APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Adams Crossing Metropolitan District No. 8	For the Year Ended			
ADDRESS	c/o White Bear Ankele Tanaka & Waldron	12/31/22			
	2154 E. Commons Avenue, Suite 2000 or fiscal year				
	Centennial, CO 80112				
CONTACT PERSON William P. Ankele, Jr.					
PHONE	PHONE 303-858-1800				
EMAIL wpankele@wbapc.com					
	PART 1 - CERTIFICATION OF PREPARER				
Langetific thank Laura abilliand in man	remove the constitute and that the information in the application is comple				

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 2/15/2023

PREPARER (SIGNATURE REQUIRED)

Qian K Wheln

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
	7	

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 Dollar	Please use this
2-1	Taxes: F	Property	(report mills levied in Question 10-6)	\$	space to provide
2-2	5	Specific owners	ship	\$	any necessary
2-3	5	Sales and use		\$	explanations
2-4		Other (specify):		\$	-
2-5	Licenses and permits			\$	-
2-6	Intergovernmental:		Grants	\$	-
2-7			Conservation Trust Funds (Lottery)	\$	-
2-8			Highway Users Tax Funds (HUTF)	Ψ	-
2-9			Other (specify):	\$	-
2-10	Charges for services			Ψ	-
2-11	Fines and forfeits			\$	<u>-</u>
2-12	Special assessments			Ψ	<u>-</u>
2-13	Investment income			Ψ	-
2-14	Charges for utility ser	vices		\$	-
2-15	Debt proceeds		(should agree with line 4-4, column 2)	т	-
2-16	Lease proceeds			\$	-
2-17	Developer Advances i		(should agree with line 4-4)	Ψ	-
2-18	Proceeds from sale of	f capital assets		\$	-
2-19	Fire and police pension	on		Ψ	-
2-20	Donations			\$	<u>-</u>
2-21	Other (specify):			Ψ	-
2-22				Ψ	-
2-23				\$	-
2-24		(add line	es 2-1 through 2-23) TOTAL REVENUE	\$	-

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		\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ -	
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 (s	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	\$ -	

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	2 10	CHE			ETID	ED		
					AND K				
4-1	Please answer the following questions by marking the a Does the entity have outstanding debt?	approp	riate boxes			Γ	Yes		No -
7.	If Yes, please attach a copy of the entity's Debt Repayment Se	chedu	le.			_	_	_	_
4-2	Is the debt repayment schedule attached? If no, MUST explain	n:				_ [√
	N/A								
] _	_	_	_
4-3	Is the entity current in its debt service payments? If no, MUST	Γ expl	ain:			ຸ [Ŀ	4
	N/A								
4-4	Please complete the following debt schedule, if applicable:	Outs	tanding at	lss	sued during	Retire	ed during	Outsta	anding at
	(please only include principal amounts)(enter all amount as positive		f prior year		year		year		r-end
	numbers)								
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease Liabilities	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	<u>-</u>	\$	-	\$	-	\$	-
	Discourse the following acceptions by moreling the communicate because		tie to prior	/ear ei	nding balance		Vaa		No
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?	•				_	Yes ✓		No
If yes:	How much?	\$	2.	0.000	00.000.00	7			
,	Date the debt was authorized:	r -		2010		1			
4-6	Does the entity intend to issue debt within the next calendar	vear?				_			4
If yes:		\$			-	7			
4-7	Does the entity have debt that has been refinanced that it is s	till res	sponsible	for?	•	_			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?					_	П		✓
	What are the annual lease payments?	\$				٦	_		
	Please use this space to provide any		nations o	r cor	nments:				
	PART 5 - CASH AND	INI	/FSTI	ИΕ	NTS				
	I AILL GAOLLAID								

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -	
5-3			\$ -	
5-5			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.	П		7
	seq., C.R.S.?	Ш		Ŀ
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.)?			<u></u>
If no. MI	UST use this space to provide any explanations:			

