

**APPLICATION FOR EXEMPTION FROM AUDIT**

**LONG FORM**

NAME OF GOVERNMENT ADDRESS  
 Lakeside Center Metropolitan District  
 8390 E Crescent Parkway  
 Suite 300  
 Greenwood Village, CO 80111

CONTACT PERSON  
 PHONE  
 EMAIL  
 FAX  
 Christine Harwell  
 303-779-5710  
 Christine.Harwell@clacconnect.com  
 303-779-0348

For the Year Ended  
 12/31/2019  
 or fiscal year ended:

**CERTIFICATION OF PREPARER**

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditures are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME: Christine Harwell  
 TITLE: Accountant for the District  
 FIRM NAME (if applicable): CliftonLarsonAllen LLP  
 ADDRESS: 8390 E Crescent Parkway Suite 300, Greenwood Village, CO 80111  
 PHONE: 303-779-5710  
 DATE PREPARED: 3/11/2020  
 RELATIONSHIP TO ENTITY: CPA Firm providing accounting services to the District

**PREPARER (SIGNATURE REQUIRED)**

**See Accountant's Compilation Report**

Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]

YES	NO	If Yes, date filed:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET**

\*Indicate Name of Fund  
NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds	Fund*	Fund*	Please use this space to provide explanation of any items on this page
		General Fund	Fund*				
<b>Assets</b>							
1-1	Cash & Cash Equivalents	\$ 1,758	\$ -	\$ -	\$ -	\$ -	
1-2	Investments	\$ -	\$ -	\$ -	\$ -	\$ -	
1-3	Receivables	\$ -	\$ -	\$ -	\$ -	\$ -	
1-4	Due from Other Entities or Funds	\$ -	\$ -	\$ -	\$ -	\$ -	
	All Other Assets [specify...]						
1-5	Receivable from County Treasurer	\$ 455	\$ -	\$ -	\$ -	\$ -	
1-6	Property Tax Receivable	\$ 72,630	\$ -	\$ -	\$ -	\$ -	
1-7	Prepaid Insurance	\$ 5,045	\$ -	\$ -	\$ -	\$ -	
1-8		\$ -	\$ -	\$ -	\$ -	\$ -	
1-9		\$ -	\$ -	\$ -	\$ -	\$ -	
1-10		\$ -	\$ -	\$ -	\$ -	\$ -	
1-11	<b>(add lines 1-1 through 1-10)</b>	\$ 79,888	\$ -	\$ -	\$ -	\$ -	
1-12	<b>TOTAL ASSETS</b>	\$ 79,888	\$ -	\$ -	\$ -	\$ -	
1-13	<b>TOTAL DEFERRED OUTFLOWS OF RESOURCES</b>	\$ -	\$ -	\$ -	\$ -	\$ -	
1-13	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$ 79,888	\$ -	\$ -	\$ -	\$ -	
<b>Liabilities</b>							
1-14	Accounts Payable	\$ 13,747	\$ -	\$ -	\$ -	\$ -	
1-15	Accrued Payroll and Related Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	
1-16	Accrued Interest Payable	\$ -	\$ -	\$ -	\$ -	\$ -	
1-17	Due to Other Entities or Funds	\$ -	\$ -	\$ -	\$ -	\$ -	
1-18	All Other Current Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	
1-19	<b>TOTAL CURRENT LIABILITIES</b>	\$ 13,747	\$ -	\$ -	\$ -	\$ -	
1-20	All Other Liabilities [specify...]	\$ -	\$ -	\$ -	\$ -	\$ -	
1-21		\$ -	\$ -	\$ -	\$ -	\$ -	
1-22		\$ -	\$ -	\$ -	\$ -	\$ -	
1-23		\$ -	\$ -	\$ -	\$ -	\$ -	
1-24		\$ -	\$ -	\$ -	\$ -	\$ -	
1-25		\$ -	\$ -	\$ -	\$ -	\$ -	
1-26		\$ -	\$ -	\$ -	\$ -	\$ -	
1-27		\$ -	\$ -	\$ -	\$ -	\$ -	
1-28	<b>(add lines 1-19 through 1-27)</b>	\$ 13,747	\$ -	\$ -	\$ -	\$ -	
1-29	<b>TOTAL LIABILITIES</b>	\$ 13,747	\$ -	\$ -	\$ -	\$ -	
1-29	<b>TOTAL DEFERRED INFLOWS OF RESOURCES</b>	\$ 72,630	\$ -	\$ -	\$ -	\$ -	
1-29	<b>TOTAL DEFERRED INFLOWS OF RESOURCES</b>	\$ 72,630	\$ -	\$ -	\$ -	\$ -	
<b>Fund Balance</b>							
1-30	Nonspendable Prepaid	\$ 5,045	\$ -	\$ -	\$ -	\$ -	
1-31	Nonspendable Inventory	\$ -	\$ -	\$ -	\$ -	\$ -	
1-32	Restricted [specify...]	\$ 2,700	\$ -	\$ -	\$ -	\$ -	
1-33	Committed [specify...]	\$ -	\$ -	\$ -	\$ -	\$ -	
1-34	Assigned [specify...]	\$ -	\$ -	\$ -	\$ -	\$ -	
1-35	Unassigned:	\$ (14,234)	\$ -	\$ -	\$ -	\$ -	
1-36	<b>(add lines 1-30 through 1-35)</b>	\$ (6,489)	\$ -	\$ -	\$ -	\$ -	
1-36	<b>TOTAL FUND BALANCE</b>	\$ (6,489)	\$ -	\$ -	\$ -	\$ -	
1-37	<b>(add lines 1-28, 1-29 and 1-36)</b>	\$ 79,888	\$ -	\$ -	\$ -	\$ -	
1-37	<b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE</b>	\$ 79,888	\$ -	\$ -	\$ -	\$ -	

**PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES**

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund*		Fund*	Fund*	
<b>Tax Revenue</b>							
2-1	Property (include mills levied in Question 1b-6)	\$ 61,737	\$ -	Property	\$ -	\$ -	
2-2	Specific Ownership	\$ 5,260	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue (specify...):	\$ -	\$ -	Other Tax Revenue (specify...):	\$ -	\$ -	
2-5	PILOT Revenue .002	\$ 8,087	\$ -		\$ -	\$ -	
2-6	PILOT Revenue .003	\$ 12,130	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	<b>Add lines 2-1 through 2-7 TOTAL TAX REVENUE</b>	\$ 87,214	\$ -	<b>Add lines 2-1 through 2-7 TOTAL TAX REVENUE</b>	\$ -	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -	
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 42	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-22	All Other (specify...):	\$ -	\$ -	All Other (specify...):	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	<b>Add lines 2-8 through 2-23 TOTAL REVENUES</b>	\$ 87,256	\$ -	<b>Add lines 2-8 through 2-23 TOTAL REVENUES</b>	\$ -	\$ -	
<b>Other Financing Sources</b>							
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Developer Advances	\$ 58,000	\$ -	Developer Advances	\$ -	\$ -	
2-27	Transfers of Add-On PIF from Lakeside Center PIC	\$ 50,306	\$ -	Other (specify...):	\$ -	\$ -	
2-28	<b>Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES</b>	\$ 108,306	\$ -	<b>Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES</b>	\$ -	\$ -	
2-29	<b>Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES</b>	\$ 195,562	\$ -	<b>Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES</b>	\$ -	\$ 195,562	
<b>GRAND TOTALS</b>							
		\$ 195,562	\$ -		\$ -	\$ 195,562	

**IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) are GREATER than \$750,000 -STOP.** You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

**PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES**

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds	Fund*	Fund*
		General Fund	Fund*			
<b>Expenditures</b>						
3-1	General Government	\$ 122,641	-	\$ -	-	-
3-2	Judicial	\$ -	-	\$ -	-	-
3-3	Law Enforcement	\$ -	-	\$ -	-	-
3-4	Fire	\$ -	-	\$ -	-	-
3-5	Highways & Streets	\$ -	-	\$ -	-	-
3-6	Solid Waste	\$ -	-	\$ -	-	-
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	-	\$ -	-	-
3-8	Health	\$ -	-	\$ -	-	-
3-9	Culture and Recreation	\$ -	-	\$ -	-	-
3-10	Transfers to other districts	\$ -	-	\$ -	-	-
3-11	Other [specify...]:	\$ -	-	\$ -	-	-
3-12	Payment to Town of Lakeside - PILOT .002	\$ 8,087	-	\$ -	-	-
3-13	Payment to Town of Lakeside - Street Maintenance	\$ 12,162	-	\$ -	-	-
3-14	Capital Outlay	\$ -	-	\$ -	-	-
<b>Debt Service</b>						
3-15	Principal	\$ -	-	\$ -	-	-
3-16	Interest	\$ -	-	\$ -	-	-
3-17	Bond Issuance Costs	\$ -	-	\$ -	-	-
3-18	Developer Principal Repayments	\$ 50,000	-	\$ -	-	-
3-19	Developer Interest Repayments	\$ 306	-	\$ -	-	-
3-20	All Other [specify...]:	\$ -	-	\$ -	-	-
3-21		\$ -	-	\$ -	-	-
3-22	<b>Add lines 3-1 through 3-21</b>	\$ 193,196	-	\$ -	-	193,196
<b>TOTAL EXPENDITURES</b>						
3-23	Interfund Transfers (In)	\$ -	-	\$ -	-	-
3-24	Interfund Transfers Out	\$ -	-	\$ -	-	-
3-25	Other Expenditures (Revenues):	\$ -	-	\$ -	-	-
3-26		\$ -	-	\$ -	-	-
3-27		\$ -	-	\$ -	-	-
3-28		\$ -	-	\$ -	-	-
3-29	<b>(Add lines 3-23 through 3-28)</b>	\$ -	-	\$ -	-	-
<b>TOTAL TRANSFERS AND OTHER EXPENDITURES</b>						
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures	\$ -	-	\$ -	-	-
3-31	Line 2-29, less line 3-22, plus line 3-29	\$ 2,366	-	\$ -	-	-
3-32	Fund Balance, January 1 from December 31 prior year report	\$ (8,855)	-	\$ -	-	-
3-33	Prior Period Adjustment (MUST explain)	\$ -	-	\$ -	-	-
3-34	Fund Balance, December 31	\$ -	-	\$ -	-	-
3-35	Sum of Line 3-30, 3-31, and 3-32	\$ (6,489)	-	\$ -	-	-
This total should be the same as line 1-36.						

**IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) are GREATER than \$750,000 - STOP . You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.**

**PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED**

Please answer the following questions by marking the appropriate boxes.

Please use this space to provide any explanations or comments:

4-4: Per PIF Covenant and Funding Agreement, Lakeside Center PIC may transfer funds from its Add-On PIF to collections to cover Lakeside Center Metropolitan District's O&M costs.

- 4-1 Does the entity have outstanding debt? YES  NO
- 4-2 Is the debt repayment schedule attached? If no, MUST explain:   Current debt consists of Developer Advances for O&M and Capital. Repayment is subject to annual appropriation.
- 4-3 Is the entity current in its debt service payments? If no, MUST explain:

4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)

	Outstanding at beginning of year*	Issued during year	Retired during year	Outstanding at year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ 6,706,981	\$ 58,000	\$ 50,000	\$ 6,714,981
Other (specify):	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ 6,706,981</b>	<b>\$ 58,000</b>	<b>\$ 50,000</b>	<b>\$ 6,714,981</b>

\*must agree to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

- 4-5 Does the entity have any authorized, but unissued, debt? YES  NO   
How much? \$ 480,000,000
- 4-6 Date the debt was authorized: 11/3/2009
- 4-7 Does the entity intend to issue debt within the next calendar year?
- 4-8 Does the entity have debt that has been refinanced that is still responsible for?    
What is the amount outstanding? \$ -
- 4-9 Does the entity have any lease agreements?    
What is being leased?   
What is the original date of the lease?   
Number of years of lease?   
Is the lease subject to annual appropriation?    
What are the annual lease payments? \$ -

**PART 5 - CASH AND INVESTMENTS**

Please provide the entity's cash deposit and investment balances.

Please use this space to provide any explanations or comments:

YEAR-END Total of ALL Checking and Savings accounts	AMOUNT	TOTAL
5-1	\$ 1,758	
5-2	\$ -	
<b>TOTAL CASH DEPOSITS</b>	<b>\$ -</b>	<b>\$ 1,758</b>

Investments (if investment is a mutual fund, please list underlying investments):

\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
<b>TOTAL INVESTMENTS</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL CASH AND INVESTMENTS</b>	<b>\$ -</b>	<b>\$ 1,758</b>

Please answer the following question by marking in the appropriate box

- 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et seq., C.R.S.?
- 5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? If no, MUST explain:

**PART 6 - CAPITAL ASSETS**

Please answer the following question by marking in the appropriate box

Please use this space to provide any explanations or comments:

6-1 Does the entity have capitalized assets?  YES  NO  
 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:  YES  NO  
 The District's assets consist of land, street improvements and other public improvements.

