

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

| | | |
|----------------------------|--|---|
| NAME OF GOVERNMENT ADDRESS | 4201 Arkansas Metropolitan District No. 2 2145 S. Commons Avenue, Suite 2000 Cenennial, CO 80122 | For the Year Ended 12/31/24 or fiscal year ended: |
| CONTACT PERSON | Blair Dickhoner | |
| PHONE | 303-858-1800 | |
| EMAIL | bdickhoner@wbapc.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: | Dawn A. Schilling |
| TITLE | District Accountant |
| FIRM NAME (if applicable) | Schilling & Company, Inc. |
| ADDRESS | P.O. Box 631579, Highlands Ranch, CO 80163 |
| PHONE | 720-348-1086 |

| PREPARER <u>(SIGNATURE REQUIRED)</u> | DATE PREPARED <small>(No exemption shall be granted prior to the close of said fiscal year)</small> | | | | |
|--|--|---|---|-------------------------------------|--------------------------|
| <i>See Accountant's Compilation Report</i> | 3/8/2025 | | | | |
| Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small></th> <th style="width: 50%; padding: 5px;">PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small></th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table> | GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small> | PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small> | PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small> | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |

PART 2 - REVENUES

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 the nearest dollar | Please use this space to provide any necessary explanations |
|--------|--|-----------------------------|---|
| 2-1 | Taxes: Property (report mills levied in question 10-7) | \$ - | Please use this space to provide any necessary explanations |
| 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 to table 4-4, column 'Issued during year') | \$ - | |
| 2-16 | Lease proceeds | \$ - | |
| 2-17 | Developer Advances received (should agree to table 4-4, column 'Issued during year') | \$ - | |
| 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 | | \$ - | |
| 2-25 | | \$ - | |
| 2-26 | (add lines 2-1 through 2-25) TOTAL REVENUES | \$ - | |

PART 3 - EXPENDITURES/EXPENSES

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 the nearest dollar | Please use this space to provide any necessary explanations |
|--------|--|-----------------------------|---|
| 3-1 | Administrative | \$ - | 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 | \$ - | |
| 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 to table 4-4, column 'Retired during year') | \$ - | |
| 3-18 | Debt service interest | \$ - | |
| 3-19 | Repayment of Developer Advance Principal (should agree to table 4-4, column 'Retired during year') | \$ - | |
| 3-20 | Repayment of Developer Advance Interest | \$ - | |
| 3-21 | Contribution to pension plan | \$ - | |
| 3-22 | Contribution to Fire & Police Pension Assoc. | \$ - | |
| 3-23 | Other (specify): | \$ - | |
| 3-24 | | \$ - | |
| 3-25 | | \$ - | |
| 3-26 | | \$ - | |
| 3-27 | | \$ - | |
| 3-28 | (add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES | \$ - | |

If TOTAL REVENUES (Line 2-26) or TOTAL EXPENDITURES (Line 3-28) 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? <i>(If 'No' is checked, skip to question 4-5)</i> <i>(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-2 Is the debt repayment schedule attached? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; 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 below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-4 Please complete the following debt schedule, if applicable: <small>(please only include principal amounts) (enter all amounts as positive numbers)</small> | | |
| General obligation bonds | \$ - | \$ - |
| Revenue bonds | \$ - | \$ - |
| Notes/Loans | \$ - | \$ - |
| Lease & SBITA** Liabilities [GASB 87 & 96] | \$ - | \$ - |
| Developer Advances | \$ - | \$ - |
| Other (specify): | \$ - | \$ - |
| TOTAL | \$ - | \$ - |

**Subscription-Based Information Technology Arrangements

*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes.

