APPLICATION FOR EXEMPTION FROM AUDIT SHORT FORM Greenways Metropolitan District No. 2 NAME OF GOVERNMENT For the Year Ended 121 S Tejon Street 12/31/23 **ADDRESS** Suite 1100 or fiscal year ended: Colorado Springs, CO 80903 CONTACT PERSON Margaret Henderson PHONE 719-635-0330 EMAIL margaret.henderson@claconnect.com 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: Margaret Henderson TITLE Accountant for the District FIRM NAME (if applicable) CliftonLarsonAllen LLP 121 S Tejon Street, Suite 1100, Colorado Springs, CO 80903 **ADDRESS** PHONE 719-635-0330 PREPARER (SIGNATURE REQUIRED) DATE PREPARED See Attached Accountant's Compilation Report 20-Feb-24 GOVERNMENTAL PROPRIETARY Please indicate whether the following financial information is recorded (MODIFIED ACCRUAL BASIS) (CASH OR BUDGETARY BASIS) using Governmental or Proprietary fund types 1

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#	D	escription	_	Round to nearest Dollar	Please use this
2-1	Taxes: Property	(report mills levied in Question 10-6)	\$	68,266	space to provide
2-2	Specific owne	rship	\$	7,133	any necessary
2-3	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)	\$	-	
2-9		Other (specify):	\$	-	
2-10	Charges for services		\$	-	
2-11	Fines and forfeits		\$	-	
2-12	Special assessments		\$	-	
2-13	Investment income		\$	141	
2-14	Charges for utility services		\$	-	
2-15	Debt proceeds	(should agree with line 4-4, column 2)	\$	-	
2-16	Lease proceeds		\$	-	
2-17	Developer Advances received	(should agree with line 4-4)	\$	-	
2-18	Proceeds from sale of capital asse	ts	\$	-	
2-19	Fire and police pension		\$	-	
2-20	Donations		\$	-	
2-21	Other (specify):		\$	-	
2-22	-		\$	-	
2-23			\$	-	
2-24	(add li	nes 2-1 through 2-23) TOTAL REVENUE	\$	75,540	

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		\$	-	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	(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): County Treasurer Fees		\$	1,024]
3-24	Intergovernmental Expenditures		\$	74,516]
3-25			\$	-]
3-26	(add lines 3-1 through 3-24) TOTAL EXPEN	DITURES/EXPENSES	\$	75,540	
If TOTAL	REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-3	26) are GREATER than	\$100.000 - STOP.	You may r	not 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>".

	PART 4 - DEBT OUTSTANDING	a Issi	IED			TIRF	-D		
	Please answer the following questions by marking the	· · · · · · · · · · · · · · · · · · ·		, , .		Ye		N	ю
4-1	Does the entity have outstanding debt?		50703.				.5		
	If Yes, please attach a copy of the entity's Debt Repayment S	chedule.							
4-2	Is the debt repayment schedule attached? If no. MUST explain	n below:						7	
4-3	Is the entity current in its debt service payments? If no, MUS	T ovnlain k	olow:) I			
40		CAPICITY						_	
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive	Outstandi end of prio			d during year	Retired vea			nding at -end
	numbers)		i yeai	7	year	yea	al	year	-enu
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
**Subscri	otion Based Information Technology Arrangements	*Must agree	e to prio	r year-e	nd balance			•	
	Please answer the following questions by marking the appropriate boxes					Ye	S		ю
4-5	Does the entity have any authorized, but unissued, debt?	-						E	
If yes:		\$			0,000.00	ļ			
	Date the debt was authorized:		11/3/2	2020		ļ		_	_
4-6	Does the entity intend to issue debt within the next calendar	year?				, 🗆		5	·
If yes:	How much?	\$			-]		_	_
4-7	Does the entity have debt that has been refinanced that it is s	<u> </u>	sible	for?		, D		5	r
If yes:	What is the amount outstanding?	\$			-	J _		_	_
4-8	Does the entity have any lease agreements?	·						5	·
If yes:	What is being leased? What is the original date of the lease?								
	Number of years of lease?					1			
	Is the lease subject to annual appropriation?	L				, 🗆		5	7
	What are the annual lease payments?	\$			-]			
	Part 4 - Please use this space to provide any explanations/cor	nments or	attacl	1 sepa	rate doc	umentat	ion, if r	eeded	

	PART 5 - CASH AND INVESTMI	ENTS				
	Please provide the entity's cash deposit and investment balances.		A	mount	т	otal
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):					
	Colotrust		\$	1		
5-3			\$	-		
5-5			\$	-		
			\$	-		
	Total Investments				\$	1
	Total Cash and Investments				\$	1
	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.		Γ	7	Г	1
	seq., C.R.S.?		L	_	L	1
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public		С	-	7	1
	depository (Section 11-10.5-101, et seq. C.R.S.)?		L	_	<u>,</u>	1
If no. M	UST use this space to provide any explanations:					

	PART 6 - CAPITAL AND RIGHT-TO-USE ASSE	TS	
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
6-1	Does the entity have capital assets?		V
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:		
	N/A		
6-3	Balance - Additions (Must		Year-End

Complete the following capital & right-to-use assets table:	beginni	ance - ing of the ear*	be in	ons (Must cluded in art 3)	De	letions	ar-End Ilance
Land	\$	-	\$	-	\$	-	\$ -
Buildings	\$	-	\$	-	\$	-	\$ -
Machinery and equipment	\$	-	\$	-	\$	-	\$ -
Furniture and fixtures	\$	-	\$	-	\$	-	\$ -
Infrastructure	\$	-	\$	-	\$	-	\$ -
Construction In Progress (CIP)	\$	-	\$	-	\$	-	\$ -
Leased & SBITA Right-to-Use Assets	\$	-	\$	-	\$	-	\$ -
Other (explain):	\$	-	\$	-	\$	-	\$ -
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$	-	\$	-	\$	-	\$ -
TOTAL	\$	-	\$	-	\$	-	\$ -

*must tie to prior year ending balance

Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed:

	PART 7 - PENSION INFORMA	TIC	DN		
	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?				7
7-2	Does the entity have a volunteer firefighters' pension plan?				7
If yes:	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?				