6-3 Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year*	Additions	Deletions	Year-End Balance
Land	\$ 1,286,050	\$ -	\$ -	\$ 1,286,050
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain): Streets	\$ 4,412,920	\$ -	\$ -	\$ 4,412,920
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (403,887)	\$ (100,579)	\$ -	\$ (504,466)
<b>TOTAL</b>	\$ 5,295,083	\$ (100,579)	\$ -	\$ 5,194,504

6-4 Complete the following Capital Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year*	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

\*must agree to prior year ending balance

**PART 7 - PENSION INFORMATION**

Please answer the following question by marking in the appropriate box

Please use this space to provide any explanations or comments:

7-1 Does the entity have an "old hire" firemen's pension plan?  YES  NO  
 7-2 Does the entity have a volunteer firemen's pension plan?  YES  NO  
 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>	\$ -

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

**PART 8 - BUDGET INFORMATION**

Please answer the following question by marking in the appropriate box		YES	NO	N/A	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	<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					
		Fund Name	Budgeted Expenditures/Expenses		
		Amended General Fund	\$	266,451	
			\$	-	
			\$	-	
			\$	-	

**PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)**

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? government from the 3 percent emergency reserve requirement. All governments should determine if they meet this	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**PART 10 - GENERAL INFORMATION**

Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: Date of formation: <input type="text"/>				
10-2	Has the entity changed its name in the past or current year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If Yes: NEW name <input type="text"/>				
PRIOR name <input type="text"/>				
10-3	Is the entity a metropolitan district?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10-4	Please indicate what services the entity provides:			
<input type="text" value="See Notes Section"/>				
10-5	Does the entity have an agreement with another government to provide services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes: List the name of the other governmental entity and the services provided: <input type="text"/>				
10-6	Does the entity have a certified mill levy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):				
		Bond Redemption mills	0.000	
		General/Other mills	10.000	
		<b>Total mills</b>	10.000	

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

**OSA USE ONLY**

Entity Wide:		General Fund		Governmental Funds		Notes			
Unrestricted Cash & Investments	\$	1,758	Unrestricted Fund Balan	\$	(14,234)	Total Tax Revenue	\$	87,214	
Current Liabilities	\$	13,747	Total Fund Balance	\$	(6,489)	Revenue Paying Debt Service	\$	-	
Deferred Inflow	\$	72,630	PY Fund Balance	\$	(8,855)	Total Revenue	\$	195,562	
			Total Revenue	\$	195,562	Total Debt Service Principal	\$	-	
			Total Expenditures	\$	193,196	Total Debt Service Interest	\$	-	
			Interfund In	\$	-				
			Interfund Out	\$	-				
<b>Governmental</b>			- <b>Proprietary</b>	\$		<b>Enterprise Funds</b>			
Total Cash & Investments	\$	1,758	- Current Assets	\$		Net Position	\$		
Transfers In	\$	-	- Deferred Outflow	\$		- PY Net Position	\$		
Transfers Out	\$	61,737	- Current Liabilities	\$		- <b>Government-Wide</b>			
Property Tax	\$	-	- Deferred Inflow	\$		- Total Outstanding Debt	\$	6,714,981	
Debt Service Principal	\$	193,196	- Cash & Investments	\$		- Authorized but Unissued	\$	480,000,000	
Total Expenditures	\$	50,000	Principal Expense	\$		- Year Authorized	\$		11/3/2009
Total Developer Advances	\$								
Total Developer Repayments	\$								

**PART 12 - GOVERNING BODY APPROVAL**

Please answer the following question by marking in the appropriate box

YES

NO

12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?



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

Policy - Requirements

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

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

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

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

Below is the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of **ALL** members of the governing body below.

A **MAJORITY** of the members of the governing body must complete and sign in the column below.

	Full Name	
1	Michael Tamblyn	I, Michael Tamblyn, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  Date: 3/13/2020 My term Expires: May 2020 <small>3C7B521B1458486...</small>
2	Ron Bovard	I, Ron Bovard, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  Date: 3/13/2020 My term Expires: May 2020 <small>2B3AEC8CA28347B...</small>
3	Chuck Woods	I, Chuck Woods, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  Date: 3/15/2020 My term Expires: May 2022 <small>2556B4336C7E401...</small>
4		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
5		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
6		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
7		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____



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## **Accountant's Compilation Report**

Board of Directors  
Lakeside Center Metropolitan District  
Jefferson County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Lakeside Center Metropolitan District as of and for the year ended December 31, 2019, 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 Lakeside Center Metropolitan District.

Greenwood Village, Colorado  
March 11, 2020

## Certificate Of Completion

Envelope Id: F87045ECD9AF44A1BD2646D655699A41	Status: Completed
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Client Number: 011-044564-00	
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## Signer Events

Chuck Woods  
 cwoodschandelle@gmail.com  
 Security Level: Email, Account Authentication (None)

## Signature

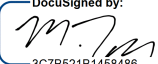
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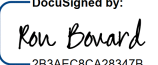
MICHAEL TAMBLYN  
 mtamblyn@thekroenkegroup.com  
 Security Level: Email, Account Authentication (None)

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 ron@CHANDELLEDEVELOPMENT.COM  
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Completed	Security Checked	3/15/2020 10:51:14 AM
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