## **APPLICATION FOR EXEMPTION FROM AUDIT**

# SHORT FORM

NAME OF GOVERNMENT	Eastern Hills Metropolitan District No. 2	For the Year Ended
ADDRESS	c/o White Bear Ankele & Tanaka, P.C.	12/31/22
	2154 E Commons Ave., Suite 2000	or fiscal year ended:
	Centennial, CO 80122	
CONTACT PERSON	Clint Waldron	
PHONE	303-858-1800	
EMAIL	cwaldron@sbapc.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:	Diane Wheeler
TITLE	District Accountant
FIRM NAME (if applicable)	Simmons & Wheeler, P.C.
ADDRESS	304 Inverness Way South, Suite 490, Englewood CO 80112
PHONE	303-689-0833
DATE PREPARED	2/17/2023
DATE PREPARED	2/17/2023

### PREPARER (SIGNATURE REQUIRED)

Qiane K Wheelon

Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	<b>PROPRIETARY</b> (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types	<b>v</b>	

# **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#		Des	scription		Round to nearest Dolla	ır	Please use this
2-1	Taxes:	Property	(report mills levied in Ques	stion 10-6)	\$	-	space to provide
2-2		Specific owners	ship		\$	-	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify):	Interest Income		\$	33	
2-5	Licenses and permit	ts			\$	-	
2-6	Intergovernmental:		Grants		\$	-	
2-7			<b>Conservation Trust</b>	Funds (Lottery)	\$	-	
2-8			Highway Users Tax	Funds (HUTF)	\$	-	
2-9			Other (specify):		\$	-	
2-10	Charges for services	6			\$	-	
2-11	Fines and forfeits				\$	-	
2-12	Special assessment	S			\$	-	
2-13	Investment income				\$	-	
2-14	Charges for utility se	ervices			\$	-	
2-15	Debt proceeds		(should ag	ree with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	<b>Developer Advances</b>	s received	(	should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital assets	i		\$	-	
2-19	Fire and police pens	sion			\$	-	
2-20	Donations				\$	-	
2-21	Other (specify):			-	\$	-	
2-22				-	\$	-	
2-23					\$	-	
2-24		(add lin	es 2-1 through 2-23)	TOTAL REVENUE	\$	33	

# **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
3-1	Administrative		\$	506	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	-	
3-5	Employee benefits		\$	-	
3-6	Insurance		\$	11,858	
3-7	Accounting and legal fees		\$	4,831	
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 (s	hould agree with Part 4)	\$	-	
3-18	Debt service interest		\$	-	
3-19	Repayment of Developer Advance Principal (sh	ould agree with line 4-4)	\$	-	
3-20	Repayment of Developer Advance Interest		\$	-	
3-21	Contribution to pension plan (	should agree to line 7-2)	\$	-	
3-22	Contribution to Fire & Police Pension Assoc.	should agree to line 7-2)	\$	-	
3-23	Other (specify):				
3-24			\$	-	
3-25		Ē	\$	-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDI	URES/EXPENSES	\$	17,195	
IF TOTAL	REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26)	are GREATER than	\$10	0.000 - STOP. You may n	ot use this

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit -<u>LONG FORM</u>".

