DocuSign Envelope ID: 3A61713C-341C-48E9-92F5-57C633B54282

# APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

NAME OF GOVERNMENT	The Aurora Highlands Metropolitan District No.
ADDRESS	8390 E Crescent Parkway

8390 E Crescent Parkway

Suite 300

Greenwood Village, CO 80111

**CONTACT PERSON** Jason Carroll 303-779-5710

**EMAIL** Jason.Carroll@claconnect.com

For the Year Ended 12/31/2022 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 expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME: Jason Carroll

TITLE Accountant for the District

FIRM NAME (if applicable) CliftonLarsonAllen LLP

8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111 **ADDRESS** 

PHONE 303-779-5710 DATE PREPARED 2/24/2023

RELATIONSHIP TO ENTITY CPA Firm providing accounting services to the District

PREPARER (SIGNATURE REQUIRED)

PHONE

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:

# DocuSign Envelope ID: 3A61713C-341C-48E9-92F5-57C633B54282 PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

\* Indicate Name of Fund

Attach additional sheets as necessary.			
	Governme	ntal Funds	Proprietary/Fi

NOTE: A	ttach additional sheets as necessary.	Governmental	Funde		Propriotary/	Fiduciary Funds	
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any items on this page
	Assets			Assets			items on this page
1-1	Cash & Cash Equivalents	\$ 17,868 \$	-	Cash & Cash Equivalents	\$	-  \$ -	
1-2	Investments	\$ - \$	-	Investments	\$	-  \$ -	
1-3	Receivables	\$ - \$	-	Receivables	\$	-  \$ -	
1-4	Due from Other Entities or Funds	\$ - \$	-	Due from Other Entities or Funds	\$	-   \$ -	
1-5	Property Tax Receivable	\$ 907,931 \$	-	Other Current Assets [specify]			_
	All Other Assets [specify]				\$	-   \$ -	
1-6	Lease Receivable (as Lessor)	\$ - \$	-	Total Current Assets	\$	-   \$ -	
1-7	Receivable from County Treasurer	\$ 1,672 \$	-	Capital & Right to Use Assets, net (from Part 6-4)	\$	- \$ -	
1-8		\$ - \$	-	Other Long Term Assets [specify]	\$	- \$ -	
1-9		\$ - \$	-		\$	- \$ -	
1-10		\$ - \$	-		\$	- \$ -	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 927,471 \$	-	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	- \$ -	
	Deferred Outflows of Resources:			Deferred Outflows of Resources			_
1-12	[specify]	\$ - \$	-	[specify]	\$	- \$ -	7
1-13	[specify]	\$ - \$	-	[specify]	\$	- \$ -	
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$ - \$	-	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$	- \$ -	
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 927,471 \$	-	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$ -	
	Liabilities			Liabilities			_
1-16	Accounts Payable	\$ - \$	-	Accounts Payable		- \$ -	
1-17	Accrued Payroll and Related Liabilities	\$ - \$	-	Accrued Payroll and Related Liabilities		- \$ -	
1-18	Unearned Property Tax Revenue	\$ - \$	-	Accrued Interest Payable		- \$ -	
1-19	Due to Other Entities or Funds	\$ 19,540 \$	-	Due to Other Entities or Funds		- \$ -	
1-20	All Other Current Liabilities	\$ - \$	-	All Other Current Liabilities		-  \$ -	
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$ 19,540 \$	-	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		- \$ -	
1-22	All Other Liabilities [specify]	\$ - \$	-	Proprietary Debt Outstanding (from Part 4-4)		- \$ -	
1-23		\$ - \$	-	Other Liabilities [specify]:		- \$ -	
1-24		\$ - \$	-			- \$ -	
1-25		\$ - \$	-			- \$ -	
1-26		\$ - \$	-		Ψ	- \$ -	
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 19,540   \$	-	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	-   \$ -	
	Deferred Inflows of Resources:			Deferred Inflows of Resources			3
1-28	Deferred Property Taxes	\$ 907,931 \$	-	Pension/OPEB Related		- \$ -	
1-29	Lease related (as lessor)	\$ - \$	-	Other [specify]		- \$ -	
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ 907,931   \$	-	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	-   \$ -	
	Fund Balance			Net Position	-		
	Nonspendable Prepaid	\$ - \$	-	Net Investment in Capital Assets	\$	-   \$ -	J
	Nonspendable Inventory	\$ - \$	-	F			٦
1-33	Restricted [specify]	\$ - \$	-	Emergency Reserves		- \$ -	-
1-34	Committed [specify]	\$ - \$	-	Other Designations/Reserves		- \$ -	-
1-35	Assigned [specify]	\$ - \$	-	Restricted		- \$ -	-
1-36	Unassigned:	\$ - \$	-	Undesignated/Unreserved/Unrestricted	<u> </u>	- \$ -	-
1-37	Add lines 1-31 through 1-36			Add lines 1-31 through 1-36			
	This total should be the same as line 3-33			This total should be the same as line 3-33			
4.00	TOTAL FUND BALANCE	\$ - \$	-	TOTAL NET POSITION	Ψ	- \$ -	-
1-38	Add lines 1-27, 1-30 and 1-37			Add lines 1-27, 1-30 and 1-37			
	This total should be the same as line 1-15			This total should be the same as line 1-15			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	¢ 007.474		TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION		•	
	BALANCE	\$ 927,471   \$	-	POSITION	\$	-  \$ -	

# PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds			Proprietary/Fi	Please use this space to	
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 283,833	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 19,243	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	-	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5		'	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 303,076	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -	1
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	\$ 927	\$ -	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]: Oakwood Deposit	\$ -	\$ -	All Other [specify]:	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 304,003	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	-	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	]
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	1
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	1
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	1
2-29	Add lines 2-25 through 2-28			Add lines 2-25 through 2-28			GRAND TOTALS
	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	ONAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 304,003	\$ -	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ 304,003

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									
		Gove	rnmental	Funds		Proprietary	/Fiduciary Funds	Please use this space to		
Line #		General Fun	d	Fund*	Description	Fund*	Fund*	provide explanation of any		
	Expenditures				Expenses			items on this page		
3-1	General Government	\$	- \$		General Operating & Administrative	\$	- \$	-		
3-2	Judicial	\$	- \$	-	Salaries	\$	- \$	<u>-</u>		
3-3	Law Enforcement	\$	- \$	-	Payroll Taxes	\$	- \$	<u>-</u>		
3-4	Fire	\$	- \$	-	Contract Services	\$	- \$	<u>-</u>		
3-5	Highways & Streets	\$	- \$	-	Employee Benefits	\$	- \$	<u>-</u>		
3-6	Solid Waste	\$	- \$	-	Insurance	\$	- \$	<u>-</u>		
3-7	Contributions to Fire & Police Pension Assoc.	\$	- \$	-	Accounting and Legal Fees	\$	- \$	<u>-</u>		
3-8	Health	\$	- \$		Repair and Maintenance	\$	- \$	<u>-</u>		
3-9	Culture and Recreation	\$	- \$		Supplies	\$	- \$	<u>-</u>		
3-10	Transfers to other districts		,003 \$		Utilities	\$	- \$	<u>-</u>		
3-11	Other [specify]:	\$	- \$	-	Contributions to Fire & Police Pension Assoc.	\$	- \$	<u>-</u>		
3-12		\$	-  \$	-	Other [specify]	\$	-   \$	_		
3-13		\$	-   \$	-		\$	- \$	-		
3-14	Capital Outlay	\$	- \$	-	Capital Outlay	\$	-   \$	-		
	Debt Service				Debt Service					
3-15	Principal (should match amount in 4-4)	\$	- \$	-	Principal (should match amount in 4-4)	\$	-   \$	-		
3-16	Interest	\$	- \$	-	Interest	\$	- \$	-		
3-17	Bond Issuance Costs	\$	- \$	-	Bond Issuance Costs	\$	- \$	-		
3-18	Developer Principal Repayments	\$	- \$	-	Developer Principal Repayments	\$	- \$	-		
3-19	Developer Interest Repayments	\$	- \$	-	Developer Interest Repayments	\$	- \$	-		
3-20	All Other [specify]:	\$	- \$	-	All Other [specify]:	\$	- \$	-		
3-21		\$	- \$	-	1	\$	- \$	- GRAND TOTAL		
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES		,003 \$	-	Add lines 3-1 through 3-21 TOTAL EXPENSES		- \$	- \$ 304,003		
3-23	Interfund Transfers (In)	\$	- \$	-	Net Interfund Transfers (In) Out	\$	- \$	-		
3-24	Interfund Transfers Out	\$	- \$	-	Other [specify][enter negative for expense]	\$	- \$	-		
3-25	Other Expenditures (Revenues):	\$	- \$	-	Depreciation/Amortization	\$	- \$	-		
3-26	· · · · · · · · · · · · · · · · · · ·	\$	- \$	-	Other Financing Sources (Uses) (from line 2-28)	\$	- \$	-		
3-27		\$	- \$	-	Capital Outlay (from line 3-14)	\$	- \$	_		
3-28		\$	- \$	-	Debt Principal (from line 3-15, 3-18)	\$	- \$	-		
3-29	(Add lines 3-23 through 3-28) TOTAL	Ť	1		(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus	<u>'</u>				
	TRANSFERS AND OTHER EXPENDITURES		-   \$		line 3-24) TOTAL GAAP RECONCILING ITEMS		-   \$			
3-30	Excess (Deficiency) of Revenues and Other Financing	Φ	- J	<u> </u>		Ψ	-   \$	<del>-</del>		
3-30	Sources Over (Under) Expenditures				Net Increase (Decrease) in Net Position					
	Line 2-29, less line 3-22, less line 3-29	\$	-   s		Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$	-   \$			
	Line 2-23, 1633 iiii 6-22, 1633 iiii 6-23	Ψ	-   ψ	<u>-</u>	-	Ψ	-   ψ	<del>-</del>		
3-31	Fund Balance, January 1 from December 31 prior year report				Net Position, January 1 from December 31 prior year					
001	. and Dataset, outlainty i from Document of prior your report	\$	-   \$	_	report	\$	-   \$	_		
3_32	Prior Period Adjustment (MUST explain)			<u>-</u>	Prior Period Adjustment (MUST explain)		- S	$\dashv$		
	Fund Balance, December 31	\$	- \$		Net Position, December 31	\$	-   \$	-		
3-33	Sum of Lines 3-30, 3-31, and 3-32				Sum of Lines 3-30, 3-31, and 3-32					
	This total should be the same as line 1-37.	\$	-   \$		This total should be the same as line 1-37.	\$	-   \$	_		
	This total should be the same as tille 1-31.	Ψ	-   φ		Tino total should be the same as line 1-31.	Ψ	-   ψ	_		

