APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

For the Year Ended

PROPRIETARY

(CASH OR BUDGETARY BASIS)

Adams Crossing Metropolitan District No. 1

Please indicate whether the following financial information is recorded

using Governmental or Proprietary fund types

NAME OF GOVERNMENT

ADDRESS	c/o White Bear Ankele Tanaka & Waldron	12/31/22				
	2154 E. Commons Avenue, Suite 2000	or fiscal year ended:				
	Centennial, CO 80122	-				
CONTACT PERSON	William P. Ankele, Jr.					
PHONE	303-858-1800					
EMAIL	wpankele@wbapc.com					
Ρ.	ART 1 - CERTIFICATION OF PREPARER					
I certify that I am skilled in govern	mental accounting and that the information in the application is comple	te 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					
PREPARER (SIGNATURE	REQUIRED)					
Qione K Whale						

GOVERNMENTAL

(MODIFIED ACCRUAL BASIS)

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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#		Des	cription	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	-	space to provide
2-2		Specific owners	hip	\$ -	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	*	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances		(should agree with line 4-4		
2-18	Proceeds from sale	•		\$ -	
2-19	Fire and police pens	sion		\$ -	
2-20	Donations			\$ -	
2-21	Other (specify): Mis		e	\$ 495	
2-22	Developer Advances	s AR adjustment		\$ 3,136	_
2-23				\$ -	_
2-24		(add line	es 2-1 through 2-23) TOTAL REVENUE	\$ 31,715	

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 neares	t Dollar	Please use this
3-1	Administrative		\$	984	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	-	
3-5	Employee benefits		\$	-	
3-6	Insurance		\$	5,317	
3-7	Accounting and legal fees		\$	25,414	
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	• •	should agree with Part 4)	\$	-	
3-18	Debt service interest		\$	-	
3-19	Repayment of Developer Advance Principal (si	hould agree with line 4-4)	\$	-	
3-20	Repayment of Developer Advance Interest		\$	-	
3-21	·	(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			\$	-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDI	TURES/EXPENSES	\$	31,715	

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	priate boxes.	Ť			Yes		No
4-1	Does the entity have outstanding debt?						7		
4-2	If Yes, please attach a copy of the entity's Debt Repayment Solution is the debt repayment schedule attached? If no, MUST explain		iuie.				П		7
7 =	Developer advances - no repayment schedule.]	_		_
4-3	Is the entity current in its debt service payments? If no, MUS7	「ex _j	olain:				J		
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts) (enter all amount as positive	Οι	itstanding at	Iss	ued during	Reti	red during	Οι	utstanding at
	numbers)	end	of prior year*		year		year		year-end
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease Liabilities	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	2,234,832	\$	28,084	\$	-	\$	2,262,916
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	2,234,832	\$	28,084	\$	-	\$	2,262,916
		*mu	st tie to prior ye	ar en	ding balance				
	Please answer the following questions by marking the appropriate boxes						Yes		No
4-5	Does the entity have any authorized, but unissued, debt?	_				1	J		
If yes:	How much?	\$			00,000.00				
	Date the debt was authorized:		5/4/2	010			_		
4-6	Does the entity intend to issue debt within the next calendar	year	?			1			7
If yes:		\$			-		_		_
4-7	Does the entity have debt that has been refinanced that it is s	till r	esponsible f	for?		,			✓
If yes:		\$			-		_		
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?					l	П		✓
	What are the annual lease payments?	\$				1	_		1
	Please use this space to provide any		anations_or	com	ments:				
		J., 51							

	PART 5 - CASH AND INVESTME	ENTS				
	Please provide the entity's cash deposit and investment balances.		1	Amount		Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	2,062		
5-2	Certificates of deposit		\$	-		
	Total Cash Deposits				\$	2,062
	Investments (if investment is a mutual fund, please list underlying investments):					
			\$	-)	
5-3			\$	-		
			\$	-		
			\$	-		
	Total Investments				\$	-
	Total Cash and Investments				\$	2,062
	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		П		
	seq., C.R.S.?	<u>~</u> 1				
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			П		
	depository (Section 11-10.5-101, et seq. C.R.S.)?	ŭ				
If no. Ml	JST use this space to provide any explanations:					

