APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Summerfield Metropolitan District No. 2	For the Year Ended
ADDRESS	2500 Arapahoe Avenue	12/31/18
	Suite 220	or fiscal year ended:
	Boulder CO 80302	
CONTACT PERSON	Steve Rane	
PHONE	303-442-2299	
EMAIL	steve@cdgcolorado.com	
FAX		

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:	Shelby Clymer
TITLE	Independent Accountant
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111
PHONE	303-779-5710
DATE PREPARED	February 26, 2019

PREPARER (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPILATION 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	J	

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 ne	earest Dollar	Please use this
2-1	Taxes: Pro	perty	(report mills levied in Question 10-6)	\$, -	space to provide
2-2	Spe	cific owner	ship	\$	3,243	any necessary
2-3	Sale	es and use		\$	-	explanations
2-4	Oth	er (specify):		\$	-	
2-5	Licenses and permits			\$	-	
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			\$	-	
2-11	Fines and forfeits			\$	-	
2-12	Special assessments			\$	-	
2-13	Investment income			\$	2,935	
2-14	Charges for utility servic	es		\$	-	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$	-	
2-16	Lease proceeds			\$	-	
2-17	Developer Advances rec	eived	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale of ca	pital assets	6	\$	-	
2-19	Fire and police pension			\$	-	
2-20	Donations			\$	-	
2-21	Other (specify):			\$	-	
2-22	Transfer from Summerfie	eld Metropo	litan District No. 1	\$	3,615	
2-23				\$		
2-24		(add lin	es 2-1 through 2-23) TOTAL REVENUE	\$	52,069	

PART 3 - EXPENDITURES

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		\$	200	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	-	
3-5	Employee benefits		\$	-	
3-6	Insurance		\$	1,904	
3-7	Accounting and legal fees		\$	1,400	
3-8	Repair and maintenance		\$	-	
3-9	Supplies		\$	-	1
3-10	Utilities and telephone		\$	-	1
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 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	County Treasurer's fees		\$	636	
3-25			\$		
3-26	(add lines 3-1 through 3-24) TOT	AL EXPENDITURES	\$	4,199	
IF TOTAL	REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26	6) are GREATER than	\$100	000 - STOP You may n	ot use 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>".

Please answer the following questions by marking the appropriate boxes. Yes No 41 Does the entity have outstanding debi?						
4-1 Does the entity have outstanding debt?		PARI 4 - DEBI OUISIANDING	i, ISSUED, ف	, AND RE	EIIRED	
If Yes, please attach a copy of the entity's Debt Repayment Schedule. 4-2 Is the debt repayment schedule attached? If no. MUST explain: IVA. The District has no debt. 4-3 Is the entity current in its debt service payments? If no, MUST explain: IVA. The District has no debt. 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) General obligation bonds Revenue bonds S - \$ - \$ - \$ Notes/Loans Leases Developer Advances Other (specify): TOTAL If yes: How much? 4-4 Please answer the following questions by marking the appropriate boxes. Yes 4-5 Does the entity have any authorized; 11/5/2013 4-6 Does the entity have any authorized; If yes: How much? 4-7 Does the entity have any lease agreements? If yes: How much? If yes: How much? If yes:		Please answer the following questions by marking the a	appropriate boxes.		Yes	
4-2 Is the debt repayment schedule attached? If no. MUST explain:	4-1	Does the entity have outstanding debt?				J
WA. The District has no debt. 4-3 Is the entity current in its debt service payments? If no, MUST explain: IVA. The District has no debt. 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(entor all amount as positive numbers) Outstanding at end of prior year* Issued during year Outstanding at year-end General obligation bonds \$ \$ \$ \$ \$ Notes/Loans \$ \$ \$ \$ \$ Leases \$ \$ \$ \$ \$ Developer Advances \$ \$ \$ \$ \$ Otter (specify): TOTAL \$ \$ \$ \$ \$ \$ 4-4 Does the entity have any authorized, but unissued, debt? \$ \$ \$ \$ \$ \$ Verse No \$ <td>4.0</td> <td></td> <td></td> <td></td> <td></td> <td></td>	4.0					
4-3 Is the entity current in its debt service payments? If no, MUST explain: N/A. The District has no debt. Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive members) General obligation bonds S S	4-2		n:			
N/A. The District has no debt. 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive mumbers) Outstanding at end of prior year' Issued during end of prior year' Retired during year Outstanding at year-end General obligation bonds \$ - \$ - \$ - \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ Revenue bonds \$ - \$ - \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ Notes/Loans \$ - \$ - \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ Developer Advances \$ - \$ - \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ \$ - \$ Other (specify): TOTAL \$ - \$ - \$ - \$ \$ - \$ <t< td=""><td></td><td colspan="4">N/A. The District has no debt.</td><td></td></t<>		N/A. The District has no debt.				
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What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation? What are the annual lease payments?						4
Number of years of lease? Is the lease subject to annual appropriation? What are the annual lease payments?	If yes:					
Is the lease subject to annual appropriation?					ł	
What are the annual lease payments?						
			\$			
			T	comments:	1	