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.

10.5-101, et seq. C.R.S.)? If no, MUST explain:

Docus	ign Envelope ID: 3A61713C-341C-48E9-92F5-57C633B54282			== ~		
		6 - CAPITAL	AND RIGH			
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
6-1 6-2	Does the entity have capitalized assets? Has the entity performed an annual inventory of capital assets in accordance with MUST explain:	Section 29-1-506, C.	R.S.? If no,		<b>☑</b>	
	N/A					
6-3	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year 1	Additions 2	Deletions	Year-End Balance	I
	Land	\$ -			\$	
	Buildings	\$ -			\$	<u>-</u>
	Machinery and equipment	\$ -	<u>'</u>		\$	<u>-  </u>
	Furniture and fixtures Infrastructure	\$ - \$ -	<u>'</u>		Ψ	<u>-  </u> -
	Construction In Progress (CIP)	\$ -	<u>'</u>		\$	-
	Leased Right-to-Use Assets	7	\$ -		<del>                                     </del>	
	Intangible Assets	\$ -	<u>'</u>		+ :	-
	Other (explain):	\$ -			\$	_
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$	-
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$	-
	TOTAL	. \$ -	\$ -	- \$	\$	-
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year*	Additions	Deletions	Year-End Balance	
	Land	\$ -			\$	<u>-  </u>
	Buildings Machinery and equipment	\$ - \$ -			\$ \$	<del>-</del>
	Furniture and fixtures	\$ -			\$	-
	Infrastructure	\$ -			\$	
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$	-
	Leased Right-to-Use Assets	\$ -			\$	-
	Intangible Assets	\$ -			\$	<u>-</u>
	Other (explain):	\$ -			\$	<u>-  </u>
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)  Accumulated Depreciation (Enter a negative, or credit, balance)	\$ - \$ -			\$   \$	-
	TOTAL		•	•	\$	<u>-</u>
	IOTAL	* Must agree to prior yea	•	Þ -	-   Φ	<u>-</u>
			additions should be rep		tlay on line 3-14 and capitalized plain any discrepancy	in
		PART 7 - PE	NSION INF	ORMATI	ON	
	*			YES	NO	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firefighters' pension plan?				✓	
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan?					
	Indicate the contributions from:					
	Tax (property, SO, sales, etc.):		\$ -			
	State contribution amount:		\$ -			
			\$ -			
	Other (gifts, donations, etc.):					
			\$ -			
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		\$ -			

