

# Application for Exemption From Audit Long Form

## Instructions

**For local governments with either revenues or expenditures/expenses  
more than \$200,000 but not more than \$1,000,000**

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.), any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$1,000,000 for the year.

### Exemptions from audit are **NOT** automatic

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit **each year** and submit it to the Office of the State Auditor (OSA). Approval for an exemption from audit is granted only upon the review by the OSA.

Any preparer of an Application for Exemption from Audit — Long Form must be a person skilled in governmental accounting.

### Read **ALL** instructions before completing and submitting this form

All applications must be filed with the OSA **within 3 months** after the accounting year-end.

For example, applications must be received by the OSA on or before March 31 for governments with a December 31 year-end. Applications for exemption from audit are not eligible for an extension of time.

Governmental activity should be reported on the modified accrual basis. Proprietary activity should be reported on a cash or budgetary basis.

#### Important!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the **Modified Accrual Basis**. Proprietary Activity should be reported on the **Cash or Budgetary Basis** — a budget to GAAP reconciliation is provided in Part 3B.

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year. In that event, an audit shall be required.

### Postmark dates will not be accepted as proof of submission on or before the statutory deadline

Prior year forms are obsolete and will not be accepted.

Applications must be fully and accurately completed. Applications submitted on forms other than those prescribed by the OSA will not be accepted.

For your reference, the Colorado Revised Statutes are available through the [LexisNexis Colorado portal](#).

## Checklist

- Has the preparer signed the application prior to board approval?
- Has the entity corrected all prior year deficiencies as communicated by the OSA?
- Has the application been **personally** reviewed and approved by the governing body?
- Are all sections on the form complete, including responses to all of the questions?
- Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?

Will this application be submitted electronically?  Yes  No

- If yes, have you read and understood the Electronic Signature Policy? See policy in Part 11.

-- or --

- If yes, have you included a resolution?
  - Does the resolution state that the governing body **personally** reviewed and approved the resolution in an open public meeting?
  - Has the resolution been signed by a **majority** of the governing body? See sample resolution at the end of this form.

Will this application be submitted via a mail service (e.g., U.S. Post Office, FedEx, UPS, courier)?  Yes  No

- If yes, does the application include **original ink signatures** from the **majority** of the governing body?

### Filing Methods

#### Web Portal (recommended)

[apps.leg.co.gov/osa/lq](https://apps.leg.co.gov/osa/lq)

For faster processing, the web portal should be used for submissions.

#### Mail

##### Office of the State Auditor

Local Government Audit Division  
1375 Sherman St., 5th Floor  
Denver, CO 80261-3000

**Questions? Email:** [osa.lg@coleg.gov](mailto:osa.lg@coleg.gov) **Phone:** 303-869-3000

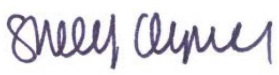
### Contact Information

For the year ended 12/31/2025 or the fiscal year ended \_\_\_\_\_.

Name of government	Morgan Hill Metropolitan District No. 2
Street address	2001 16th Street, Suite 1700
City, State, Zip	Denver, CO 80202
Contact person	Shelby Clymer
Phone	(303) 779-5710
Email	Shelby.Clymer@claconnect.com

### Certification of Preparer

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. The preparer must sign prior to board approval.

Name	Shelby Clymer	
Title	Accountant for the District	
Firm name (if applicable)	CliftonLarsonAllen LLP	
Address	2001 16th Street, Suite 1700 Denver, CO 80202	
Phone	(303) 779-5710	
Relationship to entity	Accountant for the District	
Preparer signature	Date prepared	
	January 22, 2026	

See accompanying letter at the end of this form.

Has the entity filed for, or 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.)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If yes, enter date filed		

**Part 1: Financial Statements — Balance Sheet**

**Part 1A: Governmental Funds (Modified Accrual Basis) Table**

Enter the type of each governmental fund in the fields below.

