



May 13, 2015

Board Of Directors  
Cottonwood Greens Metropolitan District No. 3  
1641 California St. Suite 300  
Denver, CO 80202

RE: 1043.03

To Whom it May Concern:

We have reviewed the Applications for Exemption from Audit of the Cottonwood Greens Metropolitan District No. 3. Based on our review, the 12/31/2014 Application for Exemption from Audit has been approved.

**Changes effective for periods beginning after January 1, 2015:**

Senate Bill 15-024, passed during the 2015 Legislative Session, increased the maximum threshold for the application for exemption from audit to \$750,000. All applications for exemption from audit are subject to review by and approval of the State Auditor in accordance with the Local Government Audit Law, Section 29-1-601 et seq., C.R.S. Applications must be completed in accordance with regulations issued by the state auditor. We strongly advise that you familiarize yourself with the new requirements and all provisions of the Local Government Audit Law. Please consult our web site for current requirements prior to preparing your application for exemption from audit for the year December 31, 2015 which will be due March 31, 2016.

If we may be of any assistance to you, please feel free to call us at 303-869-3000. For further resources see our web site at: [www.leg.state.co.us/OSA/coauditor1.nsf](http://www.leg.state.co.us/OSA/coauditor1.nsf)

Crystal L. Dorsey, CPA  
Local Government Audit Manager

cc: Colorado Department of Local Affairs  
Division of Local Governments



**We Set the Standard for Good Government**

**APPLICATION FOR EXEMPTION FROM AUDIT - SHORT FORM - FOR GOVERNMENTS WITH REVENUES AND EXPENDITURES OF \$100,000 OR LESS**

*1043.03*

Name of Government:	Cottonwood Greens Metropolitan District No 3	For the Year Ended December 31, 2014 or fiscal year ended:
Address:	1641 California Street, Suite 300 Denver, CO 80202	
Contact Person:	Matthew Ruhland	
Telephone:	(303) 285-5320	
Email:	mruhland@ddmalaw.com	
Fax:	(303) 285-5220	

**RECEIVED**  
By Justin L. Smith at 9:43 am, Apr 07, 2015

Return to: Office of the State Auditor  
Local Government Audit Division  
1525 Sherman St., 7th Floor  
Denver, CO 80203  
Fax: 303-869-3061  
Email: OSA.LG@state.co.us  
Call (303) 869-3000 if you need help completing this form.



PLEASE READ THE  
ABOVE INSTRUCTIONS  
BEFORE SUBMITTING

Section 29-1-604, C.R.S., outlines the provisions for an exemption from audit. Generally, any local government for which neither revenues nor expenditures exceed \$500,000 in any year may qualify for an exemption. If either revenues or expenditures are \$100,000 or greater, but not more than \$500,000, you may NOT use this form. Please use the LONG FORM of this application. If both revenues and expenditures are less than \$100,000 individually, use this short form application for exemption from audit.

Please review ALL instructions prior to the completion of this form.

Instructions:

1. Prepare this form completely and accurately. Please note that there are 11 parts to this form, and all questions must be answered for the application to be considered complete.
2. File this form with the Office of the State Auditor within **3 months** after the end of the year.  
For years ended December 31, the form **must** be **received** by the Office of the State Auditor by **March 31**.
3. The form **must** be completed by a person skilled in governmental accounting.
4. The application must be personally reviewed and approved by a majority of the governing body as evidenced by one of the following methods:
  - a. Resolution of the governing body - application may be emailed, faxed, or mailed.
  - b. Original signatures - application must be mailed. Email or fax will NOT be accepted.
5. The **preparer must sign** the application that is submitted in order for it to be accepted.
6. Additional information may be attached to the exemption at the preparer's discretion.

**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:	Catherine Fromm
Title:	CPA
Firm Name (if applicable):	Community Resource Services
Address:	7995 E. Prentice Ave #103E, Greenwood Village, CO 80111
Telephone Number:	(303) 381-4960
Date Prepared:	10-Mar-15

**Preparer Signature (Required):** The application will be rejected if not signed by the preparer.

*Catherine Fromm*

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<b>Governmental</b>	<b>Proprietary</b>
	x	

**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#	Description	(Omit cents)
2-1	Taxes: Property	\$ 115
2-2	Specific ownership	\$ 10
2-3	Sales and use	\$ -
2-4	Other (specify):	\$ 965
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	\$ -
2-14	Charges for utility services	\$ -
2-15	Debt proceeds (should agree with line 4-3, column 2)	\$ -
2-16	Lease proceeds	\$ -
2-17	Developer Advances received (should agree with line 4-3)	\$ -
2-18	Proceeds from sale of capital assets	\$ -
2-19	Fire and police pension	\$ -
2-20	Donations	\$ -
2-21	Other (specify):	\$ -
2-22		\$ -
2-23		\$ -
2-24	(add lines 2-1 through 2-23) <b>TOTAL REVENUE</b> all sources	\$ 1,090

**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	(Omit cents)
3-1	Administrative	\$ -
3-2	Salaries	\$ -
3-3	Payroll taxes	\$ -
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	Culture and recreation	\$ -
3-15	Utility operations	\$ -
3-16	Capital outlay (should agree with Part 6)	\$ -
3-17	Debt service principal (should agree with Part 4)	\$ -
3-18	Debt service interest	\$ -
3-19	Repayment of Developer Advances (should agree with line 4-3)	\$ -
3-20	Contribution to pension plan (should agree to line 7-2)	\$ -
3-21	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$ -
3-22	Other (specify):	\$ -
3-23	County Treasurer's fees	\$ 2
3-24		\$ -
3-25	(add lines 3-1 through 3-24) <b>TOTAL EXPENDITURES</b> all categories	\$ 2

**Note:** If Total Revenue (Line 2-24) or Total Expenditures (Line 3-25) are greater than \$100,000 - STOP. You may not use this form. Please use the "Application for Exemption from Audit - Long Form".

**PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED**

Please answer the following questions by marking the appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt?		X
	Is the debt repayment schedule attached? If no, please explain:		
4-2	Is the entity current in its debt service payments? If no, please explain:		
4-3	Please complete the following debt schedule, if applicable: (please only include principal amounts)	Outstanding at end of prior year	Issued during year
	General obligation bonds	\$ -	\$ -
	Revenue bonds	\$ -	\$ -
	Notes/Loans	\$ -	\$ -
	Leases	\$ -	\$ -
	Developer Advances	\$ -	\$ -
	Other (specify):	\$ -	\$ -
	Total:	\$ -	\$ -
Please answer the following questions by marking the appropriate boxes.		Yes	No
4-4	Does the entity have any authorized, but unissued, debt?	X	
If yes:	How much?	\$ 22,000,000.00	
	Date the debt was authorized:	5/25/2006	
4-5	Does the entity intend to issue debt within the next calendar year?		X
If yes:	How much?	\$ -	
Please answer the following questions by marking the appropriate boxes.		Yes	No
4-6	Does the entity have debt that has been refinanced that it is still responsible for?		X
If yes:	What is the amount outstanding?	\$ -	
Please answer the following questions by marking the appropriate boxes.		Yes	No
4-7	Does the entity have any lease agreements?		X
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?		
	What are the annual lease payments?	\$ -	
4-8	Please use this space to provide any explanations or comments:		

**PART 5 - CASH AND INVESTMENTS**

Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	Checking accounts	\$ 1,088	
5-2	Savings accounts	\$ -	
5-3	Certificates of deposit	\$ -	
	<b>Total Cash Deposits</b>		\$ 1,088
	Investments (if investment is a mutual fund, please list underlying investments):		
5-4		\$ -	
5-5		\$ -	
5-6		\$ -	
5-7		\$ -	
	<b>Total Investments</b>		\$ -
	<b>Total Cash and Investments</b>		\$ 1,088
Please answer the following question by marking in the appropriate box		Yes	No
5-8	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)? If no, please explain:	X	
5-9	Please use this space to provide any explanations or comments:		

**PART 6 - CAPITAL ASSETS**

	Please answer the following questions by marking in the appropriate boxes.			Yes	No
6-1	Does the entity have capital assets?				X
If yes:	Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, please explain:				
	Complete the following table:				
		Balance - beginning of the year	Additions	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -	
Total	\$ -	\$ -	\$ -	\$ -	
6-2	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?				X
7-2	Does the entity have a volunteer firemen's pension plan?				X
If yes:	Who administers the plan?				
	Indicate the contributions from:				
		Tax (property, SO, sales, etc.):	\$ -		
		State contribution amount:	\$ -		
		Other (gifts, donations, etc.):	\$ -		
		<b>Total:</b>	\$ -		
7-3	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
8-1	Did the entity file a budget with the Department of Local Affairs for the current year? If no, please			X	
8-2	Did the entity pass an appropriations resolution? In no, please explain:			X	
If yes:	Please indicate the amount appropriated for each fund for the year:				
		<b>Fund Name</b>	<b>Budgeted Expenditures</b>		
		General	\$ 43,650		
8-3	Please use this space to provide any explanations or comments:				

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

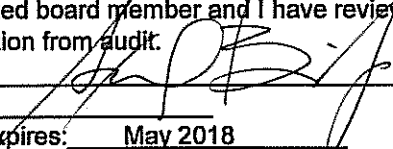
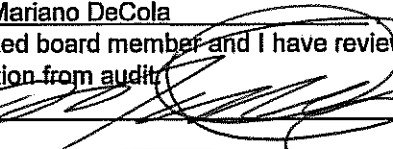
Please answer the following question by marking in the appropriate box		Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	X	
Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.			
9-2	Please use this space to provide any explanations or comments:		

**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?		X
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		X
If Yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	X	
10-4	Please indicate what services the entity provides:		
	Streets, street lighting, traffic, safety controls, water, landscaping, storm drainage, parks and recreation		
10-5	Does the entity have an agreement with another government to provide services?		X
If yes:	List the name of the other governmental entity and the services provided:		
10-6	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> 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.]		X
If yes:	Date Filed:		
10-7	Please use this space to provide any explanations or comments:		

**PART 11 - GOVERNING BODY APPROVAL**

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government. Governing board members may be verified. Also by signing, the board member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1604, C.R.S., which states that a governmental agency with revenue and expenditures of \$100,000 or less must have an application prepared by a person skilled in governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of all current		A MAJORITY of the governing board members must complete and sign in the column	
Board Member 1	Print Board Members Name	I <u>Axel Bishop</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit.	
	<u>Axel Bishop</u>	Signed 	Date: <u>3/12/15</u> My
Board Member 2	Print Board Members Name	I <u>Mariano DeCola</u> attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit.	
	<u>Mariano DeCola</u>	Signed 	Date: <u>3/23/20</u> My
Board Member 3	Print Board Members Name	I <u>Cole Denbow</u> , attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit.	
	<u>Cole Denbow</u>	Signed _____	Date: _____ My
Board Member 4	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit.	
		Signed _____	Date: _____ My
Board Member 5	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit.	
		Signed _____	Date: _____ My
Board Member 6	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit.	
		Signed _____	Date: _____ My
Board Member 7	Print Board Members Name	I _____, attest I am a duly elected or appointed board member and I have reviewed and approve the application for exemption from audit.	
		Signed _____	Date: _____ My

**Original Signatures**  
**Verified by**  
 Justin L. Smith  