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		PART 8 - BUDGE	T INFO	RMATIC	)N	
	Please answer the following question by marking in the appropriate box	YE	S	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 accord	dance with				
	Section 29-1-113 C.R.S.? If no. MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-108	C.R.S.?		_		
8-2	If no, MUST explain:					
If yes:	Please indicate the amount appropriated for each fund separately for the year reporte					
	Governmental/Proprietary Fund Name	Total Appropriations By F				
	General Fund \$		304,700			
	\$		-			
	\$		-			
		TAX PAYER'S E	BILL OF			
	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, Articl Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ICH FOROFIA	☑		
	requirement. All governments should determine if they meet this requirement of TABOR.	-	_			
	PA	ART 10 - GENER	AL INFO	DRMAT	ION	
	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?				✓	10-3: Street improvements, water, sanitary and storm sewer, park and
If yes:	Date of formation:					recreation, mosquito control, public transportation, and traffic and safety control.
	Date of formation:					10-4: IGA regarding sharing of tax revenue with The Aurora Highlands
10-2	Has the entity changed its name in the past or current year?				✓	Community Authority Board. The District was formed in conjunction
						with The Aurora Highlands Metropolitan District Nos. 2 and 3 (TAH
If Yes:	NEW name					Districts). TAH Districts, together with the Aerotropolis Area Coordinating Metropolitan District and the ATEC Metropolitan District
	PRIOR name					Nos. 1-2 formed The Aurora Highlands Community Authority Board
40.2	Is the entity a metropolitan district?				_	(CAB) pursuant to an intergovernmental agreement to govern the
	Please indicate what services the entity provides:			☑		relationships between and among the CAB Districts with respect to the financing, construction, and operation of public improvements within
10-4	See notes					their combined service areas. On April 27,2022, the CAB Districts
10-5	Does the entity have an agreement with another government to provide services?			☑		approved the addition of the Aurora Highlands Metropolitan District
	List the name of the other governmental entity and the services provided:		_	_	Nos. 4-6 to the CAB.	
,	See notes					
10-6	Does the entity have a certified mill levy?			-	П	
	Please provide the number of mills levied for the year reported (do not enter \$ amount		✓			
,	Bond Redemption mills	0.000				
	General/Other mills	78.486				
	Total mills	78.486				and an also
	Please use this space to p	rovide any additional ex	planations	or commer	its not previously incl	uaea:

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OSA USE ONLY							
Entity Wide:		General Fund		Governmental Funds		Notes	
Unrestricted Cash & Investments	\$	17,868 Unrestricted Fund Balar	\$	- Total Tax Revenue	\$	303,076	
Current Liabilities	\$	19,540 Total Fund Balance	\$	- Revenue Paying Debt Service	\$	-	
Deferred Inflow	\$	907,931 PY Fund Balance	\$	- Total Revenue	\$	304,003	
		Total Revenue	\$	304,003 Total Debt Service Principal	\$	-	
		Total Expenditures	\$	304,003 Total Debt Service Interest	\$	_	
Governmental		Interfund In	\$				
Total Cash & Investments	\$	17,868 Interfund Out	\$	- Enterprise Funds			
Transfers In	\$	- Proprietary		Net Position	\$	-	
Transfers Out	\$	- Current Assets	\$	- PY Net Position	\$	_	
Property Tax	\$	283,833 Deferred Outflow	\$	- Government-Wide			
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$		
Total Expenditures	\$	304,003 Deferred Inflow	\$	- Authorized but Unissued	\$	54,405,000,000	
Total Developer Advances	\$	- Cash & Investments	\$	- Year Authorized		11/02/04 and 11/08/16	
Total Developer Repayments	\$	- Principal Expense	\$				

#### 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?	Ø	

#### 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.

I, Michael Sheldon, attest that I am a duly elected or appointed board member, and that I have proposed to the spirit of the spi	
I, Carla Ferreira , attest that I am a duly elected or appointed board member, and that I have personal this application for exemption from audit.	ersonally reviewed and approve
My term Expires: May 2023	
Full Name I, Dr. William Carter Westmoreland , attest that I am a duly elected or appointed board member,	er, and that I have personally
3 Dr. William Carter Westmoreland Signed Wy term Expression application for exemption from audit 3/8/2023 Date:	
Full Name I, Cindy Shearon , attest that I am a duly elected or appointed board member, and that I have pe	personally reviewed and approve
this approach of the process of the same and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Full Name  I, Nicholas English , attest that I am a duly elected or appointed board member, and that I have I	e personally reviewed and
approve this application for exemption from audit.  Signed	
Full Name I,, attest that I am a duly elected or appointed boar	ard member, and that I have
personally reviewed and approve this application for exemption from audit.  Signed	
Full Name I,, attest that I am a duly elected or appointed boar	ard member, and that I have
personally reviewed and approve this application for exemption from audit.  Signed Date:  My term Expires:	



CliftonLarsonAllen LLP 8390 East Crescent Pkwy., Suite 300 Greenwood Village, CO 80111

phone 303-779-5710 fax 303-779-0348 **CLAconnect.com** 

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

Board of Directors The Aurora Highlands Metropolitan District No. 1 Adams County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of The Aurora Highlands Metropolitan District No. 1 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 The Aurora Highlands Metropolitan District No. 1.

Greenwood Village, Colorado

Clifton Larson allen LA

February 24, 2023

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Dr. William Carter Westmoreland

westmorelandwc@yahoo.com

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Dr. William Carter Westmoreland

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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/6/2023 11:45:06 AM
Envelope Updated	Security Checked	3/8/2023 9:32:52 AM
Envelope Updated	Security Checked	3/8/2023 9:32:52 AM
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