

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

| |
|---------------------------------------|
| Appletree Metropolitan District No. 2 |
| c/o SpencerFane LLP |
| 1700 Lincoln Street, Suite 2000 |
| Denver, CO 80203 |
| Russell W. Dykstra |
| 303-839-3800 |
| rdykstra@spencerfane.com |
| 303-839-3838 |

For the Year Ended
12/31/20
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL
FAX

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
DATE PREPARED

| |
|---|
| Stephanie Net |
| Paralegal |
| SpencerFane LLP |
| 1700 Lincoln Street, Suite 2000, Denver, CO 80203 |
| 303-839-3712 |
| 23-Mar-21 |

PREPARER (SIGNATURE REQUIRED)

Stephanie Net

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

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)

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 space to provide any necessary explanations |
|-------|--|-------------------------|---|
| 2-1 | Taxes: Property (report mills levied in Question 10-6) | \$ - | |
| 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) | \$ - | |
| 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 | \$ - | |

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 | \$ - | |
| 3-2 | Salaries | \$ - | |
| 3-3 | Payroll taxes | \$ - | |
| 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 (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): May 5, 2020 Election | \$ - | |
| 3-24 | | \$ - | |
| 3-25 | | \$ - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES | \$ - | |

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? If Yes, please attach a copy of the entity's Debt Repayment Schedule. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-2 Is the debt repayment schedule attached? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-3 Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) | Outstanding at end of prior year* | Issued during year |
| General obligation bonds | \$ - | \$ - |
| Revenue bonds | \$ - | \$ - |
| Notes/Loans | \$ - | \$ - |
| Leases | \$ - | \$ - |
| Developer Advances | \$ - | \$ - |
| Other (specify): | \$ - | \$ - |
| TOTAL | \$ - | \$ - |

*must tie to prior year ending balance

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Date the debt was authorized: | \$ 6,000,000.00 | 11/7/2006 |
| 4-6 Does the entity intend to issue debt within the next calendar year? 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? If yes: What is the amount outstanding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-8 Does the entity have any lease agreements? If yes: 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please use this space to provide any explanations or comments:

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 | \$ - | |
| Total Cash Deposits | | \$ - |
| Investments (if investment is a mutual fund, please list underlying investments): | | |
| | \$ - | |
| | \$ - | |
| 5-3 | \$ - | |
| | \$ - | |
| Total Investments | | \$ - |
| Total Cash and Investments | | \$ - |

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 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

| 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 | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation | \$ - | \$ - | \$ - | \$ - |
| 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

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
-
- 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:

| Fund Name | Budgeted Expenditures/Expenses |
|--------------|--------------------------------|
| General 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?

10-1

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:

Authorized to provide all service pursuant to Sec. 32-1-101, et seq., C.R.S.

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

| | |
|--|---|
| | - |
|--|---|

Please use this space to provide any explanations or comments:

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. Print Board Member's Name | | A MAJORITY of the members of the governing body must complete and sign in the column below. |
|--|--|---|
| Board Member 1 | | I <u>Joy Caledona</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 _____ Date: <u>04/11/2001</u> My term Expires: _____ |
| Board Member 2 | | I <u>James Morley</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 _____ Date: <u>03/30/2021</u> My term Expires: _____ |
| Board Member 3 | | I <u>Mark Morley</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>Mark Morley</u> Date: <u>03/24/2021</u> My term Expires: _____ |
| Board Member 4 | | 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 | | 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 | | 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 | | 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: _____ |