Fund A: General Fund

Fund B: \_\_\_\_\_

Fund C: \_\_\_\_\_

Fund D: \_\_\_\_\_

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
<b>Assets</b>					
1-1	Cash and Cash Equivalents	\$ 4,941			
1-2	Investments				
1-3	Receivables				
1-4	Due from Other Entities or Funds				
1-5	Property Tax Receivable	\$ 558,034			
1-6	All Other Assets:				
1-7	Lease Receivable (as Lessor)				
	Other (specify in lines 1-8 through 1-10)				
1-8					
1-9					
1-10					
1-11	<b>TOTAL ASSETS</b> (Add lines 1-1 through 1-10)	\$ 562,975	\$ 0	\$ 0	\$ 0
<b>Deferred Outflows of Resources</b> (specify in lines 1-12 and 1-13)					
1-12					
1-13					
1-14	<b>Total Deferred Outflows</b> (Add lines 1-12 through 1-13)	\$ 0	\$ 0	\$ 0	\$ 0
1-15	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b> (Add lines 1-11 and 1-14)	\$ 562,975	\$ 0	\$ 0	\$ 0

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
<b>Liabilities</b>					
1-16	Accounts Payable				
1-17	Accrued Payroll and Related Liabilities				
1-18	Unearned Revenue				
1-19	Due to Other Entities or Funds	\$ 4,941			
1-20	All Other Current Liabilities				
1-21	<b>TOTAL CURRENT LIABILITIES</b> (Add lines 1-16 through 1-20)	\$ 4,941	\$ 0	\$ 0	\$ 0
<b>All Other Liabilities</b> (specify in lines 1-22 through 1-25)					
1-22					
1-23					
1-24					
1-25					
1-26	<b>TOTAL LIABILITIES</b> (Add lines 1-21 through 1-25)	\$ 4,941	\$ 0	\$ 0	\$ 0
<b>Deferred Inflows of Resources</b>					
1-27	Deferred Property Taxes	\$ 558,034			
1-28	Lease related (as Lessor)				
1-29	<b>TOTAL DEFERRED INFLOWS</b> (Add lines 1-27 through 1-28)	\$ 558,034	\$ 0	\$ 0	\$ 0
<b>Fund Balance</b>					
1-30	Nonspendable-Prepaid				
1-31	Nonspendable-Inventory				
1-32	Restricted				
1-33	Committed				
1-34	Assigned				
1-35	Unassigned				
1-36	<b>Total Fund Balance</b> (Add lines 1-30 through 1-35. This total should be the same as line 3-34)	\$ 0	\$ 0	\$ 0	\$ 0
1-37	<b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE</b> (Add lines 1-26, 1-29, and 1-36. This total should be the same as line 1-15)	\$ 562,975	\$ 0	\$ 0	\$ 0

**Part 1B: Proprietary/Fiduciary Funds Table**

Enter the type of each proprietary/fiduciary fund in the fields below.

Fund A: \_\_\_\_\_

Fund B: \_\_\_\_\_

Fund C: \_\_\_\_\_

Fund D: \_\_\_\_\_

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
	<b>Assets</b>				
1-38	Cash and Cash Equivalents				
1-39	Investments				
1-40	Receivables				
1-41	Due from Other Entities or Funds				
	Other Current Assets (specify in line 1-42)				
1-42					
1-43	<b>Total Current Assets</b> (Add lines 1-38 through 1-42)	\$ 0	\$ 0	\$ 0	\$ 0
1-44	Capital & Right-to-Use Assets, net (from Part 6, Capital & Right-to-Use Table)				
	Other Long Term Assets (specify in lines 1-45 through 1-47)				
1-45					
1-46					
1-47					
1-48	<b>TOTAL ASSETS</b> (Add lines 1-43 through 1-47)	\$ 0	\$ 0	\$ 0	\$ 0
	<b>Deferred Outflows of Resources</b> (specify in lines 1-49 through 1-50)				
1-49					
1-50					
1-51	<b>Total Deferred Outflows</b> (Add lines 1-49 through 1-50)	\$ 0	\$ 0	\$ 0	\$ 0
1-52	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b> (Add lines 1-48 and 1-51)	\$ 0	\$ 0	\$ 0	\$ 0

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
<b>Liabilities</b>					
1-53	Accounts Payable				
1-54	Accrued Payroll and Related Liabilities				
1-55	Accrued Interest Payable				
1-56	Due to Other Entities or Funds				
1-57	All Other Current Liabilities				
1-58	<b>TOTAL CURRENT LIABILITIES</b> (Add lines 1-53 through 1-57)	\$ 0	\$ 0	\$ 0	\$ 0
1-59	Proprietary Debt Outstanding (from Part 4, Debt Schedule Table)				
Other (specify in lines 1-60 through 1-62)					
1-60					
1-61					
1-62					
1-63	<b>TOTAL LIABILITIES</b> (Add lines 1-58 through 1-62)	\$ 0	\$ 0	\$ 0	\$ 0
<b>Deferred Inflows of Resources</b>					
1-64	Pension/OPEB Related				
Other (specify in line 1-65)					
1-65					
1-66	<b>TOTAL DEFERRED INFLOWS</b> (Add lines 1-64 through 1-65)	\$ 0	\$ 0	\$ 0	\$ 0
<b>Net Position</b>					
1-67	Net Investment in Capital and Right-to-Use Assets				
1-68	Emergency Reserves				
1-69	Other Designation/Reserves				
1-70	Restricted				
1-71	Undesignated/Unreserved/Unrestricted				
1-72	<b>Total Net Position</b> (Add lines 1-67 through 1-71. This total should be the same as 3-70.)	\$ 0	\$ 0	\$ 0	\$ 0
1-73	<b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION</b> (Add lines 1-63, 1-66, and 1-72. This total should be the same as 1-52.)	\$ 0	\$ 0	\$ 0	\$ 0

**Part 1C: Comments or Additional Information**

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Please use this space to provide explanation of any item in this section (optional).

**Part 2: Financial Statements — Operating Statement — Revenues**

**Part 2A: Governmental Funds Table**

Enter the type of each governmental fund in the fields below.

Fund A: General Fund

Fund B: \_\_\_\_\_

Fund C: \_\_\_\_\_

Fund D: \_\_\_\_\_

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
<b>Tax Revenue</b>					
2-1	Property (include mills levied in question 10-12)	\$ 598,434			
2-2	Specific Ownership	\$ 24,244			
2-3	Sales and Use Tax				
Other Tax Revenue (specify in lines 2-4 through 2-6)					
2-4					
2-5					
2-6					
2-7	<b>TOTAL TAX REVENUE</b> (Add lines 2-1 through 2-6)	\$ 622,678	\$ 0	\$ 0	\$ 0
<b>Other Revenue Sources</b>					
2-8	Licenses and Permits				
2-9	Highway Users Tax Funds (HUTF)				
2-10	Conservation Trust Funds (Lottery)				
2-11	Community Development Block Grant				
2-12	Fire & Police Pension				
2-13	Grants				
2-14	Donations				
2-15	Charges for Sales and Services				
2-16	Rental Income				

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
2-17	Fines and Forfeits				
2-18	Interest/Investment Income	\$ 5,819			
2-19	Tap Fees				
2-20	Proceeds from Sale of Capital Assets				
	Other (specify in lines 2-21 through 2-22)				
2-21					
2-22					
2-23	<b>TOTAL REVENUES</b> (Add lines 2-7 through 2-22)	\$ 628,497	\$ 0	\$ 0	\$ 0
	<b>Other Financing Sources</b> (should agree to Part 4, Debt Schedule Table, column 'issued during the year')				
2-24	Debt Proceeds				
2-25	Lease Proceeds				
2-26	Developer Advances				
	Other (specify in line 2-27)				
2-27					
2-28	<b>Total Other Financing Sources</b> (Add lines 2-24 through 2-27)	\$ 0	\$ 0	\$ 0	\$ 0
2-29	<b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b> (Add lines 2-23 and 2-28)	\$ 628,497	\$ 0	\$ 0	\$ 0

**Part 2B: Proprietary/Fiduciary Funds Table**

Enter the type of each proprietary/fiduciary fund in the fields below.

Fund A: \_\_\_\_\_

Fund B: \_\_\_\_\_

Fund C: \_\_\_\_\_

Fund D: \_\_\_\_\_

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
<b>Tax Revenue</b>					
2-30	Property (include mills levied in question 10-12)				
2-31	Specific Ownership				
2-32	Sales and Use Tax				
	Other Tax Revenue (specify in lines 2-33 through 2-36)				
2-33					
2-34					
2-35					
2-36	<b>TOTAL TAX REVENUE</b> (Add lines 2-30 through 2-35)	\$ 0	\$ 0	\$ 0	\$ 0
<b>Other Revenue Sources</b>					
2-37	Licenses and Permits				
2-38	Highway Users Tax Funds (HUTF)				
2-39	Conservation Trust Funds (Lottery)				
2-40	Community Development Block Grant				
2-41	Fire & Police Pension				
2-42	Grants				
2-43	Donations				
2-44	Charges for Sales and Services				
2-45	Rental Income				
2-46	Fines and Forfeits				
2-47	Interest/Investment Income				

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
2-48	Tap Fees				
2-49	Proceeds from Sale of Capital Assets				
	All Other (specify in lines 2-50 through 2-51)				
2-50					
2-51					
2-52	<b>TOTAL REVENUES</b> (Add lines 2-36 through 2-51)	\$ 0	\$ 0	\$ 0	\$ 0
	<b>Other Financing Sources</b> (should agree to Part 4, Debt Schedule Table, column 'issued during the year')				
2-53	Debt Proceeds				
2-54	Lease Proceeds				
2-55	Developer Advances				
	Other (specify in line 2-56)				
2-56					
2-57	<b>Total Other Financing Sources</b> (Add lines 2-53 through 2-56)	\$ 0	\$ 0	\$ 0	\$ 0
2-58	<b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b> (Add lines 2-52 and 2-57)	\$ 0	\$ 0	\$ 0	\$ 0

**Part 2C: Comments or Additional Information**

Please use this space to provide explanation of any item in this section (optional).

**Part 3: Financial Statements — Operating Statement — Expenditures/Expenses**

**Part 3A: Governmental Funds Table**

Enter the type of each governmental fund in the fields below.

**Fund A:** General Fund

**Fund B:** \_\_\_\_\_

**Fund C:** \_\_\_\_\_

**Fund D:** \_\_\_\_\_

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
<b>Expenditures</b>					
3-1	General Government				
3-2	Judicial				
3-3	Law Enforcement				
3-4	Fire				
3-5	Highways & Streets				
3-6	Solid Waste				
3-7	Contributions to Fire & Police Pension Association				
3-8	Health				
3-9	Culture and Recreation				
3-10	Transfers to other districts	\$ 683,190			
	Other (specify in lines 3-11 through 3-13)				
3-11	County Treasurer's fees	\$ 8,977			
3-12					
3-13					
3-14	Capital Outlay				
<b>Debt Service</b>					
3-15	Principal (from Part 4, Debt Schedule Table)				
3-16	Interest				

Line	Description	Governmental Fund			
		Fund A	Fund B	Fund C	Fund D
3-17	Bond Issuance Costs				
3-18	Developer Principal Repayments (from Part 4, Debt Schedule Table)				
3-19	Developer Interest Repayments				
	All Other (specify in lines 3-20 through 3-22)				
3-20					
3-21					
3-22					
3-23	<b>TOTAL EXPENDITURES</b> (Add lines 3-1 through 3-22)	\$ 692,167	\$ 0	\$ 0	\$ 0
	<b>Transfers and Other Expenditures</b>				
3-24	Interfund Transfers (In)				
3-25	Interfund Transfers (Out)				
	Other Expenditures (Revenues) (Specify in lines 3-26 through 3-28.)				
3-26					
3-27					
3-28					
3-29	<b>Total Transfers and Other Expenditures</b> (Add lines 3-24 through 3-28)	\$ 0	\$ 0	\$ 0	\$ 0
3-30	<b>EXCESS (DEFICIENCY) OF REVENUES AND OTHER FINANCING SOURCES OVER (UNDER) EXPENDITURES</b> (line 2-29 less line 3-23 less line 3-29)	-\$ 63,670	\$ 0	\$ 0	\$ 0
3-31	Fund Balance, January 1 from December 31 prior year report	\$ 63,670			
3-32	Prior Period Adjustment (MUST explain in line 3-33)				
3-33					
3-34	<b>FUND BALANCE, DECEMBER 31</b> (Add lines 3-30, 3-31, and 3-32. Should match line 1-36.)	\$ 0	\$ 0	\$ 0	\$ 0

**Part 3B: Proprietary/Fiduciary Funds Table**

Enter the type of each proprietary/fiduciary fund in the fields below.

Fund A: \_\_\_\_\_

Fund B: \_\_\_\_\_

Fund C: \_\_\_\_\_

Fund D: \_\_\_\_\_

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
<b>Expenses</b>					
3-35	General Operating and Administrative				
3-36	Salaries				
3-37	Payroll Taxes				
3-38	Contract Services				
3-39	Employee Benefits				
3-40	Insurance				
3-41	Accounting and Legal Fees				
3-42	Repair and Maintenance				
3-43	Supplies				
3-44	Utilities				
3-45	Contributions to Fire & Police Pension Association				
	Other (specify in lines 3-46 through 3-47)				
3-46					
3-47					
3-48	Capital Outlay				
<b>Debt Service</b>					
3-49	Principal (should match amount in Part 4, Debt Schedule Table)				
3-50	Interest				
3-51	Bond Issuance Costs				
3-52	Developer Principal Repayments				

Line	Description	Proprietary/Fiduciary Fund			
		Fund A	Fund B	Fund C	Fund D
3-53	Developer Interest Repayments				
	All Other (specify in lines 3-54 through 3-57)				
3-54					
3-55					
3-56					
3-57					
3-58	<b>TOTAL EXPENSES</b> (Add lines 3-35 through 3-57)	\$ 0	\$ 0	\$ 0	\$ 0
	<b>GAAP Reconciling Items</b>				
3-59	Net Interfund Transfers (In) Out				
	Other (specify in line 3-60. Enter negative for expense.)				
3-60					
3-61	Depreciation/Amortization				
3-62	Other Financing Sources (from line 2-57)				
3-63	Capital Outlay (from line 3-48)				
3-64	Debt Principal (from line 3-49, 3-52)				
3-65	<b>Total GAAP Reconciling Items</b> (Add lines 3-60, 3-63, and 3-64, subtract lines 3-61 and 3-62)	\$ 0	\$ 0	\$ 0	\$ 0
3-66	<b>NET INCREASE (DECREASE) IN NET POSITION</b> (Line 2-58, less line 3-58, plus line 3-65, less line 3-59)	\$ 0	\$ 0	\$ 0	\$ 0
3-67	Net Position, January 1 from December 31 prior year report				
3-68	Prior Period Adjustment (MUST explain in line 3-69)				
3-69					
3-70	<b>NET POSITION, DECEMBER 31</b> (Add lines 3-66, 3-67, and 3-68. Should match line 1-72.)	\$ 0	\$ 0	\$ 0	\$ 0

**Part 3C: Grand Total of Revenues and Expenditures/Expenses**

Line	Description	Total
<b>Total Revenues per Fund</b>		
3-71	General Fund	\$ 628,497
3-72		\$ 0
3-73		\$ 0
3-74		\$ 0
3-75	<b>Governmental Funds</b> (Add lines 3-71 through 3-74)	\$ 628,497
3-76		\$ 0
3-77		\$ 0
3-78		\$ 0
3-79		\$ 0
3-80	<b>Proprietary/Fiduciary Funds</b> (Add lines 3-76 through 3-79)	\$ 0
3-81	<b>GRAND TOTAL REVENUES (ALL FUNDS)</b> (Add lines 3-75 and 3-80)	\$ 628,497
<b>Total Expenditures/Expenses per Fund</b>		
3-82	General Fund	\$ 692,167
3-83		\$ 0
3-84		\$ 0
3-85		\$ 0
3-86	<b>Governmental Funds</b> (Add lines 3-82 through 3-85)	\$ 692,167
3-87		\$ 0
3-88		\$ 0
3-89		\$ 0
3-90		\$ 0
3-91	<b>Proprietary/Fiduciary Funds</b> (Add lines 3-87 through 3-90)	\$ 0
3-92	<b>GRAND TOTAL EXPENDITURES/EXPENSES (ALL FUNDS)</b> (Add lines 3-86 and 3-91)	\$ 692,167

**IF EITHER GRAND TOTAL REVENUES OR EXPENDITURES/EXPENSES FOR ALL FUNDS IS GREATER THAN \$1,000,000 — STOP.**

You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at 303-869-3000 for assistance.

**Part 3D: Comments or Additional Information**

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Please use the space below to provide any additional information (optional).

**Part 4: Debt Outstanding, Issued, and Retired**

<b>4-1</b>	Does the entity have outstanding debt?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>4-2</b>	If no, skip to line 4-15. If yes, please attach a copy of the entity's debt repayment schedule.		
<b>4-3</b>	Is the debt repayment schedule attached?	<input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> No
<b>4-4</b>	If no, MUST explain below.		
<b>4-5</b>	Is the entity current in its debt service payments?	<input type="radio"/> Yes	<input type="radio"/> No
<b>4-6</b>	If no, MUST explain below.		
<b>4-7</b>	If no, also indicate if the government is in default with its bond agreements.	<input type="radio"/> Yes	<input type="radio"/> No

**Debt Schedule Table**

Please complete the following debt schedule, if applicable.  
Please only include principal amounts. Enter all amounts as positive numbers.

