APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

| NAME OF GOVERNMENT | Lee Farms Metropolitan District No. | For the Year Ended | | | | | |
|---|--|---|---------------------------------------|--|--|--|--|
| ADDRESS | c/o SpencerFane, LLP | | 12/31/22 | | | | |
| | 1700 Lincoln Street, Suite 2000 | 1700 Lincoln Street, Suite 2000 or fiscal year ended: | | | | | |
| | Denver, CO 80203 | | _ | | | | |
| CONTACT PERSON | Russ Dykstra | | | | | | |
| PHONE | 303-839-3800 | | | | | | |
| EMAIL | rdykstra@spencerfane.com | | | | | | |
| | PART 1 - CERTIFICATION | ON OF PREPARER | | | | | |
| I certify that I am skilled in gov my knowledge. | ernmental accounting and that the inform | ation in the application is comple | ete and accurate, to the best of | | | | |
| 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 | <u> </u> | | | | | |
| DATE PREPARED | 3/14/2022 | | | | | | |
| PREPARER (SIGNATU | RE REQUIRED) | | | | | | |
| Qione K hhaden | | | | | | | |
| | owing financial information is recorded | GOVERNMENTAL (MODIFIED ACCRUAL BASIS) | PROPRIETARY (CASH OR BUDGETARY BASIS) | | | | |
| using Governmental or Proprieta | ary fund types | | | | | | |

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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# | | D | escription | Round to nearest Dollar | Please use this |
|-------|-----------------------|------------------|--|-------------------------|------------------|
| 2-1 | Taxes: | Property | (report mills levied in Question 10-6) | \$ - | space to provide |
| 2-2 | | Specific owne | rship | \$ - | any necessary |
| 2-3 | | Sales and use | | \$ - | explanations |
| 2-4 | | Other (specify |): | \$ - | |
| 2-5 | Licenses and permi | ts | | \$ - | |
| 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 service | S | | \$ - | |
| 2-11 | Fines and forfeits | | | \$ - | |
| 2-12 | Special assessment | ts | | - | |
| 2-13 | Investment income | | | \$ - | |
| 2-14 | Charges for utility s | ervices | | \$ - | |
| 2-15 | Debt proceeds | | (should agree with line 4-4, column 2 | ′ <u> </u> | |
| 2-16 | Lease proceeds | | | \$ - | |
| 2-17 | Developer Advances | | (should agree with line 4-4 | | |
| 2-18 | Proceeds from sale | • | S | \$ - | |
| 2-19 | Fire and police pens | sion | | \$ - | |
| 2-20 | Donations | | | - | |
| 2-21 | Other (specify): | | | \$ - | |
| 2-22 | Transfers from Dist | rict's No.2, No. | 3, and No.4 | \$ 49,046 | |
| 2-23 | | | | - | |
| 2-24 | | (add li | nes 2-1 through 2-23) TOTAL REVENUE | \$ 49,046 | |

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 | de fund equity imorn | Round to nearest Dollar | Please use this |
|-------|--|-------------------------|-------------------------|------------------|
| | | , | | space to provide |
| 3-1 | Administrative | | ·=• | any necessary |
| 3-2 | Salaries | | \$ - | explanations |
| 3-3 | Payroll taxes | | \$ - | CAPIGNATIONS |
| 3-4 | Contract services | | \$ - | |
| 3-5 | Employee benefits | | \$ - | |
| 3-6 | Insurance | | \$ 9,057 | |
| 3-7 | Accounting and legal fees | [| \$ 9,118 |] |
| 3-8 | Repair and maintenance | | \$ - |] |
| 3-9 | Supplies | | \$ - | 1 |
| 3-10 | Utilities and telephone | | \$ - |] |
| 3-11 | Fire/Police | | \$ - | 1 |
| 3-12 | Streets and highways | | \$ - | 1 |
| 3-13 | Public health | | \$ - |] |
| 3-14 | Capital outlay | | \$ - |] |
| 3-15 | Utility operations | | \$ - | 1 |
| 3-16 | Culture and recreation | | \$ - | 1 |
| 3-17 | Debt service principal (sho | uld agree with Part 4) | \$ - | 1 |
| 3-18 | Debt service interest | | \$ - | 1 |
| 3-19 | Repayment of Developer Advance Principal (shou | ld agree with line 4-4) | \$ - | 1 |
| 3-20 | Repayment of Developer Advance Interest | | \$ - | 1 |
| 3-21 | Contribution to pension plan (sh | ould agree to line 7-2) | \$ - | |
| 3-22 | Contribution to Fire & Police Pension Assoc. (sh | ould agree to line 7-2) | \$ - |] |
| 3-23 | Other (specify):Miscellaneous | | |] |
| 3-24 | • | Ī | \$ - | 1 |
| 3-25 | | Ī | \$ - | 1 |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITU | RES/EXPENSES | \$ 18,295 | |