REFERENCE NUMBER
AF65B381-A6A6-4ED6-949F-0EA72940B078

SIGNATURE CERTIFICATE

TRANSACTION DETAILS **DOCUMENT DETAILS**

Reference Number
AF65B381-A6A6-4ED6-949F-0EA72940B078

Transaction Type
Signature Request

Sent At
03/24/2021 16:32 EDT

Executed At
03/30/2021 11:29 EDT

Identity Method
email

Distribution Method
email

Signed Checksum
2fc08ee7f1536096409895bead6ea122be994d89b1bf818c41ce4909fe58d1b9

Signer Sequencing
Disabled

Document Passcode
Disabled

Document Name
Amd2 - 2020 Short Form 3 31 21

Filename
amd2_-_2020_short_form_3_31_21.pdf

Pages
7 pages

Content Type
application/pdf

File Size
119 KB

Original Checksum
fa1a54ccc017eb1c1ce8d6c15ee2bf719550b4f364b02f4082cc904548559f518

SIGNERS

SIGNER **E-SIGNATURE** **EVENTS**

Name
James Morley

Email
jmorley3870@aol.com

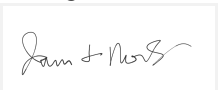
Components
2

Status
signed

Multi-factor Digital Fingerprint Checksum
491f57e40bdaf40d4820779f15014b9fde0204b34354f95705cc28c0611a4145

IP Address
98.38.108.249

Device
Mobile Safari via iOS

Drawn Signature


Signature Reference ID
DC64C82C

Signature Biometric Count
224

Viewed At
03/30/2021 11:28 EDT

Identity Authenticated At
03/30/2021 11:29 EDT

Signed At
03/30/2021 11:29 EDT

Name
Joy Caledona

Email
joy@proformaland.com


Components
2

Status
signed

Multi-factor Digital Fingerprint Checksum
b34dcaebdae032d22d8617971f448802b810e3c39f73d34aec57b433f013cf33

IP Address
174.51.176.139

Device
Chrome via Windows

Drawn Signature


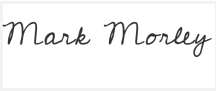
Signature Reference ID
6BF72421

Signature Biometric Count
191

Viewed At
03/24/2021 17:18 EDT

Identity Authenticated At
03/24/2021 17:22 EDT

Signed At
03/24/2021 17:22 EDT

| SIGNER | E-SIGNATURE | EVENTS |
|--|--|--|
| Name Mark Morley Email markmorley20@aol.com Components 2 | Status signed Multi-factor Digital Fingerprint Checksum <small>9a88672fbcdd0b6b39f9a94f0f34f86c9854a68a073ea69dec9fb2ac7e37a056d</small> IP Address 98.38.108.249 Device Chrome via Windows Typed Signature  Signature Reference ID 6D7B6CFD | Viewed At 03/24/2021 16:39 EDT Identity Authenticated At 03/24/2021 16:43 EDT Signed At 03/24/2021 16:43 EDT |

AUDITS

| TIMESTAMP | AUDIT |
|----------------------|---|
| 03/24/2021 16:32 EDT | Special Districts (specialdistricts@spencerfane.com) created document 'amd2_-_2020_short_form_3_31_21.pdf' on Chrome via Windows from 73.153.239.217. |
| 03/24/2021 16:32 EDT | James Morley (jmorley3870@aol.com) was emailed a link to sign. |
| 03/24/2021 16:32 EDT | Mark Morley (markmorley20@aol.com) was emailed a link to sign. |
| 03/24/2021 16:32 EDT | Joy Caledona (joy@proformaland.com) was emailed a link to sign. |
| 03/24/2021 16:39 EDT | Mark Morley (markmorley20@aol.com) viewed the document on Chrome via Windows from 98.38.108.249. |
| 03/24/2021 16:43 EDT | Mark Morley (markmorley20@aol.com) authenticated via email on Chrome via Windows from 98.38.108.249. |
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| 03/26/2021 15:17 EDT | James Morley (jmorley3870@aol.com) was emailed a reminder. |
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| 03/29/2021 01:22 EDT | James Morley (jmorley3870@aol.com) was emailed a reminder. |
| 03/29/2021 13:12 EDT | James Morley (jmorley3870@aol.com) was emailed a reminder. |
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