

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT  
ADDRESS

|                                     |
|-------------------------------------|
| Latigo Creek Metropolitan District  |
| %Susemihl, McDermott & Downie, P.C. |
| 660 Southpointe Suite 210           |
| Colorado Springs, Co 80906          |
| Peter M. Susemihl                   |
| 719-579-6500                        |
| psusemihl@smmclaw.com               |
| 719-579-9339                        |

For the Year Ended  
12/31/18  
or fiscal year ended:

CONTACT PERSON  
PHONE  
EMAIL  
FAX

### 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:                     | Peter M. Susemihl                  |
| TITLE                     | Attorney                           |
| FIRM NAME (if applicable) | Susemihl, McDermott & Downie, P.C. |
| ADDRESS                   | 660 Southpointe Suite 210          |
| PHONE                     | 719-579-6500                       |
| DATE PREPARED             | 1/17/2019                          |

### 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)

P

RECEIVED

March 5, 2019

Office of the State Auditor

## 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 space to provide any necessary explanations |
|-------|--|-------------------------|---|
| 2-1   | Taxes: Property (report mills levied in Question 10-6)   | \$ 3,799                | Please use this space to provide any necessary explanations |
| 2-2   | Specific ownership                                       | \$ -                    |   |
| 2-3   | Sales and use  | \$ -                    |   |
| 2-4   | Other (specify):   | \$ -                    |   |
| 2-5   | Licenses and permits                                     | \$ -                    |   |
| 2-6   | Intergovernmental: Grants                                | \$ -                    |   |
| 2-7   | Conservation Trust Funds (Lottery)                       | \$ -                    |   |
| 2-8   | Highway Users Tax Funds (HUTF)                           | \$ -                    |   |
| 2-9   | Other (specify):   | \$ -                    |   |
| 2-10  | Charges for services                                     | \$ -                    |   |
| 2-11  | Fines and forfeits                                       | \$ -                    |   |
| 2-12  | Special assessments                                      | \$ -                    |   |
| 2-13  | Investment income  | \$ -                    |   |
| 2-14  | Charges for utility services                             | \$ -                    |   |
| 2-15  | Debt proceeds (should agree with line 4-4, column 2)     | \$ -                    |   |
| 2-16  | Lease proceeds   | \$ -                    |   |
| 2-17  | Developer Advances received (should agree with line 4-4) | \$ -                    |   |
| 2-18  | Proceeds from sale of capital assets                     | \$ -                    |   |
| 2-19  | Fire and police pension                                  | \$ -                    |   |
| 2-20  | Donations  | \$ -                    |   |
| 2-21  | Other (specify):   | \$ -                    |   |
| 2-22  |  | \$ -                    |   |
| 2-23  |  | \$ -                    |   |
| 2-24  | (add lines 2-1 through 2-23) TOTAL REVENUE               | \$ 3,799                |   |

## PART 3 - EXPENDITURES

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

| Line# | Description   | Round to nearest Dollar | Please use this space to provide any necessary explanations |
|-------|---|-------------------------|---|
| 3-1   | Administrative  | \$ 3,799                | Please use this space to provide any necessary explanations |
| 3-2   | Salaries  | \$ -                    |   |
| 3-3   | Payroll taxes   | \$ -                    |   |
| 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  | Culture and recreation  | \$ -                    |   |
| 3-15  | Utility operations  | \$ -                    |   |
| 3-16  | Capital outlay  | \$ -                    |   |
| 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  | Contractual Obligations   | \$ -                    |   |
| 3-24  |   | \$ -                    |   |
| 3-25  |   | \$ -                    |   |
| 3-26  | (add lines 3-1 through 3-24) TOTAL EXPENDITURES                         | \$ 3,799                |   |

