

APPLICATION FOR EXEMPTION FROM AUDIT LONG FORM

WPH NP#2

FOR LOCAL GOVERNMENTS WITH EITHER REVENUES OR EXPENDITURES MORE THAN \$100,000 BUT NOT MORE THAN \$750,000

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 for the year. If your local government has either revenues or expenditures of LESS than \$100,000, use the **SHORT FORM**.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval. Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting. Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END FOR EXAMPLE. APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. **GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS**

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUTORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED. APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED. APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED. FOR YOUR REFERENCE: COLORADO REVISED STATUTES CAN BE FOUND AT THIS ADDRESS: <http://www.revisor.ms.com/html/leg/stat/Colorado/>

CHECKLIST

- Has the preparer signed the application?
- Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?
- Has the application been PERSONALLY reviewed and approved by the governing body?
- Are all sections of the form complete, including responses to all of the questions?
- Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
- Will this application be submitted via Fax or Email?
 - If yes, have you read and understand the new Electronic Signature Policy? See here
 - or--
 - Have you included a resolution?
 - Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?
 - Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)
- Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)
 - If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?

Checkout our new web portal. Register your account and submit electronic Applications for Exemption From Audit. Extension of Time to File requests, Audited Financial Statements, and more! See the link below.

OSALG Web Portal

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal: <https://apps.leg.co.nov/osalg>

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203
FAX: 303-869-3061
EMAIL: osalg@state.co.us
QUESTIONS? 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor. Governmental Activity should be reported on the Modified Accrual Basis. Proprietary Activity should be reported on the Cash or Budgetary Basis -- A Budget to GAAP reconciliation is provided in Part 3. Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year. In that event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

For the Year Ended
12/31/2020
or fiscal year ended:

NAME OF GOVERNMENT: Windsor Highlands Metropolitan District No. 2
 ADDRESS: 6795 Crystal Downs Drive, Windsor, Colorado 80550
 CONTACT PERSON: Guy Johnson, District Manager
 PHONE: 970-223-3673
 EMAIL: manager@windsorhighlandsmetrodistrict.com
 FAX: 970-225-0054

CERTIFICATION OF PREPARER

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME: Christine A. Reeves
 TITLE: Certified Public Accountant
 FIRM NAME (if applicable): John Cutler and Associates, LLC
 ADDRESS: 600 17th Street, Denver CO 80202
 PHONE: 303-634-2259
 DATE PREPARED: 3/18/2021
 RELATIONSHIP TO ENTITY: Independent Accountant

PREPARER (SIGNATURE REQUIRED)

Christine A. Reeves

Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9-3) and 32-1-104 (3), C.R.S.]

YES NO

If Yes, date filed:

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund
NOTE: Attach additional sheets, as necessary.