Part 7 - Please use this space to provide any explanations or comments:

	PART 8 - BUDGET INFORMAT	ΓΙΟΝ		
	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.? If no, MUST explain:	V		
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:

Governmental/Proprietary Fund Name	Total Appro	opriations By Fund
General Fund	\$	23,774
Debt Service Fund	\$	61,319

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB		
	Please answer the following question by marking in the appropriate box	UNJ 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.	res ☑	
lf no, ML	IST 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?		
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		7
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	7	
	Please indicate what services the entity provides:		
	See explanations below		
10-4	Does the entity have an agreement with another government to provide services?	7	
If yes:	List the name of the other governmental entity and the services provided:		
	See explanations 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?	1	
If yes:			
	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		34.359
	General/Other mills		11.453
	Total mills		45.812
	Yes	No	N/A
10-7	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.		
	Please use this space to provide any additional explanations or comments not previo	usly included:	
10-3: Lar	dscaping, monumentation, Street Improvements, public art amenties, parks and recreation, water, s		ary
	ublic transportation, mosquito control, safety protection, fire protection, television relay and translatio		
services,	business recruitment and operations and maintenance.	-	

10-4: Greenways Metropolitan District No. 1 (the Operating District) was organized in conjunction with two other metropolitan districts - Greenways Metropolitan District No. 2 & 3 (the Financing Districts) (together with the Operating District, the Districts). The Operating District will construct, own, operate, and maintain the public improvements on behalf of the Districts. The Financing Districts were organized to generate revenue to pay the costs of the Districts' improvements.

PART 11 - GOVERNING BODY APPROVAL		
Please answer the following question by marking in the appropriate box	YES	NO

1

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

DocuSign Envelope ID: 9B795BF3-6493-42C8-94B5-469EAFC9DE63

	Print Board Member's Name	James Boulton , attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member	James Boulton	exemption from audit.
1		Signed Journal Boulton Date: 3/28/2024
•		Date:3/28/2024
		My term Expires: May 2027
	Print Board Member's Name	George Lenz , attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member	George Lenz	exemption from audit.
2		Signed George Lung
-		Date:3/28/2024
		My term Expires: May 2025
	Print Board Member's Name	I Joseph LoidoIt, attest I am a duly elected or appointed board
Decad		member, and that I have personally reviewed and approve this application for
Board Member	Joseph Loidolt	exemption from audit.
3		Signed Docusing day
3		Date:3/28/2024
		My term Expires: May 2027
	Print Board Member's Name	Jerald Richardson, attest I am a duly elected or appointed board
- · ·		member, and that I have personally reviewed and approve this application for
Board Member	Jerry Richardson	exemption from audit
4	,	Signed by:
4		Signed Junel Kidhar 1500 Date:
		My term Expires:May 2027
	Print Board Member's Name	Doug Stimple , attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member	Doug Stimple	exemption from audit.
5		Signed Signed by:
Ũ		Signed 3/28/2024 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.
6		Signed
U		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:



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 Greenways Metropolitan District No. 2 El Paso County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Greenways Metropolitan District No. 2 as of and for the year ended December 31, 2023, 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 Greenways Metropolitan District No. 2.

liftonLarsonAllen LLP

Colorado Springs, Colorado February 20, 2024

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Certificate Of Completion

Envelope Id: 9B795BF3649342C894B5469EAFC9DE63 Subject: Complete with DocuSign: GMD2 Audit Exemption - SIGNED.pdf Client Name: Greenways MD No. 2 Client Number: A171376 Source Envelope: Document Pages: 8 Signatures: 5 Initials: 0 Certificate Pages: 5 AutoNav: Enabled Envelopeld Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

Record Tracking

Status: Original 3/28/2024 11:59:43 AM

Signer Events

Doug Stimple douglass@classichomes.com Authorized Agent Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/28/2024 1:20:57 PM

ID: d92dae73-e99b-4bd4-b8b4-66520e0baeaa

George Lenz

glenz@classichomes.com

President

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/29/2021 12:20:12 PM

ID: 7e632d3b-a3ab-4f10-980e-243c6360cf32

James Boulton jboulton@classichomes.com VP

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/28/2024 12:35:56 PM ID: 170282f3-2708-4339-9459-389af7909dda

Jerald Richardson jerryr@classichomes.com President Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Holder: Jacob Theisen Jacob.Theisen@claconnect.com

Signature

DocuSigned by:

Signature Adoption: Drawn on Device Using IP Address: 173.30.176.237 Signed using mobile

DocuSigned by: George Lenz 3E8AF92E9BFB4B4.

Signature Adoption: Pre-selected Style Using IP Address: 174.198.11.153 Signed using mobile

DocuSigned by: James Boulton 6B5C38E6A1844E0..

Signature Adoption: Pre-selected Style Using IP Address: 199.188.116.18

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Signature Adoption: Pre-selected Style Using IP Address: 199.188.116.18

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Envelope Originator: Jacob Theisen 220 S 6th St Ste 300 Minneapolis, MN 55402-1418 Jacob.Theisen@claconnect.com IP Address: 4.2.161.250

Location: DocuSign

Timestamp

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