires: May 2025
Board	Print Board Member's Name	I, Langley, Paige, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 2	Langley, Paige	Signed Date: My term Expires: May 2023
Board	Print Board Member's Name	I, Klein, Andrew, 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	Klein, Andrew	Signed Date: My term Expires: May 2025
Board	Print Board Member's Name	I, Moore, Otis, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Board Member 4	Moore, Otis	Signed Date: My term Expires: May 2023
Board	Print Board Member's Name	I, Waldschmidt, Megan, 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	Waldschmidt, Megan	Signed Date: My term Expires: May 2023
Board	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for 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:



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

Board of Directors Loretto Heights Metropolitan District No. 5 City and County of Denver, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Loretto Heights Metropolitan District No. 5 as of and for the year ended December 31, 2022, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

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

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

We are not independent with respect to Loretto Heights Metropolitan District No. 5.

Greenwood Village, Colorado

Clifton Larson allen LLG

February 21, 2023