APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT

ADDRESS

C/o Spencer Fane, LLP

1700 Lincoln Street, Suite 2000

Denver, Colorado 80203-4554

CONTACT PERSON
PHONE
(303) 839-3800

EMAIL

For the Year Ended
12/31/23
or fiscal year ended:

(303) 839-3800

rdykstra@spencerfane.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: Diane Wheeler
TITLE District Accountant
FIRM NAME (if applicable) Simmons & Wheeler, P.C.
ADDRESS 304 Inverness Way South, Suite 490, Englewood, CO 80112
PHONE 303-689-0833

PREPARER (SIGNATURE REQUIRED)		DATE PREPARED		
Qiane K likuler			2/14/2024	
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)	
using Governmental or Proprietary fund types	✓		0	

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 nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 16,887	space to provide
2-2		Specific owner	ship	\$ 856	any necessary
2-3		Sales and use		\$ -	explanations
2-4		Other (specify)	:	\$ -	
2-5	Licenses and permit	s		\$ -	
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	3		\$ -	
2-11	Fines and forfeits			\$ -	
2-12	Special assessment	s		\$ -	
2-13	Investment income			\$ 411	
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	received	(should agree with line 4-4)	\$ 7,000	
2-18	Proceeds from sale	of capital assets	3	\$ -	
2-19	Fire and police pens	ion		\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22				\$ -	
2-23				\$ -	
2-24		(add li	nes 2-1 through 2-23) TOTAL REVENUE	\$ 25,154	

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	illiation.	Round to nearest Dollar	Please use this
3-1	Administrative		\$ 255	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes	H	\$ -	explanations
3-4	Contract services	-	\$ -	
3-5	Employee benefits	-	\$ -	
3-6	Insurance	-	\$ 2.858	
3-7	Accounting and legal fees		\$ 13,960	
3-8	Repair and maintenance		\$ -	
3-9	Supplies	-	\$ -	
3-10	Utilities and telephone	-	\$ -	
3-10	Fire/Police	-	\$ -	
3-11	Streets and highways	-	\$ -	
3-12	Public health	-	Δ.	
3-13 3-14		-	Φ.	
3-14	Capital outlay		•	
	Utility operations Culture and recreation	-	Δ	
3-16			T	
3-17	Debt service principal (should agree	with Part 4)	-	
3-18	Debt service interest	-	-	
3-19	Repayment of Developer Advance Principal (should agree w	vith line 4-4)		
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	Contribution to pension plan (should agree	′ <u> </u>	<u> </u>	
3-22	Contribution to Fire & Police Pension Assoc. (should agree	e to line 7-2)	\$ -	
3-23	Other (specify): Miscellaneous	_	\$ 20	
3-24		L	-	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EX	PENSES	\$ 17,093	

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	3. 15	SSUED	. 4	ND RE	TIR	ED _		
	Please answer the following questions by marking the a			, ,			res .		No
4-1	Does the entity have outstanding debt?	pprop	nate boxes.			✓	-00		
	If Yes, please attach a copy of the entity's Debt Repayment Sci	hedul	e.						
4-2	Is the debt repayment schedule attached? If no, MUST explain								☑
	Developer advances to be repaid with available funds								
4-3	Is the entity current in its debt service payments? If no, MUST	expla	in below:			☑			
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)		standing at f prior year*	lss	ued during year		d during ear		standing at year-end
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	299,906	\$	7,000	\$	-	\$	306,906
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	299.906	\$	7.000	\$	-	\$	306,906
**Subscript	tion Based Information Technology Arrangements		,	<u> </u>	r-end balance	Ť			,
	Please answer the following questions by marking the appropriate boxes.						Yes		No
4-5	Does the entity have any authorized, but unissued, debt?	_				□	1		
If yes:	How much?	\$			73,910.00				
	Date the debt was authorized:		11/6/2	2012					
4-6	Does the entity intend to issue debt within the next calendar y	ear?					1		☑
If yes:	How much?	\$			-				
4-7	Does the entity have debt that has been refinanced that it is st	ill res	ponsible for	or?			1		☑
If yes:	What is the amount outstanding?	\$			-				
4-8	Does the entity have any lease agreements?						1		 ✓
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?						ı		✓
	What are the annual lease payments?	\$			-				
	Part 4 - Please use this space to provide any explanations/con	nmen	ts or attach	sep	parate docu	ımentat	tion, it no	ede	d