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund*	Fund*	Fund*	
Assets						
1-1	Cash & Cash Equivalents	\$ -	\$ -	\$ -	\$ -	
1-2	Investments	\$ -	\$ -	\$ -	\$ -	
1-3	Receivables	\$ -	\$ -	\$ -	\$ -	
1-4	Due from Other Entities or Funds	\$ -	\$ -	\$ -	\$ -	
	All Other Assets (specify:)	\$ -	\$ -	\$ -	\$ -	
1-5	Property Taxes Receivable	\$ 299,990	\$ -	\$ -	\$ -	
1-6		\$ -	\$ -	\$ -	\$ -	
1-7		\$ -	\$ -	\$ -	\$ -	
1-8		\$ -	\$ -	\$ -	\$ -	
1-9		\$ -	\$ -	\$ -	\$ -	
1-10		\$ -	\$ -	\$ -	\$ -	
1-11	(add lines 1-1 through 1-10)	\$ 299,990	\$ -	\$ -	\$ -	
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -	\$ -	\$ -	
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 299,990	\$ -	\$ -	\$ -	
Liabilities						
1-14	Accounts Payable	\$ -	\$ -	\$ -	\$ -	
1-15	Accrued Payroll and Related Liabilities	\$ -	\$ -	\$ -	\$ -	
1-16	Accrued Interest Payable	\$ -	\$ -	\$ -	\$ -	
1-17	Due to Other Entities or Funds	\$ -	\$ -	\$ -	\$ -	
1-18	All Other Current Liabilities	\$ -	\$ -	\$ -	\$ -	
1-19	TOTAL CURRENT LIABILITIES	\$ -	\$ -	\$ -	\$ -	
1-20	All Other Liabilities (specify:)	\$ -	\$ -	\$ -	\$ -	
1-21		\$ -	\$ -	\$ -	\$ -	
1-22		\$ -	\$ -	\$ -	\$ -	
1-23		\$ -	\$ -	\$ -	\$ -	
1-24		\$ -	\$ -	\$ -	\$ -	
1-25		\$ -	\$ -	\$ -	\$ -	
1-26		\$ -	\$ -	\$ -	\$ -	
1-27		\$ -	\$ -	\$ -	\$ -	
1-28	(add lines 1-19 through 1-27)	\$ -	\$ -	\$ -	\$ -	
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	\$ -	\$ -	\$ -	
Fund Balance						
1-30	Nonspendable Prepaid	\$ -	\$ -	\$ -	\$ -	
1-31	Nonspendable Inventory	\$ -	\$ -	\$ -	\$ -	
1-32	Restricted (specify:)	\$ -	\$ -	\$ -	\$ -	
1-33	Committed (specify:)	\$ -	\$ -	\$ -	\$ -	
1-34	Assigned (specify:)	\$ -	\$ -	\$ -	\$ -	
1-35	Unassigned:	\$ -	\$ -	\$ -	\$ -	
1-36	Add lines 1-30 through 1-35	\$ -	\$ -	\$ -	\$ -	
	TOTAL FUND BALANCE	\$ -	\$ -	\$ -	\$ -	
1-37	Add lines 1-28, 1-29 and 1-36	\$ 299,990	\$ -	\$ -	\$ -	
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$ 299,990	\$ -	\$ -	\$ -	
Net Position						
	Net Investment in Capital Assets	\$ -	\$ -	\$ -	\$ -	
	Emergency Reserves	\$ -	\$ -	\$ -	\$ -	
	Other Designations/Reserves	\$ -	\$ -	\$ -	\$ -	
	Restricted	\$ -	\$ -	\$ -	\$ -	
	Undesignated/Unreserved/Unrestricted	\$ -	\$ -	\$ -	\$ -	
	Add lines 1-30 through 1-35	\$ -	\$ -	\$ -	\$ -	
	TOTAL NET POSITION	\$ -	\$ -	\$ -	\$ -	
	Add lines 1-28, 1-29 and 1-36	\$ 299,990	\$ -	\$ -	\$ -	
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$ 299,990	\$ -	\$ -	\$ -	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Ln #	Description	Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund*	Fund*	Fund*	
2-1	Tax Revenue					
2-2	Property Income (include millage levied in Question 10a)	\$ 299,517	\$ -	\$ -	\$ -	
2-3	Specific Ownership	\$ 19,739	\$ -	\$ -	\$ -	
2-4	Sales and Use Tax	\$ -	\$ -	\$ -	\$ -	
2-5	Other Tax Revenue (Specify:):	\$ -	\$ -	\$ -	\$ -	
2-6		\$ -	\$ -	\$ -	\$ -	
2-7		\$ -	\$ -	\$ -	\$ -	
2-8	Add lines 2-1 through 2-7	\$ 319,256	\$ -	\$ -	\$ -	
	TOTAL TAX REVENUE					
2-9	Licenses and Permits	\$ -	\$ -	\$ -	\$ -	
2-10	Highway Users Tax Funds (HURF)	\$ -	\$ -	\$ -	\$ -	
2-11	Conservation Trust Funds (lottery)	\$ -	\$ -	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 28	\$ -	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	\$ -	\$ -	
2-22	All Other (Specify:):	\$ -	\$ -	\$ -	\$ -	
2-23		\$ -	\$ -	\$ -	\$ -	
2-24	Add lines 2-8 through 2-23	\$ 319,284	\$ -	\$ -	\$ -	
	TOTAL REVENUES					
	Other Financing Sources					
2-25	Debt Proceeds	\$ -	\$ -	\$ -	\$ -	
2-26	Developer Advances	\$ -	\$ -	\$ -	\$ -	
2-27	Other (Specify:):	\$ -	\$ -	\$ -	\$ -	
2-28		\$ -	\$ -	\$ -	\$ -	
2-29	Add lines 2-25 through 2-27	\$ -	\$ -	\$ -	\$ -	
	TOTAL OTHER FINANCING SOURCES					
	Add lines 2-24 and 2-28	\$ 319,284	\$ -	\$ -	\$ -	
	TOTAL REVENUES AND OTHER FINANCING SOURCES					
	GRAND TOTALS	\$ 319,284	\$ -	\$ -	\$ -	