Line	Debt Type	Outstanding at End of Prior Year*	Issued During Year	Retired During Year	Outstanding at Year-End
4-8	General Obligation Bonds				\$ 0
4-9	Revenue Bonds				\$ 0
4-10	Notes/Loans				\$ 0
4-11	Lease and SBITA** Liabilities (GASB 87 & 96)				\$ 0
4-12	Developer Advances				\$ 0
	Other (specify in line 4-13)				
4-13					\$ 0
4-14	<b>TOTAL</b> (Add lines 4-8 through 4-13)	\$ 0	\$ 0	\$ 0	\$ 0

\*Must agree to prior year-end balance

\*\*Subscription-Based Information Technology Arrangements

Comments (optional)

<b>4-15</b>	Does the entity have any authorized but unissued debt as of its fiscal year-end?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>4-16</b>	If yes, how much?	\$ 119,000,000	
<b>4-17</b>	Date the debt was authorized	11/04/2008	
<b>4-18</b>	Is the authorized but unissued debt further limited by the entity's most recent Service Plan?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>4-19</b>	If yes, how much?	\$ 35,000,000	
<b>4-20</b>	Date of the most recent Service Plan	7/25/2017	
<b>4-21</b>	Does the entity intend to issue debt within the next calendar year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>4-22</b>	If yes, how much?		
<b>4-23</b>	Does the entity have debt that has been refinanced that it is still responsible for?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>4-24</b>	If yes, what is the amount outstanding?		
<b>4-25</b>	Does the entity have any lease agreements?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>4-26</b>	If yes, what is being leased?		
<b>4-27</b>	What is the original date of the lease?		
<b>4-28</b>	Number of years of lease?		
<b>4-29</b>	Is the lease subject to annual appropriation?	<input type="radio"/> Yes	<input type="radio"/> No
<b>4-30</b>	What are the annual lease payments?		

Please use the space below to provide any additional information (optional).

**Part 5: Cash and Investments**

Please provide the entity's cash deposit and investment balances.

Line	Description	Amount
5-1	Year-end Total of all Checking and Savings Accounts	\$ 0
5-2	Certificates of Deposit	
5-3	<b>TOTAL CASH DEPOSITS</b> (Add lines 5-1 and 5-2)	\$ 0
<b>Investments</b> (Specify in lines 5-4 through 5-8. If investment is a mutual fund, please list underlying investment.)		
5-4	Colorado Surplus Asset Fund Trust (CSAFE)	\$ 4,941
5-5		
5-6		
5-7		
5-8		
5-9	<b>Total Investments</b> (Add lines 5-4 through 5-8)	\$ 4,941
5-10	<b>TOTAL CASH AND INVESTMENTS</b> (Add lines 5-3 and 5-9)	\$ 4,941

5-11	Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No
5-12	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="radio"/> Yes	<input type="radio"/> No
5-13	If no, MUST explain below.			

Please use the space below to provide any additional information (optional).

**Part 6: Capital and Right-to-Use Assets**

<b>6-1</b>	Does the entity have capitalized assets? (If "no" is selected, skip the rest of Part 6.)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>6-2</b>	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>6-3</b>	If no, MUST explain below.		
	N/A. The District has no capital assets.		

**Capital and Right-to-Use Assets Table for Governmental Funds**

Line	Asset Type	Beginning of the Year Balance*	Additions**	Deletions	Year-End Balance
<b>6-4</b>	Land				\$ 0
<b>6-5</b>	Buildings				\$ 0
<b>6-6</b>	Machinery and Equipment				\$ 0
<b>6-7</b>	Furniture and Fixtures				\$ 0
<b>6-8</b>	Infrastructure				\$ 0
<b>6-9</b>	Construction In Progress (CIP)				\$ 0
<b>6-10</b>	Leased & SBITA Right-to-Use Assets				\$ 0
<b>6-11</b>	Intangible Assets				\$ 0
	Other (explain in line 6-12)				
<b>6-12</b>					\$ 0
<b>6-13</b>	Accumulated Amortization Right-to-Use Assets (Enter a negative or credit balance)				\$ 0
<b>6-14</b>	Accumulated Depreciation (Enter a negative or credit balance)				\$ 0
<b>6-15</b>	<b>TOTAL</b> (Add lines 6-4 through 6-14)	\$ 0	\$ 0	\$ 0	\$ 0

\*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 in the comments section below.

### Capital and Right-to-Use Assets Table for Proprietary Funds

Please complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS.

Line	Asset Type	Beginning of the Year Balance*	Additions**	Deletions	Year-End Balance
6-16	Land				\$ 0
6-17	Buildings				\$ 0
6-18	Machinery and Equipment				\$ 0
6-19	Furniture and Fixtures				\$ 0
6-20	Infrastructure				\$ 0
6-21	Construction In Progress (CIP)				\$ 0
6-22	Leased & SBITA Right-to-Use Assets				\$ 0
6-23	Intangible Assets				\$ 0
	Other (explain in line 6-24)				
6-24					\$ 0
6-25	Accumulated Amortization Right-to-Use Assets (Enter a negative or credit balance)				\$ 0
6-26	Accumulated Depreciation (Enter a negative or credit balance)				\$ 0
6-27	<b>TOTAL</b> (Add lines 6-16 through 6-26)	\$ 0	\$ 0	\$ 0	\$ 0

\*Must agree to prior year-end balance.

\*\*Generally capital asset additions should be reported as capital outlay on line 3-48 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy in the comments section below.

Please use the space below to provide any additional information (optional).

**Part 7: Pension Information**

<b>7-1</b>	Does the entity have an "old hire" firefighters' pension plan?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>7-2</b>	Does the entity have a volunteer firefighters' pension plan?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>7-3</b>	If yes, who administers the plan?		
	Indicate the contributions from the following in lines 7-4 through 7-6.		
<b>7-4</b>	Tax (property, specific ownership, sales, etc.)		\$ 0
<b>7-5</b>	State contribution amount		\$ 0
<b>7-6</b>	Other (gifts, donations, etc.)		\$ 0
<b>7-7</b>	<b>TOTAL</b> (Add lines 7-4 through 7-6)		\$ 0
<b>7-8</b>	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?		\$ 0

Please use the space below to provide any additional information (optional).

**Part 8: Budget Information**

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.?	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No
8-2	If no, MUST explain below.			
8-3	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.?	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes	<input type="radio"/> No
8-4	If no, MUST explain below.			
If yes, indicate the amount appropriated for each fund separately for the year reported in the table below.				

**Appropriation Amount by Fund**

Enter the fund name, then indicate the final amount appropriated for each fund for the year reported. Ensure each individual fund's final appropriated amount agrees to the adopted budget. Do not combine funds.

Line	Governmental/Proprietary Fund Name	Total
8-5	Amended General Fund	\$ 705,000
8-6		
8-7		
8-8		
8-9		

Please use the space below to provide any additional information (optional).

**Part 9: Taxpayer's Bill of Rights (TABOR)**

9-1	Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
9-2	If no, MUST explain below.		

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.

Please use the space below to provide any additional information (optional).

**Part 10: General Information**

<b>10-1</b>	Is this application for a newly formed governmental entity?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>10-2</b>	If yes, what was the date of formation		
<b>10-3</b>	Has the entity changed its name in the past or current year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>10-4</b>	If yes, please list the NEW name below.		
<b>10-5</b>	If yes, please list the PRIOR name below.		
<b>10-6</b>	Is the entity a metropolitan district?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>10-7</b>	Please indicate what services the entity provides below. See below.		
<b>10-8</b>	Does the entity have an agreement with another government to provide services?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>10-9</b>	If yes, list the name of the other governmental entity and the services provided below. Morgan Hill Metropolitan Districts Nos. 1 and 3. District No.1 serves as the operating District and District Nos. 2 and 3 serve as the financing Districts.		
<b>10-10</b>	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.)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>10-11</b>	If yes, what was the date filed		
<b>10-12</b>	Does the entity have a certified mill levy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
	If yes, please provide the following mills levied for the year reported (do not report dollar amounts).		
<b>10-13</b>	Bond redemption mills	0.000	
<b>10-14</b>	General/other mills	58.847	
<b>10-15</b>	<b>TOTAL MILLS</b> (Add lines 10-13 through 10-14.)	58.847	
<b>10-16</b>	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.)?	<input type="radio"/> N/A	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>10-17</b>	If no, please explain below.		

Please use the space below to provide any additional information (optional).

10-7 The District was established to provide financing for the design, acquisition, construction and completion of public improvements, including streets, traffic and safety controls and devices, transportation services, parks and recreation, water, mosquito and pest control and sanitation facilities, generally located in the collector roadway system, services and programs.

