

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS

Independence Metropolitan District #2
c/o Special District Solutions, Inc.
2370 Antelope Ridge Trl
Parker, CO 80138
Kurt Schlegel
303-662-1999
kurt@specialdistrictsolutions.com
N/A

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**

Lori A Cardenas
District Accountant
Autumn Accounting, LLC
5650 Greenwood Plaza Blvd, Suite 140 Greenwood Village, CO 80111
303-928-4142
3/6/21

PREPARER (SIGNATURE REQUIRED)

DocuSigned by:
Lori Cardenas
C24B5DACE4E249A

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	
2-1	Taxes: Property (report mills levied in Question 10-6)	\$	1
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)	\$	5,000
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	\$	5,001

Please use this space to provide any necessary explanations

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	
3-1	Administrative	\$	4,009
3-2	Salaries	\$	-
3-3	Payroll taxes	\$	-
3-4	Contract services	\$	-
3-5	Employee benefits	\$	-
3-6	Insurance	\$	250
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): Debt Service Payment	\$	1
3-24	Dues & Subscriptions	\$	284
3-25	Information Technology	\$	225
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES	\$	4,769

Please use this space to provide any necessary explanations

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; padding: 2px; margin-top: 5px;">N/A</div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
4-3 Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">N/A</div>	<input type="checkbox"/>	<input checked="" 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		
	Retired during year	Outstanding at year-end		
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ 8,500	\$ 5,000	\$ -	\$ 13,500
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 8,500	\$ 5,000	\$ -	\$ 13,500

*must tie to prior year ending balance

	Yes	No
4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? \$ 41,480,000.00 Date the debt was authorized: 9/17/17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	\$ 15		
5-2 Certificates of deposit	\$ -		
Total Cash Deposits			\$ 15
Investments (if investment is a mutual fund, please list underlying investments):			
	\$ -		
	\$ -		
	\$ -		
	\$ -		
Total Investments			\$ -
Total Cash and Investments			\$ 15

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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

N/A

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	\$ -	\$ -	\$ -	\$ -
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 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
-
- 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	\$ 39,101
Debt Service Fund	\$ 2

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)]?
<small>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.</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Date of formation: <input style="width: 450px; height: 15px;" type="text"/> | | |
| 10-2 | Has the entity changed its name in the past or current year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Please list the NEW name & PRIOR name:
<input style="width: 600px; height: 15px;" type="text"/> | | |
| 10-3 | Is the entity a metropolitan district? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Please indicate what services the entity provides:
<input style="width: 600px; height: 15px;" type="text"/> | | |
| 10-4 | Does the entity have an agreement with another government to provide services? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | List the name of the other governmental entity and the services provided:
<input style="width: 600px; height: 15px;" type="text"/> | | |
| 10-5 | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during the year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | Date Filed: <input style="width: 450px; height: 15px;" type="text"/> | | |
| 10-6 | Does the entity have a certified Mill Levy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes: | Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | |

Bond Redemption mills	60.805
General/Other mills	11.055
Total mills	71.860

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?

**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 complete and sign in the column below.
Board Member 1	Print Board Member's Name Timothy Craft	I Timothy Craft , 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>Timothy Craft</u> Date: <u>3/30/2021</u> My term Expires: <u>May 2022</u>
Board Member 2	Print Board Member's Name Jeff Keeley	I Jeff Keeley , 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>Jeff Keeley</u> Date: <u>3/30/2021</u> My term Expires: <u>May 2022</u>
Board Member 3	Print Board Member's Name Randy Roberts	I Randy Roberts , 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>Randy Roberts</u> Date: <u>3/29/2021</u> My term Expires: <u>May 2023</u>
Board Member 4	Print Board Member's Name Jim Yates	I Jim Yates , 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>Jim Yates</u> Date: <u>3/29/2021</u> My term Expires: <u>May 2022</u>
Board Member 5	Print Board Member's Name 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. Signed: <u>Charles Foster</u> Date: <u>3/29/2021</u> My term Expires: <u>May 2023</u>
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: _____

**RESOLUTION OF THE BOARD OF DIRECTORS OF
INDEPENDENCE METROPOLITAN DISTRICT NO. 2
REGARDING AN AUDIT EXEMPTION FOR FISCAL YEAR 2020**

WHEREAS, the Independence Metropolitan District No. 2 (the "District") was created pursuant to and in accordance with the provisions of §§ 32-1-101, *et seq.*, C.R.S.; and

WHEREAS, pursuant to § 29-1-603(1), C.R.S., the governing body of each local government in the State of Colorado shall cause to be made an annual audit of the financial statements of the local government for each fiscal year; and

WHEREAS, pursuant to § 29-1-604(1), C.R.S., any local government where neither revenues nor expenditures exceed One Hundred Thousand Dollars (\$100,000) in any fiscal year commencing on or after January 1, 1998, may, with the approval of the State Auditor, be exempt from the provisions of the Colorado Local Government Audit Law, §§ 29-1-601, *et seq.*, C.R.S.; and

WHEREAS, pursuant to § 29-1-604(2)(a), C.R.S., any local government where revenues or expenditures for any fiscal year commencing on or after January 1, 2004, but prior to January 1, 2015, are least One Hundred Thousand Dollars (\$100,000) but not more than Five Hundred Thousand Dollars (\$500,000), may, with the approval of the State Auditor, be exempt from the provisions of the Colorado Local Government Audit Law, §§ 29-1-601, *et seq.*, C.R.S.; and

