

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT  
ADDRESS

|                                   |
|-----------------------------------|
| Smith Metropolitan District No. 1 |
| c/o McGeady Becher, P.C.          |
| 450 E. 17th Avenue, Suite 400     |
| Denver, CO 80203-1254             |
| Paula Williams                    |
| 303-592-4380                      |
| pwilliams@specialdistrictlaw.com  |

For the Year Ended  
12/31/23  
or fiscal year ended:

CONTACT PERSON  
PHONE  
EMAIL

### 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

|                                 |
|---------------------------------|
| Eric Barnes                     |
| Partner                         |
| Fiscal Focus Partners, LLC      |
| PO Box 740339, Arvada, CO 80006 |
| 303-202-1800                    |

| PREPARER <small>(SIGNATURE REQUIRED)</small>   | DATE PREPARED  |   |   |                                     |                          |
|--|--|---|---|-------------------------------------|--------------------------|
| <b>SEE ACCOUNTANT'S COMPILATION REPORT</b>   | <b>3/25/2024</b>   |   |   |                                     |                          |
| Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">GOVERNMENTAL<br/><small>(MODIFIED ACCRUAL BASIS)</small></th> <th style="width: 50%; padding: 5px;">PROPRIETARY<br/><small>(CASH OR BUDGETARY BASIS)</small></th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table> | GOVERNMENTAL<br><small>(MODIFIED ACCRUAL BASIS)</small> | PROPRIETARY<br><small>(CASH OR BUDGETARY BASIS)</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| GOVERNMENTAL<br><small>(MODIFIED ACCRUAL BASIS)</small>  | PROPRIETARY<br><small>(CASH OR BUDGETARY BASIS)</small>  |   |   |                                     |                          |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>   |   |   |                                     |                          |



## ACCOUNTANT'S COMPILATION REPORT

To the Board of Directors  
Smith Metropolitan District No. 1  
City and County of Denver, Colorado

Management is responsible for the accompanying Application for Exemption from Audit (the Form) of Smith Metropolitan District No. 1 as of and for the year ended December 31, 2023. 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 Form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements or other information included in the Form.

The Form is presented in accordance with the requirements of the Colorado Office of the State Auditor (State Auditor), which differs from, and is not intended to be a presentation in accordance with, accounting principles generally accepted in the United States of America. As a result, the financial statements may not be suitable for another purpose.

This report is intended solely for the use of the State Auditor and is not intended to be and should not be used by parties other than the State Auditor.

*Fiscal Focus Partners, LLC*

Fiscal Focus Partners, LLC  
Arvada, Colorado  
March 25, 2024

**Fiscal Focus Partners, LLC**

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P.O. Box 740339, Arvada, CO 80006  
303.202.1800 Office    [www.ffcpcpa.com](http://www.ffcpcpa.com)

## 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)   | \$ -                    | 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) | \$ 19,496               |   |
| 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) <b>TOTAL REVENUE</b>        | \$ 19,496               |   |

## PART 3 - EXPENDITURES/EXPENSES

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

| Line# | Description   | Round to nearest Dollar | Please use this space to provide any necessary explanations |
|-------|---|-------------------------|---|
| 3-1   | Administrative  | \$ -                    | 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   | \$ 2,521                |   |
| 3-7   | Accounting and legal fees   | \$ 13,387               |   |
| 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  | Annual special district fee - City of Denver                            | \$ 3,000                |   |
| 3-25  | Memberships and miscellaneous   | \$ 588                  |   |
| 3-26  | (add lines 3-1 through 3-24) <b>TOTAL EXPENDITURES/EXPENSES</b>         | \$ 19,496               |   |

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 checked="" type="checkbox"/> | <input type="checkbox"/>            |                         |                      |
| 4-2 | Is the debt repayment schedule attached? If no, <b>MUST</b> explain below:<br><small>The District is not required to begin repayment of the Project Improvement Reimbursement Agreement until such time as real property is included in the District. The District will be required to execute a pledge agreement and levy 10 mills on all taxable property within the District's boundaries. There is no repayment schedule for developer advances.</small> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                         |                      |
| 4-3 | Is the entity current in its debt service payments? If no, <b>MUST</b> explain below:<br><div style="border: 1px solid gray; height: 20px; width: 100%;"></div>  | <input checked="" 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 end of prior year*  | Issued during year                  | Retired during year                 | Outstanding at year-end |                      |
|     | General obligation bonds   | \$ -                                | \$ -                                | \$ -                    | \$ -                 |
|     | Revenue bonds  | \$ -                                | \$ -                                | \$ -                    | \$ -                 |
|     | Notes/Loans  | \$ -                                | \$ -                                | \$ -                    | \$ -                 |
|     | Lease & SBITA** Liabilities [GASB 87 & 96]   | \$ -                                | \$ -                                | \$ -                    | \$ -                 |
|     | Developer Advances   | \$ 3,819,985                        | \$ 19,496                           | \$ -                    | \$ 3,839,481         |
|     | Other (specify):   | \$ 17,000,000                       | \$ -                                | \$ -                    | \$ 17,000,000        |
|     | <b>TOTAL</b>   | <b>\$ 20,819,985</b>                | <b>\$ 19,496</b>                    | <b>\$ -</b>             | <b>\$ 20,839,481</b> |

