### **APPLICATION FOR EXEMPTION FROM AUDIT**

### SHORT FORM

NAME OF GOVERNMENT

**ADDRESS** 

Highlands Metropolitan District #3
2154 E. Commons Avenue, Suite 2000
Centennial CO 80122

For the Year Ended 12/31/19 or fiscal year ended:

**CONTACT PERSON** 

PHONE EMAIL FAX Kristen Bowers
303-858-1800
kbowers@wbapc.com
303-858-1805

### PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME: TITLE

FIRM NAME (if applicable)

ADDRESS PHONE

**DATE PREPARED** 

Diane K Wheeler
District Accountant
Simmons & Wheeler, P.C.

304 Inverness Way South, Suite 490, Englewood, CO 80112

303-689-0833

Mar 31, 2020

### PREPARER (SIGNATURE REQUIRED)

Diane Wheeler (Mar 31, 2020)

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL PROPRIETARY
(MODIFIED ACCRUAL BASIS) (CASH OR BUDGETARY BASIS)

### **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#		De	scription	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 1	space to provide
2-2		Specific owners	ship	\$ 4	
2-3		Sales and use		\$ -	explanations
2-4		Other (specify):		\$ -	
2-5	Licenses and permit	ts		\$ -	
2-6	Intergovernmental:		Grants	\$ -	7
2-7			Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	
2-10	Charges for services	S		\$ -	
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 agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances		(should agree with line 4-4)	\$ 25,903	
2-18	Proceeds from sale	of capital assets		\$ -	
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	\$ 25,908	

### **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		\$ 1,321	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ 3,108	
3-7	Accounting and legal fees		\$ 19,665	
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	Culture and recreation		\$ -	
3-15	Utility operations		\$ -	
3-16	Capital outlay		\$ -	
3-17	Debt service principal (should	agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (should a	gree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	Contribution to pension plan (shoul	d agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should	d agree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURE	S/EXPENSES	\$ 24,094	

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>".

	Please answer the following questions by marking the	approp	riate boxes.			Υe	es		No
4-1	Does the entity have outstanding debt?	•••••				<b>2</b>			-
	If Yes, please attach a copy of the entity's Debt Repayment S		ıle.						
4-2	Is the debt repayment schedule attached? If no. MUST explain:					, 0		ſ	<b>4</b>
	Developer Advance, no scheduled payments								
4-3	Is the entity current in its debt service payments? If no, MUS	T expl	ain:			) 		ſ	<b>-</b>
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive		standing at	Issu	ed during	Retired	_		tanding at
	numbers)	end o	of prior year*		year	ye	ar	y€	ear-end
	General obligation bonds	\$	_	\$	_	\$	-	\$	_
	Revenue bonds	\$	_	\$	-	\$	-	\$	-
	Notes/Loans	\$	_	\$	-	\$	-	\$	-
	Leases	\$	-	\$	_	\$	_	\$	_
	Developer Advances	\$	31.000	\$	25.903	\$	-	\$	56,903
	Other (specify):	\$		\$	_	\$	_	\$	_
	TOTAL	\$	31,000	\$	25,903	\$	_	\$	56,903
		*must	t tie to prior ve						
	Please answer the following questions by marking the appropriate boxes	·.	, ,			Υe	es		No
4-5	Does the entity have any authorized, but unissued, debt?					<b>2</b>			
If yes:	How much?	\$	4	16,00	0,000.00	J			
	Date the debt was authorized:		11/8/	2016					
4-6	Does the entity intend to issue debt within the next calendar	year?				_			☑
If yes:	How much?	\$			-	)			
4-7	Does the entity have debt that has been refinanced that it is	still re	sponsible	for?					☑
If yes:	What is the amount outstanding?	\$			-	)			
4-8	Does the entity have any lease agreements?								<b>2</b>
If yes:	What is being leased?								
	What is the original date of the lease?								
	Number of years of lease?					J			_
	Is the lease subject to annual appropriation?	_				)			
	What are the annual lease payments?  Please use this space to provide any	\$							

	Please provide the entity's cash deposit and investment balances.		P.	Amount		Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	4,309	1	
5-2	Certificates of deposit		\$	-		
	Total Cash Deposits				\$	4,309
	Investments (if investment is a mutual fund, please list underlying investments):					
			\$	_	ı	
			\$			
5-3			\$	_	1	
			\$	-		
	Total Investments				\$	_
	Total Cash and Investments				\$	4,309
	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.?		ľ	0	Œ.	a
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.)?	<b>J</b>	ſ	_		3

	PART 6 - CAPITA		S		
	Please answer the following questions by marking in the appropriate box	es.		Yes	No
6-1	Does the entity have capital assets?			•	
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordance	with Section	ø	П
6-3		Balance -	Additions (Must		
6-3	Complete the following capital assets table:	beginning of the year*	be included in Part 3)	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
	Please use this space to provide any	explanations or	comments:		
	DADT 7 DENGION	INICODMA	TION		

