

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT The Greens Metropolitan District
ADDRESS 720 S Colorado Blvd, Suite 940N
Denver, CO 80246

For the Year Ended
12/31/16
or fiscal year ended:

1077.02

CONTACT PERSON John Will
PHONE (303)399-9804
EMAIL john@mspcompanies.com
FAX (303)399-3631

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: Cathy Fromm
TITLE CPA
FIRM NAME (If applicable) Special District Solutions LLC
ADDRESS 9250 E Costilla Ave #660, Greenwood Village, CO 80112
PHONE (303)662-1999
DATE PREPARED
(Must be prepared prior to Board approval) 16-Mar-17

PREPARER (SIGNATURE REQUIRED)

Cathy Fromm

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)



PROPRIETARY
(CASH OR BUDGETARY BASIS)



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RECEIVED

By Justin L. Smith at 11:44 am, Mar 29, 2017

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 | Ta Property | \$ | 12,385 | Please use this space to provide any necessary explanations |
| 2-2 | Specific ownership | \$ | 703 | |
| 2-3 | Sales and use | \$ | - | |
| 2-4 | Other (specify): | \$ | - | |
| 2-5 | Licenses and permits | \$ | - | |
| 2-6 | Intergovernment Grants | \$ | - | |
| 2-7 | Conservation Trust Funds (Lottery) | \$ | - | |
| 2-8 | Highway Users Tax Funds (HUTF) | \$ | - | |
| 2-9 | Other (specify): | \$ | - | |
| 2-10 | Charges for services | \$ | - | |
| 2-11 | Fines and forfeits | \$ | - | |
| 2-12 | Special assessments | \$ | - | |
| 2-13 | Investment Income | \$ | - | |
| 2-14 | Charges for utility services | \$ | - | |
| 2-15 | Debt proceeds | \$ | - | |
| | (should agree with line 4-4, column 2) | | | |
| 2-16 | Lease proceeds | \$ | - | |
| 2-17 | Developer Advances received | \$ | - | |
| | (should agree with line 4-4) | | | |
| 2-18 | Proceeds from sale of capital assets | \$ | - | |
| 2-19 | Fire and police pension | \$ | - | |
| 2-20 | Donations | \$ | - | |
| 2-21 | Other (specify): | \$ | - | |
| 2-22 | | \$ | - | |
| 2-23 | | \$ | - | |
| 2-24 | (add lines 2-1 through 2-23) TOTAL REVENUE | \$ | 13,068 | |

PART 3 - EXPENDITURES

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

| Line# | Description | | Round to nearest Dollar | Please use this space to provide any necessary explanations |
|-------|---|----|-------------------------|---|
| 3-1 | Administrative | \$ | 1,851 | 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 | \$ | 2,017 | |
| 3-7 | Accounting and legal fees | \$ | 14,275 | |
| 3-8 | Repair and maintenance | \$ | - | |
| 3-9 | Supplies | \$ | - | |
| 3-10 | Utilities and telephone | \$ | - | |
| 3-11 | Fire/Police | \$ | - | |
| 3-12 | Streets and highways | \$ | - | |
| 3-13 | Public health | \$ | - | |
| 3-14 | Culture and recreation | \$ | - | |
| 3-15 | Utility operations | \$ | - | |
| 3-16 | Capital outlay | \$ | - | |
| 3-17 | Debt service principal | \$ | - | |
| | (should agree with Part 4) | | | |
| 3-18 | Debt service interest | \$ | - | |
| 3-19 | Repayment of Developer Advance Principal | \$ | - | |
| | (should agree with line 4-4) | | | |
| 3-20 | Repayment of Developer Advance Interest | \$ | - | |
| 3-21 | Contribution to pension plan | \$ | - | |
| | (should agree to line 7-2) | | | |
| 3-22 | Contribution to Fire & Police Pension Assoc. | \$ | - | |
| | (should agree to line 7-2) | | | |
| 3-23 | Other (specify): | \$ | - | |
| 3-24 | | \$ | - | |
| 3-25 | | \$ | - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES | \$ | 18,143 | |

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 6 - CAPITAL 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 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 | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation (Please enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

Please use this space to provide any explanations or comments:

PART 7 - PENSION INFORMATION

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

Yes

No

7-1 Does the entity have an "old hire" firemen's pension plan? 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.): | \$ - |
| TOTAL | \$ - |

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

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.? Yes No N/A
If no, MUST explain:

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 appropriated for each fund for the year reported.

| Fund Name | Budgeted Expenditures |
|------------------|-----------------------|
| General Fund | \$ 21,817 |
| Contractual Fund | \$ 1,238 |

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)]? Yes No

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? Yes No

If yes: Date of formation:

- 10-2** Has the entity changed its name in the past or current year? Yes No

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

- 10-3** Is the entity a metropolitan district? Yes No

Please indicate what services the entity provides:

- 10-4** Does the entity have an agreement with another government to provide services? Yes No

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 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:

Please use this space to provide any explanations or comments:

PART 11 - GOVERNING BODY APPROVAL

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government. Governing board members also by signing the board 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 expenditures of \$100,000 or less must have an application prepared by a person skilled in governmental accounting, completed to the best of their knowledge and is accurate and true. Use additional pages if necessary.

| | Print the names of ALL current governing board members below. | A MAJORITY of the governing board members must complete and sign in the color |
|-------------------|---|--|
| Board Member 1 | Print Board Member's Name Marcus Palkowitsh | I <u>Marcus Palkowitsh</u> , 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: <u>[Signature]</u> Date: <u>3/21/17</u> My term Expires: <u>May 2020</u> |
| Board Member 2 | Print Board Member's Name Chad Rodriguez | I <u>Chad Rodriguez</u> , 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: <u>[Signature]</u> Date: <u>3/24/17</u> My term Expires: <u>May 2020</u> |
| Board Member 3 | Print Board Member's Name John Will | I <u>John Will</u> , 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: <u>[Signature]</u> Date: <u>3/17/17</u> My term Expires: <u>May 2020</u> |
| Board Member 4 | Print Board Member's Name Eugene Coppola | 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: _____ My term Expires: _____ |
| Board Member 5 | Print Board Member's Name Thomas Ashburn | 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: _____ 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. Signed: _____ Date: _____ 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. Signed: _____ Date: _____ My term Expires: _____ |

**Original Signatures
Verified by**

Justin L. Smith

