APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Timnath Lakes Metropolitan Distirct No. 2	
ADDRESS	8390 E Crescent Parkway	
	Suite 300	
	Greenwood Village, CO 80111	
CONTACT PERSON	Jason Carroll	
PHONE	303-779-5710	
EMAIL	Jason.Carroll@claconnect.com	
FAX	303-779-0348	
	DAPT 1 _ CEPTIFICATION OF DREDAPED	

For the Year Ended 12/31/21 or fiscal year ended:

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.

my knowlodgo.	
NAME:	Jason Carroll
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111
PHONE	303-779-5710
DATE PREPARED	3/11/2022

PREPARER (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPLILATION REPORT

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

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	escription	Round to neare	st Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$		space to provide
2-2		Specific owner	ship	\$	4	any necessary
2-3		Sales and use		\$	-	explanations
2-4		Other (specify)	:	\$	-	
2-5	Licenses and permit	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 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	s received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital assets	6	\$	-	
2-19	Fire and police pens	sion		\$	-	
2-20	Donations			\$	-	
2-21	Other (specify):			\$	-	
2-22				\$	-	
2-23				\$	-	
2-24		(add lir	nes 2-1 through 2-23) TOTAL REVENUE	\$	16	

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	Debt service principal (s	should 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	Intergovernmental	-	\$	16	
3-25		-	\$	-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDIT	URES/EXPENSES	\$	16	
	PEVENUE (Line 2.24) or TOTAL EVDENDITURES (Line 2.26)	are CDEATED then		Voumovin	ot uso 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, ISSUED	, AND RE	TIRED	
	Please answer the following questions by marking the	appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment So			\checkmark	
4-2	Is the debt repayment schedule attached? If no, MUST explain				1
	N/A				
4-3	Is the entity current in its debt service payments? If no, MUS	F explain:			\checkmark
	N/A	·			
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year*	lssued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$-	\$-	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Leases	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ -	\$ -	\$ -	\$ -
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ar ending balance		
	Please answer the following questions by marking the appropriate boxes			Yes	No
4-5	Does the entity have any authorized, but unissued, debt?			 Image: A set of the set of the	
If yes:	How much?		67,000,000.00		
	Date the debt was authorized:	5/2/2	006		
4-6	Does the entity intend to issue debt within the next calendar	year?			\checkmark
If yes:	How much?	\$	-		
4-7	Does the entity have debt that has been refinanced that it is s	till responsible f	for?		\checkmark
If yes:	What is the amount outstanding?	\$	-		
4-8 If yes:	Does the entity have any lease agreements? What is being leased? What is the original date of the lease?				V
	Number of years of lease?				
	Is the lease subject to annual appropriation?				\checkmark
	What are the annual lease payments?	\$	-		
	Please use this space to provide any	explanations or	comments:		

	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			\$ -	
0-0			\$ -	_
			\$-	
	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. seq., C.R.S.?			v
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.)?			1
If no, M	UST use this space to provide any explanations:			

	PART 6 - CAPIT	AL ASSE	ſS			
	Please answer the following questions by marking in the appropriate box	es.		Yes	No	
6-1	Does the entity have capital assets?				\checkmark	
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		\checkmark	
	N/A					
6-3	Complete the following capital assets table:	Balance - beginning of the year*	Additions (Must 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:			
	PART 7 - PENSION INFORMATION					

	PART 7 - PENSION INFORMA	TIC	N		
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				\checkmark
7-2	Does the entity have a volunteer firefighters' pension plan?				\checkmark
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 retiree as of Jan 1?	\$	-		

Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION							
	Please answer the following questions by marking in the appropriate boxes.	Yes	No	N/A			
8-1	Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?						
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 reported:	priations By Fund	I				

Governmental/Proprietary Fund Name	Total Appropriations By Fund	
General Fund (Amended)	\$ 20	

	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.	7	
lf no, Ml	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	Is this application for a newly formed governmental entity?		 ✓
10-1			
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		1
If yes:	Please list the NEW name & PRIOR name:		
n yoo.			
10-3	Is the entity a metropolitan district?	v	
	Please indicate what services the entity provides:		
	See Below		
10-4	Does the entity have an agreement with another government to provide services?	\checkmark	
If yes:	List the name of the other governmental entity and the services provided:		
	See Below		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		\checkmark
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		_

Bond Redemption mills	-		
General/Other mills	50.000		
Total mills	50.000		
Please use this space to provide any explanations or comments:			
	and the second se		

10-3: District provides for the design, acquisition, construction, installation and financing of street, park and recreation, water, sanitation, mosquito control and safety protection.

10-4: The District operates in connection with Timnath Lakes Metro District Nos. 1, 3, 4, 5 and 6. Districts 1 through 5 are the financing Districts and District 6 is the operating District.

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
10.1	If you plan to submit this form electronically, have you read the new Electronic Signature		

If you plan to submit this form electronically, have you read the new Electronic Signature 12-1 Policv?

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.
Board Member 1	Print Board Member's Name Theodore Antenucci	I Theodore Antenucci, 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 <u>Theodore Ruture</u> Date: <u>3/28/2022</u> My term Expires:May 2023
Board Member 2	Print Board Member's Name Robert Bol	I Robert Bol , 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 <u>Norted</u> Date: <u>Norted</u> My term Expires:May 2022
Board Member 3	Print Board Member's Name Janis Emanuel	I Janis Emanuel , 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
Board Member 4	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: My term Expires:
Board Member 5	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: 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: My term Expires:
Board Member 7	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: My term Expires:



CliftonLarsonAllen LLP 8390 East Crescent Pkwy., Suite 300 Greenwood Village, CO 80111 phone 303-779-5710 fax 303-779-0348 CLAconnect.com

Accountant's Compilation Report

Board of Directors Timnath Lakes Metropolitan District No. 2 Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Timnath Lakes Metropolitan District No. 2 as of and for the year ended December 31, 2021, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, which differ from accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

We are not independent with respect to Timnath Lakes Metropolitan District No. 2.

Clifton Larson allen LL

Greenwood Village, Colorado 03/11/2022



DocuSign

Certificate Of Completion

Envelope Id: 3A7C7E7EA7D64B4BA0E77B23871A227D Subject: Please DocuSign: TLMD 2 - 2021 Audit Exemption (03-16-22).pdf Client Name: Timnath Lakes Metropolitan District No. 2 Client Number: 011-043638-00 Source Envelope: Document Pages: 8 Certificate Pages: 5 AutoNav: Enabled EnvelopeId Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

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Signer Events

Theodore Antenucci tantenucci@catellus.com Manager Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/28/2022 8:33:22 PM ID: bf04f952-d160-4e7b-8bc6-404556b29bbf

Robert Bol

robbolus@yahoo.com

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/28/2022 10:06:10 PM ID: c6c96b15-23fc-49c2-a7b8-c8c92e01b516

Janis Emanuel

jemanuel@catellus.com

President

Catellus

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 11/18/2021 3:05:12 PM ID: e44cc491-726b-41d5-a960-93622b1ef791 Holder: Carl Powell Carl.Powell@claconnect.com

Signature



Signature Adoption: Pre-selected Style Using IP Address: 73.14.108.144

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Janis Emanuel

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Carl Powell

Suite 300

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Envelope Sent Certified Delivered	Hashed/Encrypted Security Checked	3/22/2022 2:49:13 PM 3/29/2022 7:43:12 AM
Envelope Sent Certified Delivered Signing Complete	Hashed/Encrypted Security Checked Security Checked	3/22/2022 2:49:13 PM 3/29/2022 7:43:12 AM 3/29/2022 7:43:18 AM

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