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

PART 6 - CAPITAL ASSETS

Please answer the following question by marking in the appropriate box

YES NO

Please use this space to provide any explanations or comments:

- 6-1 Does the entity have capitalized assets? YES NO
- 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUST explain: YES NO

6-3 Complete the following Capital Assets table for GOVERNMENTAL FUNDS:

	Balance - Beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction in Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

6-4 Complete the following Capital Assets table for PROPRIETARY FUNDS:

	Balance - Beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction in Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

*Must agree to prior year ending balance

PART 7 - PENSION INFORMATION

Please answer the following question by marking in the appropriate box

YES NO

Please use this space to provide any explanations or comments:

- 7-1 Does the entity have an "old hire" firemen's pension plan? YES NO
- 7-2 Does the entity have a volunteer firemen's pension plan? YES NO

If yes: Who administers the plan?

Indicate the contributions from:

Tax (property, SG, 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?

PART 8 - BUDGET INFORMATION

Please use this space to provide any explanations or comments.

	YES	NO	N/A
8-1 Please answer the following question by marking in the appropriate box Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Please indicate the amount budgeted for each fund for the year reported			
	Budgeted Expenditures/Expenses:		
General Fund (Amended Dec-20)	\$	319,284	
	\$		
	\$		
	\$		

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

Please use this space to provide any explanations or comments.

10-1 Please answer the following question by marking in the appropriate box
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

PART 10 - GENERAL INFORMATION

Please use this space to provide any explanations or comments.

10-1 Is this application for a newly formed governmental entity?
If yes: Date of formation:

10-2 Has the entity changed its name in the past or current year?
If Yes: NEW name

PRIOR name

10-3 Is the entity a metropolitan district?
10-4 Please indicate what services the entity provides:
Non-potable water, streets, traffic and safety, sanitation and sewer, and parks and recreation.

10-5 Does the entity have an agreement with another government to provide services?
If yes: List the name of the other governmental entity and the services provided:
Windsor Highlands Metro District No. 5, see below

10-6 Does the entity have a certified mill levy?
If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):

Bond Redemption mills	0.000
General/Other mills	38.964
Total mills	38.964

Please use this space to provide any additional explanations or comments not previously included.

10-5: Agreement with WHMD #5 to provide financing for the design, acquisition, construction, and installation of both standard and enhanced community wide infrastructure and public improvements.

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

YES NO

Office of the State Auditor - Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

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.

- 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.

Below is the certification and approval of the governing body. By signing each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenues and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting, completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of ALL members of the governing body below. A MAJORITY of the members of the governing body must complete and sign in the column below.

Table with 2 columns: Full Name and a blank space for signature and date. Rows include Jonathan A. Turner, Martha F. Turner, Emily Kupiec, Andrew M. Krill, and G.C. "Chuck" Mabry.

Jonathan A. Turner attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Signed: [Signature] Date: 02/22/2021
My term Expires: May 2022

Martha F. Turner attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Signed: [Signature] Date: 03/22/2021
My term Expires: May 2022

Emily Kupiec attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Signed: [Signature] Date: 5/22/2021
My term Expires: May 2023

Andrew M. Krill attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Signed: [Signature] Date:
My term Expires: May 2023

G.C. "Chuck" Mabry attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Signed: [Signature] Date: 3/22/2021
My term Expires: May 2023

attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Signed:
Date:
My term Expires:

attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.
Signed:
Date:
My term Expires: