**EMAIL** 

## **APPLICATION FOR EXEMPTION FROM AUDIT**

### SHORT FORM

NAME OF GOVERNMENT
ADDRESS

8390 East Crescent Parkway
Suite 300
Greenwood Village, CO 80111-2814

CONTACT PERSON
PHONE

Timnath Lakes Metropolitan District No. 2
Susterment Sustained Su

jason.carroll@claconnect.com

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: Jason Carroll

TITLE Accountant for the District

FIRM NAME (if applicable) CliftonLarsonAllen LLP

ADDRESS 8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814

PHONE 303-779-5710

000 110 0110			
PREPARER (SIGNATURE REQUIRED)			ATE PREPARED
SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT	3/20/2024		
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNI (MODIFIED ACC		PROPRIETARY (CASH OR BUDGETARY BASIS)

## **PART 2 - REVENUE**

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

Line#		Description	Round to nearest Dollar	Please use this
2-1	Taxes: Proper	(report mills levied in Question 10-6)	\$ 182	space to provide
2-2	Specifi	c ownership	\$ 146	any necessary
2-3	Sales a	nd use	\$ -	explanations
2-4	Other (	specify): TIF	\$ 1,803	
2-5	Licenses and permits		\$ -	
2-6	Intergovernmental:	Grants	\$ -	1
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		\$ -	1
2-12	Special assessments		\$ -	1
2-13	Investment income		\$ 9	1
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 receive	ed (should agree with line 4-4)	\$ -	1
2-18	Proceeds from sale of capit	al assets	\$ -	1
2-19	Fire and police pension		\$ -	1
2-20	Donations		\$ -	1
2-21	Other (specify):		\$ -	]
2-22			\$ -	]
2-23			\$ -	
2-24		(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 2,140	

## **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

	interest payments on long-term debt. Financial information will not include fund equity information.				
Line#	Description		Round to nearest Dollar	Please use this	
3-1	Administrative		\$	4 space to provide	
3-2	Salaries		\$ -	any necessary	
3-3	Payroll taxes		\$ -	explanations	
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	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 (s	hould 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	Intergovernmental		\$ 2,13	6	
3-25			\$ -		
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDI	TURES/EXPENSES	\$ 2,14	.0	

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

	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt?	de e de de			J
4.0	If Yes, please attach a copy of the entity's Debt Repayment So				
4-2	Is the debt repayment schedule attached? If no, MUST explai	n below:			✓
	N/A				
4-3	Is the entity current in its debt service payments? If no, MUS7	explain below:			✓
	N/A				
4-4					
7-7	Please complete the following debt schedule, if applicable:	Outstanding at	Issued during	Retired during	Outstanding at
	(please only include principal amounts)(enter all amount as positive	end of prior year*	year	year	year-end
	numbers)		<b>,</b>	,	,
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]				
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	- \$	\$ -
**Subscrip	tion Based Information Technology Arrangements	*Must agree to prio	r year-end balance	<b>;</b>	
	Please answer the following questions by marking the appropriate boxes			Yes	No
4-5	Does the entity have any authorized, but unissued, debt?			. 🗸	
If yes:	How much?	\$ 3	67,000,000.00		
	Date the debt was authorized:	5/2/2	006		
4-6	Does the entity intend to issue debt within the next calendar	vear?		· 🗆	✓
If yes:	How much?	\$	_	1	
4-7	Does the entity have debt that has been refinanced that it is s	till roenoneiblo	for?		<b>V</b>
			-	1	
If yes:		\$	-		
4-8	Does the entity have any lease agreements? What is being leased?			1	✓
If yes:	What is the original date of the lease?				
	Number of years of lease?				
	Is the lease subject to annual appropriation?			ı 🗆	<b>~</b>
	What are the annual lease payments?	\$		1	
	Part 4 - Please use this space to provide any explanations/con			if	no o do d
	Fait 4 - Flease use this space to provide any explanations/con	illients of attact	i Separate doc	umentation, ii	neeueu
	PART 5 - CASH AND	INVESTM	IENTS		
	Please provide the entity's cash deposit and investment balances.			Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts			\$ -	rotar
5-2	Certificates of deposit				-
J-Z	<u> </u>			\$ -	<u>+</u>
	Total Cash Deposits				\$ -
	Investments (if investment is a mutual fund, please list underlying	investments):			
	CSAFE			\$ 311	7
				\$ -	1
5-3				\$ -	$\dashv$
				\$ -	-
	Total Investments			- Ψ	\$ 311
	Total Investments				
	Total Cash and Investments				\$ 311
	Please answer the following questions by marking in the appropri		Yes	No	N/A
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 Protect	ion Act) public			
- •	depository (Section 11-10.5-101, et seq. C.R.S.)?	, p			<b>✓</b>
10					
If no, MU	JST use this space to provide any explanations:				