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 | 3, 1 | SSUED | , A | ND RE | TIF | RED | | |
|---------|--|-------|---------------------|--------|--------------|-------|------------|----------------|----------|
| | Please answer the following questions by marking the | appro | opriate boxes. | | | | Yes | | 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 | | dule. | | | | | | |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explain | n: | | | _ | 1 | | | √ |
| | Developer advances repaid with available funds | | | | | | | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUS | Гехј | plain: | | | 1 | | | 1 |
| | N/A | | | | | | | | |
| 4-4 | Please complete the following debt schedule, if applicable: | | | | | | | | |
| | (please only include principal amounts)(enter all amount as positive | | utstanding at | Issu | ed during | Retii | red during | Outstanding at | |
| | numbers) | ena | of prior year* | | year | | year | | ear-end |
| | General obligation bonds | \$ | _ | \$ | - | \$ | - | \$ | _ |
| | Revenue bonds | \$ | - | \$ | - | \$ | - | \$ | _ |
| | Notes/Loans | \$ | - | \$ | - | \$ | - | \$ | - |
| | Lease Liabilities | \$ | - | \$ | - | \$ | - | \$ | - |
| | Developer Advances | \$ | 297,802 | \$ | - | \$ | - | \$ | 297,802 |
| | Other (specify): | \$ | - | \$ | - | \$ | - | \$ | _ |
| | TOTAL | \$ | 297,802 | \$ | - | \$ | - | \$ | 297,802 |
| | | *mu | ıst tie to prior ye | ar enc | ling balance | | | | |
| | Please answer the following questions by marking the appropriate boxes | | | | | | Yes | | No |
| 4-5 | Does the entity have any authorized, but unissued, debt? | _ | | 00.00 | | 1 | J | | |
| If yes: | | \$ | | | 00,000.00 | | | | |
| | Date the debt was authorized: | | 5/3/2 | 016 | | | | | |
| 4-6 | Does the entity intend to issue debt within the next calendar | year | ? | | | 1 | | | √ |
| If yes: | How much? | _\$_ | | | - | | _ | | _ |
| 4-7 | Does the entity have debt that has been refinanced that it is s | | esponsible f | for? | _ | 1 | | | 7 |
| 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? | | | | | J | | | V |
| | What are the annual lease payments? | \$ | | | | 1 | _ | | _ |
| | Please use this space to provide any | | lanations or | com | ments: | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | PART 5 - CASH AND | IN | VESTM | EN | TS | | | | |
| | | | | | | | | | |

| | PART 5 - CASH AND INVESTM | ENTS | | |
|----------|---|----------|--------------|--------------|
| | Please provide the entity's cash deposit and investment balances. | | Amount | Total |
| 5-1 | YEAR-END Total of ALL Checking and Savings Accounts | | \$ 70,326 | |
| 5-2 | Certificates of deposit | | \$ - | |
| | Total Cash Deposits | | | \$ 70,326 |
| | Investments (if investment is a mutual fund, please list underlying investments): | | | |
| | | | \$ - | |
| 5-3 | | | \$ - | |
| 3-3 | | | \$ - | |
| | | | \$ - | |
| | Total Investments | | | \$ _ |
| | Total Cash and Investments | | | \$ 70,326 |
| | 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. | 7 | | |
| | seq., C.R.S.? | | | _ |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protection Act) public | V | П | |
| | depository (Section 11-10.5-101, et seq. C.R.S.)? | ~ | | |
| If no, M | UST use this space to provide any explanations: | | | |