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 4-5 Does the entity have any authorized but unissued debt as of its fiscal year-end? How much? \$ 777,480,000 Date the debt was authorized: 11/6/2018 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| NEW 4-6 Is the authorized but unissued debt further limited by the entity's most recent Service Plan? If yes: How much? \$ - Date of the most recent Service Plan: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-7 Does the entity intend to issue debt within the next calendar year? If yes: How much? \$ - | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-8 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"/> |
| 4-9 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"/> |

Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed

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 | | \$ - |
| 5-3 Investments (if investment is a mutual fund, please list underlying investments): | | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| 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"/> |

Part 5 - If no, **MUST** use this space to provide any explanations

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

Please answer the following questions by marking in the appropriate boxes. Yes No

- 6-1 Does the entity have capital assets? Yes No
(If 'No' is checked, skip the rest of Part 6)
- 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 & right-to-use assets table: | Balance - beginning of the year [*] | Additions [^] | Deletions | Year-End Balance |
|---|--|------------------------|-------------|------------------|
| Land | \$ - | \$ - | \$ - | \$ - |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Leased & SBITA Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation/Amortization <i>(Please enter a negative, or credit, balance)</i> | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

*Must agree to prior year-end balance
[^]Generally capital asset additions should be reported as capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed

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" firefighters' pension plan? Yes No
- 7-2 Does the entity have a volunteer firefighters' 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?

Part 7 - 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

District filed a budget with zero appropriations.

If yes: Please indicate the amount appropriated for each fund separately for the year reported (Please make sure each individual fund's appropriation agrees to how the budget was adopted. Do not combine funds)

| Governmental/Proprietary Fund Name | Total Appropriations By Fund |
|------------------------------------|------------------------------|
| General Fund | \$0.00 |
| | |
| | |
| | |

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 entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR.

Part 9 - If no, MUST use this space to provide any explanations

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?

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:
Please list the PRIOR name:

10-3 Is the entity a metropolitan district?

10-4 Please indicate what services the entity provides:

10-5 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:

10-6 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.]

If yes: Date filed:

10-7 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 | | <input style="width: 90%; height: 15px;" type="text" value="-"/> |
| General/other mills | | <input style="width: 90%; height: 15px;" type="text" value="-"/> |
| Total mills | | <input style="width: 90%; height: 15px;" type="text" value="-"/> |

| | | |
|-----|----|-----|
| Yes | No | N/A |
|-----|----|-----|

10-8 If the entity is a Title 32 Special District formed after 7/1/2000, has 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

| PART 11 - GOVERNING BODY APPROVAL | | |
|---|-----|----|
| Please answer the following question by marking in the appropriate box. | Yes | No |

| | | |
|---|-------------------------------------|--------------------------|
| 11-1 If you plan to submit this form electronically, have you read the Electronic Signature Policy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signature Policy and Procedure

Policy - Requirements

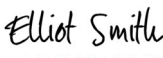

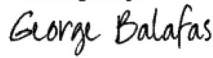

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- 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 two 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 or type the names of ALL members of current governing body below.
A MAJORITY of the members of the governing body must sign below.**

| | | |
|-----------------------|--|--|
| Board Member 1 | Board Member's Name: | Elliott Smith |
| | I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. | Signed by:  |
| | My term expires: <u>May 2027</u> | Signature <u>AC0A64E4CCF644F...</u> Date <u>3/11/2025</u> |
| Board Member 2 | Board Member's Name: | Chris Viscardi |
| | I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. | DocuSigned by:  |
| | My term expires: <u>May 2027</u> | Signature <u>2A3B586DF43F418...</u> Date <u>3/11/2025</u> |
| Board Member 3 | Board Member's Name: | George Balafas |
| | I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. | DocuSigned by:  |
| | My term expires: <u>May 2025</u> | Signature <u>A49ADC12553C46A...</u> Date <u>3/11/2025</u> |
| Board Member 4 | Board Member's Name: | Yiannis Bellis |
| | I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. | Signature _____ |
| | My term expires: <u>May 2025</u> | Date _____ |
| Board Member 5 | Board Member's Name: | Dimitrios Balafas |
| | I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. | DocuSigned by:  |
| | My term expires: <u>May 2025</u> | Signature <u>F62C0687EE8147D...</u> Date <u>3/11/2025</u> |
| Board Member 6 | Board Member's Name: | Not Applicable |
| | I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. | Signature _____ |
| | My term expires: _____ | Date _____ |
| Board Member 7 | Board Member's Name: | Not Applicable |
| | I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. | Signature _____ |
| | My term expires: _____ | Date _____ |



SCHILLING & COMPANY, INC.