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, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

|     |  |                          |                                     |             |             |
|-----|--|--------------------------|-------------------------------------|-------------|-------------|
|     |  | Yes                      | No                                  |             |             |
| 4-1 | Does the entity have outstanding debt?<br>If Yes, please attach a copy of the entity's Debt Repayment Schedule.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |             |             |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explain:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>            | <input type="checkbox"/> | <input type="checkbox"/>            |             |             |
| 4-3 | Is the entity current in its debt service payments? If no, MUST explain:<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <input type="checkbox"/> | <input type="checkbox"/>            |             |             |
| 4-4 | Please complete the following debt schedule, if applicable:<br>(please only include principal amounts)(enter all amount as positive numbers)                         |                          |                                     |             |             |
|     | Outstanding at<br>end of prior year*   | Issued during<br>year    | Retired during<br>year              |             |             |
|     | Outstanding at<br>year-end   |                          |                                     |             |             |
|     | General obligation bonds   | \$ -                     | \$ -                                | \$ -        | \$ -        |
|     | Revenue bonds  | \$ -                     | \$ -                                | \$ -        | \$ -        |
|     | Notes/Loans  | \$ -                     | \$ -                                | \$ -        | \$ -        |
|     | Leases   | \$ -                     | \$ -                                | \$ -        | \$ -        |
|     | Developer Advances   | \$ -                     | \$ -                                | \$ -        | \$ -        |
|     | Other (specify):   | \$ -                     | \$ -                                | \$ -        | \$ -        |
|     | <b>TOTAL</b>   | <b>\$ -</b>              | <b>\$ -</b>                         | <b>\$ -</b> | <b>\$ -</b> |

\*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

|         |   |                                     |                                     |
|---------|---|-------------------------------------|-------------------------------------|
|         |   | Yes                                 | No                                  |
| 4-5     | Does the entity have any authorized, but unissued, debt?                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes: | How much?<br>Date the debt was authorized:  |                                     |                                     |
|         | \$ 10,000,000.00<br>11/29/2007  |                                     |                                     |
| 4-6     | Does the entity intend to issue debt within the next calendar year?                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes: | How much?   |                                     |                                     |
|         | \$ -  |                                     |                                     |
| 4-7     | Does the entity have debt that has been refinanced that it is still responsible for?          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes: | What is the amount outstanding?   |                                     |                                     |
|         | \$ -  |                                     |                                     |
| 4-8     | Does the entity have any lease agreements?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes: | What is being leased?<br>What is the original date of the lease?<br>Number of years of lease? |                                     |                                     |
|         |   |                                     |                                     |
|         |   |                                     |                                     |
|         |   |                                     |                                     |
|         | Is the lease subject to annual appropriation?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|         | What are the annual lease payments?   |                                     |                                     |
|         | \$ -  |                                     |                                     |

Please use this space to provide any explanations or comments:

## PART 5 - CASH AND INVESTMENTS

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   | \$ -   |             |
|     | <b>Total Cash Deposits</b>  |        | <b>\$ -</b> |
|     | Investments (if investment is a mutual fund, please list underlying investments): |        |             |
|     |   | \$ -   |             |
|     |   | \$ -   |             |
| 5-3 |   | \$ -   |             |
|     |   | \$ -   |             |
|     |   | \$ -   |             |
|     |   | \$ -   |             |
|     | <b>Total Investments</b>  |        | <b>\$ -</b> |
|     | <b>Total Cash and Investments</b>   |        | <b>\$ -</b> |

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.?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

## PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes.

- |     |  | Yes                      | No                                  |
|-----|--|--------------------------|-------------------------------------|
| 6-1 | Does the entity have capital assets?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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: | <input type="checkbox"/> | <input type="checkbox"/>            |

6-3 Complete the following capital assets table:

|                                | Balance -<br>beginning of the<br>year* | Additions (Must<br>be included in<br>Part 3) | Deletions   | Year-End<br>Balance |
|--------------------------------|--|--|-------------|---------------------|
| Land                           | \$ -                                   | \$ -   | \$ -        | \$ -                |
| Buildings                      | \$ -                                   | \$ -   | \$ -        | \$ -                |
| Machinery and equipment        | \$ -                                   | \$ -   | \$ -        | \$ -                |
| Furniture and fixtures         | \$ -                                   | \$ -   | \$ -        | \$ -                |
| Infrastructure                 | \$ -                                   | \$ -   | \$ -        | \$ -                |
| Construction In Progress (CIP) | \$ -                                   | \$ -   | \$ -        | \$ -                |
| Other (explain):               | \$ -                                   | \$ -   | \$ -        | \$ -                |
| Accumulated Depreciation       | \$ -                                   | \$ -   | \$ -        | \$ -                |
| <b>TOTAL</b>                   | <b>\$ -</b>                            | <b>\$ -</b>                                  | <b>\$ -</b> | <b>\$ -</b>         |

Please use this space to provide any explanations or comments:

## PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- |     |  | Yes                      | No                                  |
|-----|--|--------------------------|-------------------------------------|
| 7-1 | Does the entity have an "old hire" firemen's pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7-2 | Does the entity have a volunteer firemen's pension plan?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- If yes: Who administers the plan?