	PART 5 - CASH AND INVESTM	ENTS			
	Please provide the entity's cash deposit and investment balances.		A	mount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	3,975	
5-2	Certificates of deposit		\$	-	
	Total Cash Deposits				\$ 3,975
	Investments (if investment is a mutual fund, please list underlying investments):				
	Csafe		\$	3,410	
5-3			\$	-	
5-3			\$	-	
			\$	-	
	Total Investments				\$ 3,410
	Total Cash and Investments				\$ 7,385
	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.?	☑	[-	
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.)?	☑	ſ	-	
lf no, Ml	JST use this space to provide any explanations:				

	PART 6 - CAPITAL AND RI	GHT-TO-U	SE ASSE	TS	
	Please answer the following questions by marking in the appropriate boxe	s.		Yes	No
6-1	Does the entity have capital assets?				☑
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	in accordance	with Section	 ☑	
6-3	Complete the following capital & right-to-use 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)	\$ -	\$ -	\$ -	\$ -
	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	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?				☑	
7-2	7-2 Does the entity have a volunteer firefighters' pension plan?				Ø	
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 I	NFORMA	ΓΙΟΝ		
	Please answer the following questions by marking in the appropriate boxes	s.	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:		 ☑		_
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	r reported:			
	Governmental/Proprietary Fund Name	Total Appropria	tions By Fund		
	General Fund	\$	49,278		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABO	PR)	
	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)]?	Ø	П
	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.	⊻	

If no, MUST 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: Has the entity changed its name in the past or current year?		G.
10-2	Thas the entity changed its hame in the past of current year :		☑
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	□	
	Please indicate what services the entity provides: Streets, lighting, traffic & safety,w ater, landscaping, storm drainage, parks & recreation]	
10-4 If yes:	Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided:		☑
10-5	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during the		
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	<u> </u> ☑	
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills General/Other mills		- 45.000
	Total mills		45.000
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has	No 🗆	N/A
10-7	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.		
	Discourse this course to movide ourse delitional conformations on some of a set movide		

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

	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	Ø	

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 th	ne names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.
Board	Print Board Member's Name	IDavid Duncan, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 1	David Duncan	Signed Date: My term Expires:May 2027
Board	Print Board Member's Name	IJohn Covert, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
Member 2	John Covert	audit. Signed
Board Member 3	Print Board Member's Name	ITodd Johnson, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
	Todd Johnson	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	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.
5		Signed Date: My term Expires:
Board Member	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.
Member 6		Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I
		My term Expires:

Stonebraker 2023

Interim Agreement Report

2024-03-25

Created: 2024-03-24

By: Diane Wheeler (diane@simmonswheeler.com)

Status: Out for Signature

Transaction ID: CBJCHBCAABAAx-lbzdyV5LWhXhQmN0gpazWbBP8ReKwJ

Agreement History

Agreement history is the list of the events that have impacted the status of the agreement prior to the final signature. A final audit report will be generated when the agreement is complete.

"Stonebraker 2023" History

- Document created by Diane Wheeler (diane@simmonswheeler.com) 2024-03-24 10:17:19 PM GMT
- Document emailed to Diane Wheeler (diane@simmonswheeler.com) for signature 2024-03-24 10:18:17 PM GMT
- Document emailed to david@c3landllc.com for signature 2024-03-24 10:18:18 PM GMT
- Document emailed to todd@terraformas.com for signature 2024-03-24 10:18:18 PM GMT
- Document emailed to john.covert@cushwake.com for signature 2024-03-24 10:18:18 PM GMT
- Document e-signed by Diane Wheeler (diane@simmonswheeler.com)
 Signature Date: 2024-03-24 10:18:35 PM GMT Time Source: server
- Email viewed by todd@terraformas.com 2024-03-24 10:20:19 PM GMT
- Signer todd@terraformas.com entered name at signing as Todd A. Johnson 2024-03-24 10:20:54 PM GMT
- Document e-signed by Todd A. Johnson (todd@terraformas.com)
 Signature Date: 2024-03-24 10:20:56 PM GMT Time Source: server



- Email viewed by john.covert@cushwake.com 2024-03-25 3:20:58 PM GMT
- Signer john.covert@cushwake.com entered name at signing as John Covert 2024-03-25 3:21:19 PM GMT
- Document e-signed by John Covert (john.covert@cushwake.com)
 Signature Date: 2024-03-25 3:21:21 PM GMT Time Source: server