	PART 4 - DEBT OUTSTANDING	G, I	SSUED	, AND	RE	TIRE	D		
	Please answer the following questions by marking the a	appro	priate boxes.			Ye	s		No
4-1	Does the entity have outstanding debt?					7			
4.0	If Yes, please attach a copy of the entity's Debt Repayment S		ule.						
4-2	Is the debt repayment schedule attached? If no, MUST explain	n:							7
	Cash Flow Developer note								
4-3	In the antitu current in its dabt convice normante2 If no. MUC		lein.			7			
4-3	Is the entity current in its debt service payments? If no, MUS	exp	nam:			<u> </u>			
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive		tstanding at	Issued duri	ng	Retired	•		standing at
	numbers)	end	of prior year*	year		yea	I <b>r</b>	У	ear-end
	General obligation bonds	\$	-	\$-		\$	-	\$	-
	Revenue bonds	\$	-	\$ -		\$	-	\$	-
	Notes/Loans	\$	-	\$ -		\$	-	\$	-
	Lease Liabilities	\$	-	\$ -		\$	-	\$	-
	Developer Advances	\$	94,293	\$ -		\$	-	\$	94,293
	Other (specify):	\$	-	\$ -		\$	-	\$	-
	TOTAL	\$	94,293	\$ -		\$	-	\$	94,293
		*mus	st tie to prior ye	ar ending bala	nce			1	
	Please answer the following questions by marking the appropriate boxes					Ye			No
4-5	Does the entity have any authorized, but unissued, debt?					7			
If yes:		\$		18,460,200.	00				
	Date the debt was authorized:		11/5/2002,	11/4/2004					_
4-6	Does the entity intend to issue debt within the next calendar	year?	?						7
If yes:	How much?	\$		-					
4-7	Does the entity have debt that has been refinanced that it is s	till re	esponsible	for?					~
If yes:	What is the amount outstanding?	\$		-					_
4-8	Does the entity have any lease agreements?								1
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?								7
	What are the annual lease payments?	\$							ت
	Please use this space to provide any	Ŧ	anations or	- comments					
	riease use this space to provide any	explo		comments					

	PART 5 - CASH AND INVESTMEN	NTS			
	Please provide the entity's cash deposit and investment balances.		4	Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	27,399	
5-2	Certificates of deposit		\$	-	
	Total Cash Deposits				\$ 27,399
	Investments (if investment is a mutual fund, please list underlying investments):			-	
	Colotrust		\$	165	
			\$	-	
5-3			\$	-	
			\$	-	
	Total Investments				\$ 165
	Total Cash and Investments				\$ 27,564
	Please answer the following questions by marking in the appropriate boxes	Yes		Νο	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et.	7			
	seq., C.R.S.?	_		_	_
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public	7			
	depository (Section 11-10.5-101, et seq. C.R.S.)?			_	
lf no, ML	JST use this space to provide any explanations:				

	PART 6 - CAPITAL AND RI	Gŀ	IT-TO-U	SE	ASSE	T	S	
	Please answer the following questions by marking in the appropriate box	es.					Yes	No
6-1	Does the entity have capital assets?							7
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	s in	accordance	with	Section		7	
6-3	Complete the following capital & right-to-use assets table:	beç	Balance - ginning of the year*	be iı	tions (Must ncluded in Part 3)		Deletions	Year-End Balance
	Land	\$	-	\$	-	\$	-	\$ -
	Buildings	\$	-	\$	-	\$	-	\$ -
	Machinery and equipment	\$	-	\$	-	\$	-	\$ -
	Furniture and fixtures	\$	-	\$	-	\$	-	\$ -
	Infrastructure	\$	-	\$	-	\$	-	\$ -
	Construction In Progress (CIP)	\$	-	\$	-	\$	_	\$ -
	Leased Right-to-Use Assets	\$	-	\$	-	\$	-	\$ _

\$

\$

\$

Please use this space to provide any explanations or comments:

**PART 7 - PENSION INFORMATION** 

Please use this space to provide any explanations or comments:

**PART 8 - BUDGET INFORMATION** 

\$

4

\$

\$

\$

\$

\$

\$

\$

\$

-

-

\_

Yes

1

1

37,072

Total Appropriations By Fund

\_

\$

\$

\$

\$

\$

\$

No

1

1

N/A

-

Yes

No

Other (explain):

If yes: Who administers the plan?

Indicate the contributions from:

TOTAL

1?

7-1

7-2

8-1

8-2

Accumulated Depreciation/Amortization

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

Tax (property, SO, sales, etc.):

State contribution amount:

What is the monthly benefit paid for 20 years of service per retiree as of Jan

Other (gifts, donations, etc.):

Does the entity have an "old hire" firefighters' pension plan?

Does the entity have a volunteer firefighters' pension plan?

TOTAL

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

If yes: Please indicate the amount budgeted for each fund for the year reported: Governmental/Proprietary Fund Name Total Appro

General Fund

current year in accordance with Section 29-1-113 C.R.S.?

29-1-108 C.R.S.? If no, MUST explain:

Did the entity file a budget with the Department of Local Affairs for the

Did the entity pass an appropriations resolution, in accordance with Section

(Please enter a negative, or credit, balance)

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?	7	
	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.		
lf no, ML	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
40.4	Is this application for a newly formed governmental entity?		~
<b>10-1</b>	Deta of formations		
lf yes: <b>10-2</b>	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:		
5			
10-3	Is the entity a metropolitan district?	7	
	Please indicate what services the entity provides:		
	Streets, Water, Traffic Control, Sewer, Parks & Recreation		
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?		$\checkmark$
If yes:			
	Please provide the following <u>mills</u> 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 APPROV	/AL	
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	Print Board Member's Name	IJonathan Alpert, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 1	Jonathan Alpert	application for exemption from audit. Signed Date: My term Expires:May 2023
Board	Print Board Member's Name	IMarc Cooper, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 2	Marc Cooper	application for exemption from audit. Signed Marc Cooper Date: Mar 31, 2023 My term Expires: May 2025
Board	Print Board Member's Name	My term Expires:May 2025 IEric Miller, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 3	Eric Miller	application for exemption from audit. Signed <sup>Burder</sup> Date: Mar 29, 2023 My term Expires:May 2023
Board	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
Member 4		exemption from audit. Signed Date: My term Expires:
Board Member	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.
5		Signed Date: My term Expires:
Board Member 6	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date:
	Print Board Member's Name	My term Expires:, attest I am a duly elected or appointed board
Board Member 7		member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:

# Eastern Hills MD 2 2022

Interim Agreement Report

2023-03-31

Created:	2023-03-29
Ву:	Diane Wheeler (diane@simmonswheeler.com)
Status:	Out for Signature
Transaction ID:	CBJCHBCAABAAwBkMYkAxYVLStWitzXIucxNfPrePxMuz

#### Agreement History

Agreement history is the list of the events that have impacted the status of the agreement prior to the final signature. A final audit report will be generated when the agreement is complete.

# "Eastern Hills MD 2 2022" History

- Document created by Diane Wheeler (diane@simmonswheeler.com) 2023-03-29 - 10:44:49 PM GMT
- Document emailed to Diane Wheeler (diane@simmonswheeler.com) for signature 2023-03-29 - 10:45:52 PM GMT
- Document emailed to jalpert@alpertcorp.com for signature 2023-03-29 - 10:45:52 PM GMT
- Document emailed to mcooper@coopermgmt.com for signature 2023-03-29 - 10:45:52 PM GMT
- Document emailed to Rick Miller (rmiller@magnadevco.com) for signature 2023-03-29 - 10:45:52 PM GMT
- Document e-signed by Diane Wheeler (diane@simmonswheeler.com) Signature Date: 2023-03-29 - 10:45:59 PM GMT - Time Source: server
- Email viewed by Rick Miller (rmiller@magnadevco.com) 2023-03-29 - 10:46:51 PM GMT
- Document e-signed by Rick Miller (rmiller@magnadevco.com) Signature Date: 2023-03-29 - 10:47:05 PM GMT - Time Source: server
- Email viewed by mcooper@coopermgmt.com 2023-03-31 - 3:33:47 PM GMT

Signer mcooper@coopermgmt.com entered name at signing as Marc Cooper 2023-03-31 - 3:34:31 PM GMT

Document e-signed by Marc Cooper (mcooper@coopermgmt.com) Signature Date: 2023-03-31 - 3:34:33 PM GMT - Time Source: server

Names and email addresses are entered into the Acrobat Sign service by Acrobat Sign users and are unverified unless otherwise noted.

, Adobe Acrobat Sign