| | PART 6 - CAPITAL AND RIC | GH | IT-TO-U | SE ASSE | ETS | | | |
|---------|---|--------------|------------------------|---------------------------|----------|---|----|---------------|
| | Please answer the following questions by marking in the appropriate box | es. | | | Yes | | | No |
| 6-1 | Does the entity have capital assets? | | | | | | [| y |
| 6-2 | Has the entity performed an annual inventory of capital assets in accordance with Section | | | | | | Γ | ٦ |
| | 29-1-506, C.R.S.,? If no, MUST explain: | | | | _ | | , | _ |
| | | | | | | | | |
| 6-3 | | | Balance - | Additions (Must | | | | |
| | Complete the following capital & right-to-use assets table: | beg | inning of the year* | be included in Part 3) | Deletion | s | | r-End ance |
| | Land | \$ | - | \$ - | \$ | - | \$ | |
| | Buildings | \$ | - | \$ - | \$ | - | \$ | _ |
| | Machinery and equipment | \$ | - | \$ - | \$ | - | \$ | - |
| | Furniture and fixtures | \$ | - | \$ - | \$ | - | \$ | - |
| | Infrastructure | \$ | - | \$ - | \$ | - | \$ | _ |
| | Construction In Progress (CIP) | \$ | - | \$ - | \$ | - | \$ | |
| | Leased Right-to-Use Assets | \$ | - | \$ - | \$ | - | \$ | |
| | Other (explain): | \$ | - | \$ - | \$ | - | \$ | |
| | Accumulated Depreciation/Amortization | \$ | _ | \$ - | \$ | - | | |
| | (Please enter a negative, or credit, balance) | | | | , | | \$ | |
| | TOTAL Please use this space to provide any | \$ 0 × 10 | anations or | \$ - | \$ | - | \$ | - |
| | Flease use this space to provide any | expi | aliations of | comments. | | | | |
| | | | | | | | | |
| | PART 7 - PENSION | | FORMA | HON | | | | |
| | Please answer the following questions by marking in the appropriate box | | | | Yes | | | No |
| 7-1 | Does the entity have an "old hire" firefighters' pension plan? | | | | | | 2 | |
| 7-2 | Does the entity have a volunteer fire fighters' pension plan? | | | | 1 | | | |
| 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 re | etire | e as of Jan | \$ - | | | | |
| | 1? | | | | | | | |
| | Please use this space to provide any | exp | anations or | comments: | | | | |
| | | | | | | | | |
| | | | | | | | | _ |
| | PART 8 - BUDGET I | INF | FORMAT | ΓΙΟΝ | | | | |
| | Please answer the following questions by marking in the appropriate box | | | Yes | No | | 1 | I/A |
| 8-1 | Did the entity file a budget with the Department of Local Affai | | or the | | | | | 1 |
| | current year in accordance with Section 29-1-113 C.R.S.? | | | √ | Ш | | | 1 |
| | | | | | | | | |
| 8-2 | Did the entity need an engraprications recolution in accordan | 00.14 | ith Section | | | | | |
| | Did the entity pass an appropriations resolution, in accordance | ce w | ith Section | √ | | | |] |
| | 29-1-108 C.R.S.? If no, MUST explain: | | | | | | | |
| | | | | | | | | |
| If yes: | Please indicate the amount budgeted for each fund for the ye | or re | norted: | | | | | |
| If yes: | i lease maleate the amount budgeted for each fully for the ye | ai it | porteu. | | | | | |
| | Governmental/Proprietary Fund Name | T | otal Appropriat | tions By Fund | | | | |
| | General Fund | \$ | | 84,497 |] | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | 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)]? | V | | | | |
| | 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. | | | | | |
| f no, Ml | JST 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? | | 4 | | | |
| If yes: | Date of formation: | | | | | |
| 10-2 | Has the entity changed its name in the past or current year? | | V | | | |
| | | | | | | |
| | | | | | | |
| If yes: | Please list the NEW name & PRIOR name: | | | | | |
| | | | | | | |
| 10-3 | Is the entity a metropolitan district? | | | | | |
| | Please indicate what services the entity provides: | | | | | |
| | Sanitary sewer/storm drainage, streets, water, traffic and safety controls, park and 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 | Health district filed a Title 22 Article 4 Special District Nation of Inserting Status during | | v | | | |
| | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed: | | | | | |
| If yes: | Date Filed: | | | | | |
| 40.0 | Page the antitule are a contitued Mill Lord | | v | | | |
| 10-6 | Does the entity have a certified Mill Levy? | | | | | |
| 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 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? | V | | | | |