PART 7 - PENSION INFORMATION							
	Please answer the following questions by marking in the appropriate boxes.			Yes	No		
7-1	Does the entity have an "old hire" firemen's pension plan?				- -		
7-2	Does the entity have a volunteer firemen's pension plan?				ø.		
If yes:	S: 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 \$ -							
	Please use this space to provide any explanations or	comme	ents:				

	PART 8 - BUDGET IN	NFORMAT	TION		
	Please answer the following questions by marking in the appropriate boxes		Yes	No	N/A
8-1				0	
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:				
If yes:	Please indicate the amount budgeted for each fund for the year	•			
	Fund Name	Budgeted Expendi	tures/Expenses		
	General Fund \$	5	45,000		

	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 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.	<b>☑</b>	Ц		

If no, MUST explain:

	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		Ø
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?	]	Ø
If yes:	Please list the NEW name & PRIOR name:	_	
10-3	Is the entity a metropolitan district?		
10 0	Please indicate what services the entity provides:	_	_
	Streets, traffic control, water, sewer, park and recreation	]	
10-4	Does the entity have an agreement with another government to provide services?		Ø
If yes:	List the name of the other governmental entity and the services provided:	1	
10-5	Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during	J	<b>2</b>
If yes:	Date Filed:	)	
, , , , , , ,			
10-6	Does the entity have a certified Mill Levy?	<i>-</i>	
If yes:	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		55.277
	Total mills		55.277
	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?	o.	۵		

# 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 curren	t A <u>MAJORITY of</u> the members of the governing body must complete and sign in the column below.
	governing body below.	
Board	Print Board Member's Name	IJames Spehalski, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 1	James Spehalski	exemption from audit. Signed Date: My term Expires:May 2020
Board	Print Board Member's Name	IBarry Talley, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 2	Barry Talley	exemption from audit. Signed Table 1.  Date: Mar 31, 2020  My term Expires:May 2020
Board Member 3	Print Board Member's Name	ILinda Talley, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
	Linda Talley	exemption from audit. Signed Linda Talley Date: Mar 31, 2020 My term Expires:May 2020
Board Member 4	Print Board Member's Name	I _Amy Volk, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
	Amy Volk	exemption from audit. Signed May Yolk Date: Mar 31, 2020 My term Expires:May 2022
Board	Print Board Member's Name	IAmanda Halsey, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 5	Amanda Ha <b>l</b> sey	exemption from audit. Signed Mar 31, 2020  My term Expires:May 2022
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 6		exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I

## Highlands MD #3

Interim Agreement Report

2020-04-01

Created: 2020-03-31

By: Diane Wheeler (diane@simmonswheeler.com)

Status: Out for Signature

Transaction ID: CBJCHBCAABAAzYERTDHrDsOutmqe0ikooPa3QNGGFO\_Z

#### 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.

### "Highlands MD #3" History

- Document created by Diane Wheeler (diane@simmonswheeler.com) 2020-03-31 7:40:58 PM GMT- IP address: 208.187.187.252
- Document emailed to Diane Wheeler (diane@simmonswheeler.com) for signature 2020-03-31 7:42:37 PM GMT
- Document emailed to James Spehalski (jspehalski@marathonlc.com) for signature 2020-03-31 7:42:37 PM GMT
- Document emailed to Barry Talley (barryltalley@aol.com) for signature 2020-03-31 7:42:37 PM GMT
- Document emailed to Linda Talley (tallez@aol.com) for signature 2020-03-31 7:42:37 PM GMT
- Document emailed to Amanda Halsey (manohalsey@gmail.com) for signature 2020-03-31 7:42:37 PM GMT
- Document emailed to Amy Volk (amytalleyvolk@gmail.com) for signature 2020-03-31 7:42:37 PM GMT
- Document e-signed by Diane Wheeler (diane@simmonswheeler.com)

  Signature Date: 2020-03-31 7:42:45 PM GMT Time Source: server- IP address: 208.187.187.252
- Email viewed by Barry Talley (barryltalley@aol.com) 2020-03-31 8:22:41 PM GMT- IP address: 69.147.91.62
- Document e-signed by Barry Talley (barryltalley@aol.com)

  Signature Date: 2020-03-31 8:25:15 PM GMT Time Source: server- IP address: 72.223.21.139

Email viewed by Amy Volk (amytalleyvolk@gmail.com)

2020-03-31 - 8:37:41 PM GMT- IP address: 73.14.100.12

Document e-signed by Amy Volk (amytalleyvolk@gmail.com)

Signature Date: 2020-03-31 - 8:38:05 PM GMT - Time Source: server- IP address: 73.14.100.12

🖰 Email viewed by Amanda Halsey (manohalsey@gmail.com)

2020-03-31 - 9:53:17 PM GMT- IP address: 98.245.90.93

Document e-signed by Amanda Halsey (manohalsey@gmail.com)

Signature Date: 2020-03-31 - 9:54:35 PM GMT - Time Source: server- IP address: 98.245.90.93

Email viewed by Linda Talley (tallez@aol.com)

2020-03-31 - 10:32:54 PM GMT- IP address: 69.147.89.254

Signature Date: 2020-03-31 - 10:34:07 PM GMT - Time Source: server- IP address: 72.223.21.139