Certified Public Accountants

P.O. Box 631579
HIGHLANDS RANCH, CO 80163

PHONE: 720.348.1086
FAX: 720.348.2920

Accountant's Compilation Report

Board of Directors
4201 Arkansas Metropolitan District No. 2
Denver County, Colorado

Management is responsible for the accompanying financial statements and other financial information of 4201 Arkansas Metropolitan District No. 2 as of and for the year ended December 31, 2024, included in the accompanying prescribed form (Application for Exemption from Audit). 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 AICPA. We did not audit or review the financial statements or other financial information included in the accompanying prescribed form nor were we required to perform 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 these financial statements and financial information included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the State of Colorado's Office of the State Auditor and is not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

We are not independent with respect to 4201 Arkansas Metropolitan District No. 2.

SCHILLING & COMPANY, INC.

Highlands Ranch, Colorado
March 8, 2025

Certificate Of Completion

Envelope Id: 2C803FDE-4497-4AA5-BB45-CD19D90129F5

Status: Completed

Subject: Complete with Docusign: 4201 Arkansas Metropolitan District No 1 - Exemption from Audit - 12-31...

Source Envelope:

Document Pages: 16

Signatures: 8

Envelope Originator:

Certificate Pages: 2

Initials: 0

Dawn Schilling

AutoNav: Enabled

PO Box 631579

Envelopeld Stamping: Enabled

Highlands Ranch

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Highlands Ranch, CO 80163

dawnschilling@schillingcpas.com

IP Address: 71.229.143.61

Record Tracking

Status: Original

Holder: Dawn Schilling

Location: DocuSign

3/11/2025 3:40:41 PM

dawnschilling@schillingcpas.com

Signer Events

Christopher Viscardi

cv@kentrogroup.com

Manager

Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 2A3B586DF43F418...

Signature Adoption: Pre-selected Style

Using IP Address: 23.24.149.249

Timestamp

Sent: 3/11/2025 3:47:16 PM

Viewed: 3/11/2025 3:55:52 PM

Signed: 3/11/2025 3:56:09 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Dimitrios Balafas

jb@kentrogroup.com

Manager

Security Level: Email, Account Authentication (None)

DocuSigned by:

 F62C0687EE8147D...

Signature Adoption: Pre-selected Style

Using IP Address: 73.14.202.178

Signed using mobile

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Signed: 3/11/2025 6:49:52 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

Elliot Smith

es@kentrogroup.com

VP Acquisitions

Security Level: Email, Account Authentication (None)

Signed by:

 AC0A64E4CCF644F...

Signature Adoption: Pre-selected Style

Using IP Address: 23.24.149.249

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Signed: 3/11/2025 3:47:44 PM

Electronic Record and Signature Disclosure:

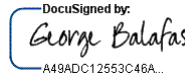
Not Offered via Docusign

George Balafas

gb@kentrogroup.com

Manager

Security Level: Email, Account Authentication (None)

DocuSigned by:

 A49ADC12553C46A...

Signature Adoption: Pre-selected Style

Using IP Address: 172.58.56.60

Signed using mobile

Sent: 3/11/2025 3:47:17 PM

Viewed: 3/11/2025 4:02:17 PM

Signed: 3/11/2025 4:02:34 PM

Electronic Record and Signature Disclosure:

Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

| Editor Delivery Events | Status | Timestamp |
|-------------------------------------|------------------|----------------------|
| Agent Delivery Events | Status | Timestamp |
| Intermediary Delivery Events | Status | Timestamp |
| Certified Delivery Events | Status | Timestamp |
| Carbon Copy Events | Status | Timestamp |
| Witness Events | Signature | Timestamp |
| Notary Events | Signature | Timestamp |
| Envelope Summary Events | Status | Timestamps |
| Envelope Sent | Hashed/Encrypted | 3/11/2025 3:47:18 PM |
| Envelope Updated | Security Checked | 3/18/2025 9:47:12 AM |
| Certified Delivered | Security Checked | 3/11/2025 4:02:17 PM |
| Signing Complete | Security Checked | 3/11/2025 4:02:34 PM |
| Completed | Security Checked | 3/18/2025 9:47:13 AM |
| Payment Events | Status | Timestamps |