WHEREAS, pursuant to § 29-1-604(2)(b), C.R.S., any local government where revenues or expenditures for any fiscal year commencing on or after January 1, 2015, are least One Hundred Thousand Dollars (\$100,000) but not more than Seven Hundred and Fifty Thousand Dollars (\$750,000), may, with the approval of the State Auditor, be exempt from the provisions of the Colorado Local Government Audit Law, §§ 29-1-601, *et seq.*, C.R.S.; and

WHEREAS, in fiscal year 2020, neither the District's revenues nor expenditures exceeded One Hundred Thousand Dollars (\$100,000); and

WHEREAS, the District desires to apply for an exemption from the provisions of the Colorado Local Government Audit Law and desires legal counsel to engage a person skilled in governmental accounting to apply for this exemption.

NOW, THEREFORE, BE IT RESOLVED THAT:

The District hereby authorizes and directs legal counsel to engage the services of a person skilled in governmental accounting to apply for and obtain an exemption from the State Auditor from the provisions of the Colorado Local Government Audit Law for 2020, at the least cost possible.

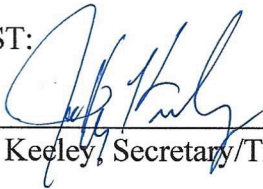
APPROVED AND ADOPTED NOVEMBER 18, 2020.

INDEPENDENCE METROPOLITAN
DISTRICT NO. 2



Timothy Craft, President

ATTEST:



Jeffrey Keeley, Secretary/Treasurer

Certificate Of Completion

Envelope Id: A1C8D51B4A37480FA34FF6DB3AD23CE0	Status: Completed
Subject: Please DocuSign: Independence #2_2020 Audit Exemption Application.pdf, Independence #4_2020 Aud...	
Source Envelope:	
Document Pages: 21	Signatures: 18
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Kurt Schlegel
Time Zone: (UTC-07:00) Mountain Time (US & Canada)	2370 Antelope Ridge Trail
	Parker, CO 80138
	kurt@specialdistrictsolutions.com
	IP Address: 72.42.78.249


Record Tracking

Status: Original	Holder: Kurt Schlegel	Location: DocuSign
3/29/2021 2:27:19 PM	kurt@specialdistrictsolutions.com	

Signer Events

Charles Foster
 Cfosltd@aol.com
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 3E38ADE208AE48E...
 Signature Adoption: Pre-selected Style
 Using IP Address: 73.153.244.89

Timestamp

Sent: 3/29/2021 2:37:27 PM
 Viewed: 3/29/2021 2:43:19 PM
 Signed: 3/29/2021 2:44:52 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Jeff Keeley
 jeff@independencedistricts.com
 Security Level: Email, Account Authentication (None)

DocuSigned by:

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 Signature Adoption: Drawn on Device
 Using IP Address: 107.77.232.95
 Signed using mobile

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 Signed: 3/30/2021 12:38:11 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Jim Yates
 Jim@craftcompaniesllc.com
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 91EFBCD306F8403...
 Signature Adoption: Drawn on Device
 Using IP Address: 184.96.11.173
 Signed using mobile

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 Signed: 3/29/2021 6:35:33 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Lori Cardenas
 lori@specialdistrictsolutions.com
 Security Level: Email, Account Authentication (None)


DocuSigned by:

 C24B5DACE4F249A...
 Signature Adoption: Pre-selected Style
 Using IP Address: 184.96.195.39


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 Signed: 3/29/2021 2:47:08 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

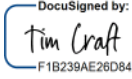
Signer Events	Signature	Timestamp
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<p>Randay Roberts randy.roberts@triplepeakventures.com Security Level: Email, Account Authentication (None)</p>	<p>DocuSigned by:  8B8BB368A41E4AA...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 73.181.107.166</p>	<p>Sent: 3/29/2021 2:37:26 PM Viewed: 3/29/2021 3:05:49 PM Signed: 3/29/2021 3:06:21 PM</p>
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Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

<p>Sue Blair sblair@crsofcolorado.com Security Level: Email, Account Authentication (None)</p>	<p>DocuSigned by:  2EE89ED6300D4EC...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 184.96.176.213 Signed using mobile</p>	<p>Sent: 3/29/2021 2:37:27 PM Resent: 3/30/2021 1:13:57 PM Viewed: 3/30/2021 2:23:36 PM Signed: 3/30/2021 2:24:24 PM</p>
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Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

<p>Tim Craft tim@independencedistricts.com Security Level: Email, Account Authentication (None)</p>	<p>DocuSigned by:  F1B239AE26D84A0...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 73.229.7.229</p>	<p>Sent: 3/29/2021 2:37:26 PM Resent: 3/30/2021 1:13:58 PM Viewed: 3/30/2021 1:56:19 PM Signed: 3/30/2021 1:57:07 PM</p>
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Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	3/30/2021 1:56:19 PM
Signing Complete	Security Checked	3/30/2021 1:57:07 PM
Completed	Security Checked	3/30/2021 2:24:24 PM

Payment Events	Status	Timestamps
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