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 <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below. |
|-----------------|---|--|
| | Print Board Member's Name | IDavid Duncan, attest I am a duly elected or appointed board |
| Board | | member, and that I have personally reviewed and approve this application for |
| Member | David Duncan | exemption from audit. |
| 1 | | Signed David Dunan |
| • | | Date: Mar 22, 2023 |
| | | My term Expires: 2023 |
| | 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 |
| Board | | exemption from audit. |
| Member | | Signed |
| 2 | | Date: |
| | | My term Expires: |
| | 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 |
| Board | | exemption from audit. |
| Member | | Signed |
| 3 | | Date: |
| | | My term Expires: |
| | Print Board Member's Name | I, attest I am a duly elected or appointed board |
| Board Member | Fillit Doald Melliber 3 Name | member, and that I have personally reviewed and approve this application for |
| | | |
| | | exemption from audit. |
| 4 | | Signed Date: |
| | | |
| | | My term Expires: |
| | Print Board Member's Name | I, attest I am a duly elected or appointed board |
| Board | | member, and that I have personally reviewed and approve this application for |
| Member | | exemption from audit. |
| 5 | | Signed |
| | | Date: |
| | | My term Expires: |
| | Print Board Member's Name | I, attest I am a duly elected or appointed board |
| Board | | member, and that I have personally reviewed and approve this application for |
| Member | | exemption from audit. |
| 6 | | Signed |
| | | Date: |
| | | My term Expires: |
| | 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 |
| Board | | exemption from audit. |
| Member | | Signed |
| 7 | | Date: |
| | | My term Expires: |

Lee Farms 1 2022

Final Audit Report 2023-03-23

Created: 2023-03-21

By: Diane Wheeler (diane@simmonswheeler.com)

Status: Signed

Transaction ID: CBJCHBCAABAAxeVrC-73QsRcGANLNhsx6yQsLIrUrSki

"Lee Farms 1 2022" History

Document created by Diane Wheeler (diane@simmonswheeler.com) 2023-03-21 - 8:11:01 PM GMT

Document emailed to Diane Wheeler (diane@simmonswheeler.com) for signature 2023-03-21 - 8:11:32 PM GMT

Document emailed to dduncan@walton.com for signature 2023-03-21 - 8:11:32 PM GMT

Document e-signed by Diane Wheeler (diane@simmonswheeler.com)
Signature Date: 2023-03-21 - 8:11:39 PM GMT - Time Source: server

Email viewed by dduncan@walton.com 2023-03-23 - 0:16:00 AM GMT

Signer dduncan@walton.com entered name at signing as David Duncan 2023-03-23 - 0:17:31 AM GMT

Document e-signed by David Duncan (dduncan@walton.com)

Signature Date: 2023-03-23 - 0:17:33 AM GMT - Time Source: server

Agreement completed.

2023-03-23 - 0:17:33 AM GMT

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