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

	PART 6 - CAPITAL AND RI	GH	T-TO-L	ISI	ASSE	TS_			
	Please answer the following questions by marking in the appropriate box					Yes			No
6-1	Does the entity have capital assets?							[	<b>√</b>
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ts in	accordance	with	Section			[	<b>√</b>
	N/A								
6-3	Complete the following capital & right-to-use assets table:		Balance - linning of the year*		itions (Must included in Part 3)	Deletio	ns		r-End ance
	Land	\$	-	\$	<u> </u>	\$	-	\$	-
	Buildings	\$	-	\$	-	\$	-	\$	-
	Machinery and equipment	\$	-	\$	-	\$	-	\$	-
	Furniture and fixtures	\$	-	\$	-	\$	-	\$	-
	Infrastructure	\$	-	\$	-	\$	-	\$	-
	Construction In Progress (CIP) Leased & SBITA Right-to-Use Assets	\$	-	\$	-	\$	-	\$	-
	Other (explain):	\$		\$		\$		<u>φ</u> \$	-
	Accumulated Depreciation/Amortization							Ψ	
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
	Part 6 - Please use this space to provide any explanation		st tie to prior ye nments or a				eede	d:	
	PART 7 - PENSION	IN	ORMA	TI	NC				
	Please answer the following questions by marking in the appropriate box					Yes		1	No
7-1	Does the entity have an "old hire" firefighters' pension plan?							[·	7
7-2	Does the entity have a volunteer firefighters' pension plan?								/
If yes:	Who administers the plan?								
	Indicate the contributions from:								
	Tax (property, SO, sales, etc.):			\$	_				
	State contribution amount:			\$	-				
	Other (gifts, donations, etc.):			\$	-				
	TOTAL			\$	-				
	What is the monthly benefit paid for 20 years of service per r 1?	etire	e as of Jan	\$	-				
	Part 7 - Please use this space to provide	any o	explanation	s or	comments	 			
			•						
	PART 8 - BUDGET	INF	ORMA	TIC	)N				
	PART 8 - BUDGET  Please answer the following questions by marking in the appropriate box		ORMA	TIC	ON Yes	No		١	N/A
8-1		ces.		TIC				1	_
8-1 8-2	Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for	ces. r the c	current year	TIC	Yes	No			]
8-2	Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:  Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	r the c	current year	<b>TIC</b>	Yes	No			]
8-2	Please answer the following questions by marking in the appropriate both Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:  Did the entity pass an appropriations resolution, in accordance	r the conce w	current year		Yes	No			]

\$

General Fund

8,500

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAE	OR)	
	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. M	UST 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?		<b>V</b>
If yes:	Date of formation:	] _	_
10-2	Has the entity changed its name in the past or current year?		<b>✓</b>
If yes:	Please list the NEW name & PRIOR name:	1	
10-3	Is the entity a metropolitan district?		
	Please indicate what services the entity provides:  See below	1	
10-4	Does the entity have an agreement with another government to provide services?	<b>.</b>	
If yes:	List the name of the other governmental entity and the services provided:  See below	] _	
<b>10-5</b> If yes:	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed:	]	<b>V</b>
,			
<b>10-6</b> If yes:	Does the entity have a certified Mill Levy?	lacktriangle	
,	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills General/Other mills		25.300
	Total mills	No	25.300 N/A
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has	NO	N/A
10-7	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:

10-3: District provides for the design, acquisition, construction, installation and financing of street, park, water, sanitation, mosquito control and safety protection.

10-4: The District operations in connection with Timnath Lakes Metro District No. 1, 3, 4, 5 and 6. Districts 1 through 5 are the financing Districts and District 6 is the operating District.

	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?	<b>/</b>	

# 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 th	e names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name Theodore Antenucci	ITheodore Antenucci, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed  Date:
Board Mombor	Print Board Member's Name	My term Expires:May 2027  IRobert Bol, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 2		Signed Poly Poly Poly Poly Poly Poly Poly Poly
Board	Print Board Member's Name	IJanis Emmanuel, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 3	Janis Emanuel	Signed Janus & Manual Date:  Date:
Board Member 4	Print Board Member's Name	I
Board Member 5	Print Board Member's Name	I
Board Member 6	Print Board Member's Name	I
Board Member 7	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed  Date:



CliftonLarsonAllen LLP 8390 East Crescent Parkway, Suite 300 Greenwood Village, CO 80111 phone 303-779-5710 fax 303-779-0348 claconnect.com

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

Board of Directors Timnath Lakes Metropolitan District No. 2 Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Timnath Lakes Metropolitan District No. 2 as of and for the year ended December 31, 2023, 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 Timnath Lakes Metropolitan District No. 2.

Greenwood Village, Colorado

Clifton Larson allen LLF

March 20, 2024