\*\*Subscription Based Information Technology Arrangements

\*Must agree to prior year-end balance

|   |   | Yes                                 | No                                  |
|---|---|-------------------------------------|-------------------------------------|
| Please answer the following questions by marking the appropriate boxes. |   |                                     |                                     |
| 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:  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | \$ 483,000,000.00<br>11/3/2013  |                                     |                                     |
| 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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | \$ -  |                                     |                                     |
| 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?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | \$ -  |                                     |                                     |
| 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? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | \$ -  |                                     |                                     |
|   | Is the lease subject to annual appropriation?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | What are the annual lease payments?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   | \$ -  |                                     |                                     |

Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed

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

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

## PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

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

Yes                      No

- 6-1 Does the entity have capital 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

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 & SBITA Right-to-Use Assets   | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| Other (explain):   | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| Accumulated Depreciation/Amortization<br>(Please enter a negative, or credit, balance) | \$ -                             | \$ -                                   | \$ -        | \$ -             |
| <b>TOTAL</b>   | <b>\$ -</b>                      | <b>\$ -</b>                            | <b>\$ -</b> | <b>\$ -</b>      |

\*must tie to prior year ending balance

**Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed:**

## 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" firefighters' pension plan?  Yes       No
- 7-2 Does the entity have a volunteer firefighters' 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>                     | <b>\$ -</b> |

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

|      |
|------|
| \$ - |
|------|

**Part 7 - 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.? If no, **MUST** explain:  Yes       No       N/A
- 
- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, **MUST** explain:  Yes       No       N/A
- 

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

| Governmental/Proprietary Fund Name | Total Appropriations By Fund |
|------------------------------------|------------------------------|
| General Fund                       | \$ 15,000                    |
| Capital Projects Fund              | \$ -                         |
|                                    |                              |
|                                    |                              |

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

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.

If no, **MUST 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?



If yes: Date of formation:

**10-2** Has the entity changed its name in the past or current year?



If yes: Please list the NEW name & PRIOR name:

**10-3** Is the entity a metropolitan district?



Please indicate what services the entity provides:

See Attached

**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:

**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   | - |
| Total mills           | - |

Yes

No

N/A

**10-7** NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.





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

## 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? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

#### Policy - Requirements

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

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

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

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

| Print the names of ALL members of current governing body below. |   | A MAJORITY of the members of the governing body must sign below.  |
|---|---|---|
| Board Member 1  | Print Board Member's Name<br><br>Charles Foster | I, Charles Foster, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.<br>Signed <u>Charles Foster</u><br><small>Charles Foster (Mar 27, 2024 09:10 MDT)</small><br>Date: <u>26/03/2024</u><br>My term Expires: May 2027 |
| Board Member 2  | 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.<br>Signed _____<br>Date: _____<br>My term Expires: _____  |
| Board Member 3  | 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.<br>Signed _____<br>Date: _____<br>My term Expires: _____  |
| Board Member 4  | 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.<br>Signed _____<br>Date: _____<br>My term Expires: _____  |
| Board Member 5  | 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.<br>Signed _____<br>Date: _____<br>My term Expires: _____  |
| Board Member 6  | 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.<br>Signed _____<br>Date: _____<br>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.<br>Signed _____<br>Date: _____<br>My term Expires: _____  |

10-3 The District is responsible for managing, implementing and coordinating financing, acquisition, construction, operations and maintenance of all public infrastructure and services including: streets, safety protection, water, sewer, storm drainage, transportation, mosquito control and parks and recreation facilities.

# Smith Metro Dist No. 1 - 2023\_short\_form\_exemption

Final Audit Report

2024-03-27

|                 |  |
|-----------------|--|
| Created:        | 2024-03-26                                   |
| By:             | Heather Prewitt (hprewitt@ffpcpa.com)        |
| Status:         | Signed                                       |
| Transaction ID: | CBJCHBCAABAA4LKIDsA5jobgC9tW_0TwQAQMCwyahARV |

## "Smith Metro Dist No. 1 - 2023\_short\_form\_exemption" History

-  Document created by Heather Prewitt (hprewitt@ffpcpa.com)  
2024-03-26 - 12:25:24 PM GMT
-  Document emailed to Charles Foster (cfosltd@aol.com) for signature  
2024-03-26 - 12:25:28 PM GMT
-  Email viewed by Charles Foster (cfosltd@aol.com)  
2024-03-27 - 3:07:20 PM GMT
-  Document e-signed by Charles Foster (cfosltd@aol.com)  
Signature Date: 2024-03-27 - 3:10:01 PM GMT - Time Source: server
-  Agreement completed.  
2024-03-27 - 3:10:01 PM GMT