	PART 5 - CASH AND INVESTME	NTS			
	Please provide the entity's cash deposit and investment balances.			Amount	Total
5-1 5-2	YEAR-END Total of ALL Checking and Savings Accounts Certificates of deposit		\$ \$	-	
	Total Cash Deposits				\$ -
	Investments (if investment is a mutual fund, please list underlying investments):				
	CSAFE		\$	158,807	
5-3			\$	-	
5-3			\$	-	
			\$	-	
	Total Investments				\$ 158,807
	Total Cash and Investments				\$ 158,807
	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.?	1			
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.)?				4
lf no, Ml	JST use this space to provide any explanations:				

	PART 6 - CAPITAL ASSETS					
	Please answer the following questions by marking in the appropriate box	es.		Yes	No	
6-1	Does the entity have capital assets?				1	
6-2	29-1-506, C.R.S.,? If no, MUST explain:					
	N/A. The District has no capital assets.					
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					
	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?				J	
7-2	Does the entity have a volunteer firemen's 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 retiree as of Jan	\$	-			
	Please use this space to provide any explanations or	comme	ents:			

	PART 8 - BUDGET INFORMA	TION		
	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:

General Fund	\$ 155,034

	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, 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.	4	
If no, M	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?		7
If yes: 10-2	Date of formation: Has the entity changed its name in the past or current year?		
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	4	
	Please indicate what services the entity provides:		
	See below.	_	_
10-4 If ves:	Does the entity have an agreement with another government to provide services?	J	
li 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		1
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	1	
If yes:	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		
	General/Other mills		55.275
	Total mills		55.275

Please use this space to provide any explanations or comments:

10-3: Water, streets, parks and recreation, sanitary and storm sewer, transportation, mosquito control, safety protection, fire protection, television relay and translation, and security.

10-4: Summerfield Metropolitan District Nos. 1 and 3. The District will collectively finance the public improvements of the Summerfield development. District covenants with the Town of Erie.

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
40.4	If you plan to submit this form electronically, have you read the new Electronic Signature	7	

12-1 **Policy?**

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.

Р	rint the names of ALL current governing board members below.	A <u>MAJORITY</u> of the governing board members must complete and sign in the column below.
Board Member 1	Print Board Member's Name Jon R. Lee	I, Jon R. Lee, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this approximation for exemption from audit. Signed 3/21/2019
Board Member 2	Print Board Member's Name Jessica Brothers	I, Jessica Brothers, attest I am a duly elected or appointed board member, and that have personally reviewed and approve trils application for exemption from audit. Signed
Board Member 3	Print Board Member's Name Steve Rane	I, Steve Rane, 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 Jate:
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 www.cliftonlarsonallen.com

Accountant's Compilation Report

Board of Directors Summerfield Metropolitan District No. 2 Weld County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Summerfield Metropolitan District No. 2 as of and for the year ended December 31, 2018, 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.

Clifton Larson allen LA

Greenwood Village, Colorado February 26, 2019



Certificate Of Completion

Envelope Id: AEA6A438A75E4DA2A35D80B7F8FEAC06 Subject: Please DocuSign: SFMD2_2018_Audit_Exemption.pdf Client Name: Summerfield MD No. 2 Client Number: 011-044440-00 Source Envelope: **Document Pages: 8** Signatures: 3 Certificate Pages: 5 Initials: 0 AutoNav: Enabled EnvelopeId Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

Record Tracking

Status: Original 3/21/2019 12:34:09 PM

Signer Events

Jessica Brothers jessica@cdgcolorado.com Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 3/22/2019 1:49:45 PM ID: 8e3138cf-f451-48bf-9923-c86f2767411f

Jon R. Lee

jonrlee@cdgcolorado.com Security Level: Email, Account Authentication (None)

Holder: Aurora Baca Aurora.Baca@claconnect.com

Signature

DocuSianed by: Jessica Brothers 5E2846592AEA4E9..

Signature Adoption: Pre-selected Style Using IP Address: 65.155.157.50

> Sent: 3/21/2019 12:36:20 PM Viewed: 3/21/2019 1:36:05 PM Signed: 3/21/2019 1:36:19 PM

Signature Adoption: Uploaded Signature Image Using IP Address: 65.155.157.50

Electronic Record and Signature Disclosure: Accepted: 3/21/2019 1:36:05 PM ID: 604b0ebd-8444-4625-ab5c-466106e8b6b5

Steve Rane

Steve@cdgcolorado.com Security Level: Email, Account Authentication

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