	DADTA CARITAL AND DI		105 4005				
	PART 6 - CAPITAL AND RI		ISE ASSE	=18			
	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 asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordance	with Section	V			
6-3		Balance -	Additions (Must				
0-3	Complete the following capital & right-to-use 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)	\$ -	\$ -	\$ -	\$ -		
	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	s	\$ -	\$ -	-		
	Please use this space to provide any	explanations of	comments.				
	PART 7 - PENSION	INFORMA	IION				
	Please answer the following questions by marking in the appropriate box	es.		Yes	No		
7-1	Does the entity have an "old hire" firefighters' pension plan?				<u> </u>		
7-2	Does the entity have a volunteer fire fighters' pension plan? ☐ ☐ ☐						
If yes:	Who administers the plan?]			
	Indicate the contributions from:						
	Tax (property, SO, sales, etc.):		\$ -	1			
	State contribution amount:						
	Other (gifts, donations, etc.):						
	TOTAL						
	What is the monthly henefit naid for 20 years of service per retires as of Jan						
	1?						
	Please use this space to provide any explanations or comments:						
	PART 8 - BUDGET I	INFORMA	TION				
	Please answer the following questions by marking in the appropriate box		Yes	No	N/A		
8-1	Did the entity file a budget with the Department of Local Affai		_		_		
	current year in accordance with Section 29-1-113 C.R.S.?		✓				
]				
8-2	Did the entity pass an appropriations resolution, in accordance	co with Section	J				
	29-1-108 C.R.S.? If no, MUST explain:	ce with Section	√				
	29-1-100 C.K.S.: II IIO, MOST explain.		1				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reported:	J				
n yes.	1. 10400 maloute the amount budgeted for each fund for the ye	ai iopoiteu.					
	Governmental/Proprietary Fund Name	Total Appropria	tions By Fund	Į			
	General Fund	\$	50,000				
	Capital Project Fund	\$	10,240,822	_			
				_			
]			

	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.		Ш			
f 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?		V			
10-1	Date of formation:					
If yes: 10-2	Has the entity changed its name in the past or current year?					
10-2	Thas the entity changed its name in the past of current year:		✓			
If yes:	Please list the NEW name & PRIOR name:					
40.0						
10-3	Is the entity a metropolitan district?	7				
	Please indicate what services the entity provides: Sanitary sewer/storm drainage, streets, water, traffic & safety control, park & recreation					
10-4	Does the entity have an agreement with another government to provide services?	П				
If yes:	List the name of the other governmental entity and the services provided:					
11 you.	List the hame 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?		✓			
If yes:						
	Please provide the following mills 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?	J			

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	I, attest I am a duly elected or
Doord		appointed board member, and that I have personally reviewed and approve this
Board Member	Lynette Vernon	application for exemption from audit.
1	-	Signed
•		Date:
		My term Expires:May 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
Board Member	Paul Vernon	application for exemption from audit.
2		Signed Paul 8 Vernon
_		Date:
		My term Expires:May 2025
	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 Member		exemption from audit.
3		Signed
3		Date:
		My term Expires:
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
		exemption from audit.
Member		Signed
4		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 Member		exemption from audit.
5 member		Signed
3		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 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 Member		exemption from audit.
Member 7		Signed
		Date:
		My term Expires:

Adams Crossing 1 2022

Final Audit Report 2023-03-22

Created: 2023-03-21

By: Cathy Hamilton (cathy@simmonswheeler.com)

Status: Signed

Transaction ID: CBJCHBCAABAAbdGOdFasBNgTT2_QiQ5Wh95XEkePimn6

"Adams Crossing 1 2022" History

- Document created by Cathy Hamilton (cathy@simmonswheeler.com) 2023-03-21 7:54:42 PM GMT- IP address: 72.42.69.251
- Document emailed to Lynette Vernon (lynettewvernon@gmail.com) for signature 2023-03-21 7:55:46 PM GMT
- Document emailed to pbvarchitects@gmail.com for signature 2023-03-21 7:55:46 PM GMT
- Document emailed to Diane Wheeler (diane@simmonswheeler.com) for signature 2023-03-21 7:55:46 PM GMT
- Document e-signed by Diane Wheeler (diane@simmonswheeler.com)

 Signature Date: 2023-03-21 8:32:01 PM GMT Time Source: server- IP address: 96.87.58.121
- Email viewed by Lynette Vernon (lynettewvernon@gmail.com) 2023-03-21 11:44:01 PM GMT- IP address: 74.125.212.83
- Document e-signed by Lynette Vernon (lynettewvernon@gmail.com)

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- Email viewed by pbvarchitects@gmail.com 2023-03-22 1:35:25 AM GMT- IP address: 97.122.212.48
- Signer pbvarchitects@gmail.com entered name at signing as Paul B Vernon 2023-03-22 1:36:03 AM GMT- IP address: 97.122.212.48
- Document e-signed by Paul B Vernon (pbvarchitects@gmail.com)
 Signature Date: 2023-03-22 1:36:05 AM GMT Time Source: server- IP address: 97.122.212.48
- Agreement completed.
 2023-03-22 1:36:05 AM GMT