## Part 11: Governing Body Approval

11-1	If you plan to submit this form electronically, have you read the Electronic Signature Policy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
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### Office of the State Auditor — Local Government Division Exemption Form Electronic Signature Policy and Procedure

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 must note their approval and submit the application using one of the following two methods:

- 1) Submit the application in hard copy via U.S. 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.

### Governing Body Signatures

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.

<b>Board Member 1</b>		
Board member's name	Jon Lee	
My term expires on	May 2029	
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	Date
	 <small>Signed by: 0D56E84E07B04E7...</small>	3/10/2026
<b>Board Member 2</b>		
Board member's name	Jessica Brothers	
My term expires on	May 2029	
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	Date
	 <small>DocuSigned by: E2E08C3BB7ED474...</small>	3/9/2026
<b>Board Member 3</b>		
Board member's name		
My term expires on		
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	Date
<b>Board Member 4</b>		
Board member's name		
My term expires on		
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	Date
<b>Board Member 5</b>		
Board member's name		
My term expires on		
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	Date
<b>Board Member 6</b>		
Board member's name		
My term expires on		
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	Date
<b>Board Member 7</b>		
Board member's name		
My term expires on		
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	Date



January 22, 2026

Board of Directors  
Morgan Hill Metropolitan District No. 2  
Weld County, Colorado

The accompanying Application for Exemption from Audit (“Application”) was prepared by CliftonLarsonAllen, LLP in a format prescribed by the Colorado Office of the State Auditor which may differ from accounting principles generally accepted in the United States of America. The application 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.

## Certificate Of Completion

Envelope Id: 7AF06FDD-06C6-4BD5-8126-478AC737FFAB	Status: Completed
Subject: Complete with Docusign: 00 D1 MHMD2 2025 Audit Exemption.pdf	
Client Name: Morgan Hill Metropolitan District No. 2	
Client Number: A509005	
Source Envelope:	
Document Pages: 29	Signatures: 2
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Thomas Gilida
Time Zone: (UTC-06:00) Central Time (US & Canada)	220 S 6th St Ste 300
	Minneapolis, MN 55402-1418
	Thomas.Gilida@claconnect.com
	IP Address: 4.8.249.58

## Record Tracking

Status: Original	Holder: Thomas Gilida	Location: DocuSign
3/9/2026 5:42:05 PM	Thomas.Gilida@claconnect.com	

## Signer Events

Jessica Brothers  
 jessica@cdgcolorado.com  
 Security Level: Email, Account Authentication (None)

## Signature

DocuSigned by:  
  
 EE646C3BB1E0474...

## Timestamp

Sent: 3/9/2026 5:43:31 PM  
 Viewed: 3/9/2026 5:44:51 PM  
 Signed: 3/9/2026 5:46:03 PM

Signature Adoption: Uploaded Signature Image  
 Using IP Address: 149.248.74.196

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/9/2026 5:44:51 PM  
 ID: fdd44a6c-ef8b-4657-addc-e030b7beadfb

Jon Lee  
 jonlee@cdgcolorado.com  
 Authorized representative  
 Security Level: Email, Account Authentication (None)

Signed by:  
  
 0D56E84E07B04E7...

Sent: 3/9/2026 5:43:31 PM  
 Viewed: 3/10/2026 10:48:08 AM  
 Signed: 3/10/2026 10:48:21 AM

Signature Adoption: Pre-selected Style  
 Using IP Address: 65.155.157.50

**Electronic Record and Signature Disclosure:**  
 Accepted: 3/10/2026 10:48:08 AM  
 ID: 28c26902-fd16-4950-95bb-667bf23d3f3e

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

<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	3/9/2026 5:43:31 PM
Certified Delivered	Security Checked	3/10/2026 10:48:08 AM
Signing Complete	Security Checked	3/10/2026 10:48:21 AM
Completed	Security Checked	3/10/2026 10:48:21 AM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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<b>Electronic Record and Signature Disclosure</b>
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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

#### **How to contact CliftonLarsonAllen LLP:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com)

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To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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ii. send us an email to [BusinessTechnology@CLAconnect.com](mailto:BusinessTechnology@CLAconnect.com) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

### **Acknowledging your access and consent to receive and sign documents electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify CliftonLarsonAllen LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CliftonLarsonAllen LLP during the course of your relationship with CliftonLarsonAllen LLP.