Indicate the contributions from:

|                                  |             |
|----------------------------------|-------------|
| Tax (property, SO, sales, etc.): | \$ -        |
| State contribution amount:       | \$ -        |
| Other (gifts, donations, etc.):  | \$ -        |
| <b>TOTAL</b>                     | <b>\$ -</b> |

What is the monthly benefit paid for 20 years of service per retiree as of Jan  \$ -

Please use this space to provide any explanations or comments:

## PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- |     |  | Yes                                 | No                       | N/A                      |
|-----|--|-------------------------------------|--------------------------|--------------------------|
| 8-1 | Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  |                                     |                          |                          |
| 8-2 | Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     |  |                                     |                          |                          |

If yes: Please indicate the amount budgeted for each fund for the year reported:

|            |          |
|------------|----------|
| Operations | \$ 3,799 |
|            |          |
|            |          |
|            |          |

## PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box

- |            |   | Yes                                 | No                       |
|------------|---|-------------------------------------|--------------------------|
| <b>9-1</b> | <b>Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X,</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|            | 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, MUST explain:

## PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.

- |             |   | Yes                                 | No                                  |
|-------------|---|-------------------------------------|-------------------------------------|
| <b>10-1</b> | <b>Is this application for a newly formed governmental entity?</b>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes:     | Date of formation: <input style="width: 450px; height: 15px;" type="text"/>   |                                     |                                     |
| <b>10-2</b> | <b>Has the entity changed its name in the past or current year?</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes:     | Please list the NEW name & PRIOR name:<br><input style="width: 600px; height: 15px;" type="text"/>                                    |                                     |                                     |
| <b>10-3</b> | <b>Is the entity a metropolitan district?</b>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|             | Please indicate what services the entity provides:<br><input style="width: 600px; height: 15px;" type="text"/>                        |                                     |                                     |
| <b>10-4</b> | <b>Does the entity have an agreement with another government to provide services?</b>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes:     | List the name of the other governmental entity and the services provided:<br><input style="width: 600px; height: 15px;" type="text"/> |                                     |                                     |
| <b>10-5</b> | <b>Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during</b>                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes:     | Date Filed: <input style="width: 450px; height: 15px;" type="text"/>  |                                     |                                     |
| <b>10-6</b> | <b>Does the entity have a certified Mill Levy?</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes:     | Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):                                    |                                     |                                     |

|                       |             |
|-----------------------|-------------|
| Bond Redemption mills | -           |
| General/Other mills   | 5.50        |
| <b>Total mills</b>    | <b>5.50</b> |

Please use this space to provide any explanations or comments:

**LATIGO CREEK METROPOLITAN DISTRICT  
RESOLUTION FOR EXEMPTION FROM AUDIT**

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2018 FOR THE LATIGO CREEK METROPOLITAN DISTRICT, EL PASO COUNTY, COLORADO.

WHEREAS, the Board of Directors wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604 C.R.S. states that any local government where neither revenue nor expenditures exceeds five hundred thousand dollars, may with the approval of the state auditor, be exempt from the provisions of Section 29-1-603 C.R.S.; and

WHEREAS, neither revenues nor expenditures exceeded \$500,000 for fiscal year 2018

WHEREAS, an application for exemption from audit has been prepared by Peter Susemihl, a person familiar with governmental accounting; and

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

NOW THEREFORE, be it resolved by the Latigo Creek Metropolitan District that the application for exemption from audit for the fiscal year ending December 31, 2018 has been reviewed and is hereby approved by a majority of the Board of Directors and that those Directors have signified their approval by signing below and that this Resolutions shall be attached to and become a part of the application for exemption from audit for the fiscal year ended December 31, 2018.

Adopted this 17<sup>th</sup> day of January 2019.

DIRECTORS:

Greg Fulton  
Printed Name

Katie Walker  
Printed Name

Greg Fulton  
Signature

Katie Walker  
Signature