	DARTE CARITAL AND RE	сит т	'O II	ICE /	100	TC			
	Please answer the following questions by marking in the appropriate box		U-U	SE F	433E	EIS Ye			No
		cs.					:5		
6-1	Does the entity have capital assets?							Ŀ	√
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accord	dance	with Se	ection			[7
	N/A								
6-3	Complete the following capital & right-to-use assets table:	Balanc beginning			is (Must uded in	Delet	ione	Yea	r-End
	Complete the following capital a right-to-use assets table.	year*			t 3)	Delet	10115	Bal	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)	\$	-	\$	-	\$	-	Q	
	TOTAL	\$	_	\$	-	\$	_	\$ \$	<u> </u>
	Please use this space to provide any	explanatio	ons or		nts:	T		<u> </u>	
	PART 7 - PENSION	INFOR	MΔ	TION	J				
	Please answer the following questions by marking in the appropriate box					Υe			No
7-1	Does the entity have an "old hire" firefighters' pension plan?	es.				T	:5		
7-2	Does the entity have a volunteer firefighters' pension plan?					H		[-	_
If yes:	Who administers the plan?							_	-
you.	Indicate the contributions from:					I			
				Φ.		Ī			
	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	etiree as of	f Jan						
	1?								
	Please use this space to provide any	explanatio	ons or	comme	nts:				
	PART 8 - BUDGET I	INFOR	MA	TION					
	Please answer the following questions by marking in the appropriate box	es.		Y	es	N	0	N	I/A
8-1	Did the entity file a budget with the Department of Local Affai	rs for the		1	ı				1
	current year in accordance with Section 29-1-113 C.R.S.?			<u>. </u>				_	1
8-2	Did the entity pass an appropriations resolution, in accordance with Section					_	1		
	29-1-108 C.R.S.? If no, MUST explain:			J	l				1
	, 1			1					
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reporte	d:	-					
	Governmental/Proprietary Fund Name General Fund	\$	ргорпа	tions by	50,000	 			
	Capital Project Fund	\$		10.	040,000				
	. ,								
	Г	1				1			

	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)]? 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: 10-2	Date of formation: 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:	7	
	Sanitary sewer/storm drainage, streets, water, traffic & safety controls, park & recreation		
10-4 If yes:	Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided:		7
10-5	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during		V
If yes:	Date Filed:		
10-6 If yes:	Does the entity have a certified Mill Levy?		√
yoo.	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
		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
Board		appointed board member, and that I have personally reviewed and approve this
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
Board		member, and that I have personally reviewed and approve this application for
Member		exemption from audit.
3		Signed
		Date:
		My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board Member		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
Board		member, and that I have personally reviewed and approve this application for
Member		exemption from audit.
7		Signed
		Date:
		My term Expires:

Adams Crossing 8 2022

Final Audit Report 2023-03-22

Created: 2023-03-21

By: Cathy Hamilton (cathy@simmonswheeler.com)

Status: Signed

Transaction ID: CBJCHBCAABAACvux-E-U1U5QY7LYMIsRoGAwKValUDbf

"Adams Crossing 8 2022" History

- Document created by Cathy Hamilton (cathy@simmonswheeler.com) 2023-03-21 8:08:38 PM GMT- IP address: 72.42.69.251
- Document emailed to Diane Wheeler (diane@simmonswheeler.com) for signature 2023-03-21 8:09:20 PM GMT
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- Document emailed to pbvarchitects@gmail.com for signature 2023-03-21 8:09:20 PM GMT
- Document e-signed by Diane Wheeler (diane@simmonswheeler.com)

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- Email viewed by pbvarchitects@gmail.com 2023-03-21 9:37:48 PM GMT- IP address: 66.249.80.194
- Email viewed by Lynette Vernon (lynettewvernon@gmail.com) 2023-03-21 11:55:43 PM GMT- IP address: 74.125.212.75
- Document e-signed by Lynette Vernon (lynettewvernon@gmail.com)

 Signature Date: 2023-03-21 11:56:40 PM GMT Time Source: server- IP address: 97.122.212.48
- Signer pbvarchitects@gmail.com entered name at signing as Paul B Vernon 2023-03-22 1:40:29 AM GMT- IP address: 97.122.212.48
- Document e-signed by Paul B Vernon (pbvarchitects@gmail.com)
 Signature Date: 2023-03-22 1:40:31 AM GMT Time Source: server- IP address: 97.122.212.48
- Agreement completed. 2023-03-22 - 1:40:31 AM GMT

