FLATIRON MARKETPLACE METROPOLITAN DISTRICT

2023 ANNUAL REPORT TO THE CITY OF BROOMFIELD

Pursuant to §32-1-207(3)(c) and the Service Plan for Flatiron Marketplace Metropolitan District (the "**District**"), the District are required to provide an annual report to the with regard to the following matters:

For the year ending December 31, 2023, the District make the following report:

§32-1-207(3) Statutory Requirements

1. Boundary changes made.

None.

2. Intergovernmental Agreements entered into or terminated.

None.

- 3. Access information to obtain a copy of rules and regulations adopted by the board. https://broomfieldvillageflatironmarketplace.com/
- 4. A summary of litigation involving public improvements owned by the District.

To our actual knowledge, based on review of the court records in Broomfield County, Colorado and the Public Access to Court Electronic Records (PACER), there is no litigation involving the Districts' public improvements as of December 31, 2023.

5. Status of the construction of public improvements by the District.

There was not any construction of public improvements by the District.

6. A list of facilities or improvements constructed by the District there were conveyed or dedicated to the county or municipality.

There was not any principal public infrastructure that had been completed, dedicated or accepted.

- 7. The final assessed valuation of the District as of December 31st of the reporting year. See Exhibit A.
- 8. A copy of the current year's budget.

A copy of the 2024 Budget is attached hereto as Exhibit B.

9. A copy of the audited financial statements, if required by the "Colorado Local Government Audit Law", part 6 of article 1 of title 29, or the application for exemption from audit, as applicable.

The 2023 Audit Exemption Application is attached hereto as Exhibit C.

10. Notice of any uncured defaults existing for more than ninety (90) days under any debt instrument of the District.

None.

11. Any inability of the District to pay its obligations as they come due under any obligation which continues beyond a ninety (90) day period.

None.

Service Plan Requirements

Pursuant to Paragraph 1 of Section VII of the Service Plan Flatiron Marketplace Metropolitan District dated September 11, 2018, Flatiron Marketplace Metropolitan District is submitting this 2023 Annual Report to the City of Broomfield, Colorado. The report is to include information concerning these matters which occurred during the prior fiscal year.

For the year ending December 31, 2023, the District makes the following report:

1. Boundary changes made or proposed.

There was no boundary changes made or proposed in 2023.

2. Intergovernmental Agreements with other governmental bodies entered into or proposed.

The District did not enter into any intergovernmental agreements in 2023.

3. Changes or proposed changes in the Districts' policies.

There were no changes or proposed changes in the District's policies in 2023.

4. Changes or proposed changes in the District's operations.

There were no changes or proposed changes in the District's operations in 2023.

5. Changes in the financial status of the District including revenue projections or operating costs.

The District's 2024 Budget is attached in **Exhibit B**.

6. A summary of any litigation which involves the District.

There is no litigation of which we are aware currently pending or anticipated against the District.

7. Proposed plans for the year immediately following the year summarized in the Annual Report.

There are currently no development plans for the property within the District.

8. Status of Public Improvement Construction Schedule.

There are currently no development plans for the property within the District.

9. Submission of current assessed valuation in the Districts.

The assessed valuation for Flatiron Marketplace Metropolitan District, as certified by the Broomfield County Assessor on December 15, 2023, is attached in **Exhibit A**.

EXHIBIT A 2023 Assessed Valuation

New Tax Entity? YES X NO

BROOMFIELD

COUNTY ASSESSOR

Date 12/15/2023

NAME OF TAX ENTITY: FLATIRONS MARKETPLACE METRO DISTRICT

USE FOR STATUTORY PROPERTY TAX REVENUE LIMIT CALCULATION ("5.5%" LIMIT) ONLY

IN ACC	CORDANCE WITH 39-5-121(2)(a) and 39-5-128(1), C.R.S., AND NO LATER THAN AUGUST 25, THE A	A 22F	SSOR	
CERTU	FIES THE TOTAL VALUATION FOR ASSESSMENT FOR THE TAXABLE YEAR 2023			
1.	PREVIOUS YEAR'S NET TOTAL TAXABLE ASSESSED VALUATION:	1.	\$1,937,301	
2.	CURRENT YEAR'S GROSS TOTAL TAXABLE ASSESSED VALUATION: ‡	2.	\$2,242,600	
3.	LESS TOTAL TIF AREA INCREMENTS, IF ANY:	3.	\$ 328,756	
4.	CURRENT YEAR'S NET TOTAL TAXABLE ASSESSED VALUATION:	4.	\$1,913,844	
5.	NEW CONSTRUCTION: *	5.	\$0	
6.	INCREASED PRODUCTION OF PRODUCING MINE: ≈	6.	\$ <u>0</u>	
7.	ANNEXATIONS/INCLUSIONS:	7.	\$ 0	
8.	PREVIOUSLY EXEMPT FEDERAL PROPERTY: ≈	8.	\$ 0	
9.	NEW PRIMARY OIL OR GAS PRODUCTION FROM ANY PRODUCING OIL AND GAS	9.	\$0	
	I FASEHOLD OR LAND (29-1-301(1)(b) C.R.S.): 6			

- LEASEHOLD OR LAND (29-1-301(1)(b), C.R.S.): Φ

 10. TAXES RECEIVED LAST YEAR ON OMITTED PROPERTY AS OF AUG. 1 (29-1-
- 301(1)(a), C.R.S.). Includes all revenue collected on valuation not previously certified:
 11. TAXES ABATED AND REFUNDED AS OF AUG. 1 (29-1-301(1)(a), C.R.S.) and (39-10-
- 771.73
- 11. TAXES ABATED AND REFUNDED AS OF AUG. 1 (29-1-301(1)(a), C.R.S.) and (39-10-11. \$\\$0.00 114(1)(a)(I)(B), C.R.S.):
- † This value reflects personal property exemptions IF enacted by the jurisdiction as authorized by Art. X, Sec. 20(8)(b), Colo. Constitution

 New Construction is defined as: Taxable real property structures and the personal property connected with the structure.
- Jurisdiction must submit to the Division of Local Government respective Certifications of Impact in order for the values to be treated as growth in the limit calculation; use Forms DLG 52 & 52A.
- Jurisdiction must apply to the Division of Local Government before the value can be treated as growth in the limit calculation; use Form DLG 52B.

USE FOR TABOR "LOCAL GROWTH" CALCULATION ONLY

	CORDANCE WITH ART.X, SEC.20, COLO. CONSTUTION AND 39-5-121(2)(b), C.R.S., THE BROOMS SOR CERTIFIES THE TOTAL ACTUAL VALUATION FOR THE TAXABLE YEAR 2023	FIEL	D County
1.	CURRENT YEAR'S TOTAL ACTUAL VALUE OF ALL REAL PROPERTY: 1	í.	\$ 7,720,950
ADD	TTIONS TO TAXABLE REAL PROPERTY		
2.	CONSTRUCTION OF TAXABLE REAL PROPERTY IMPROVEMENTS: *	2.	\$0
3.	ANNEXATIONS/INCLUSIONS:	3.	\$0
4.	INCREASED MINING PRODUCTION: §	4.	\$0
5.	PREVIOUSLY EXEMPT PROPERTY:	5.	\$0
6.	OIL OR GAS PRODUCTION FROM A NEW WELL:	6.	\$0
7.	TAXABLE REAL PROPERTY OMITTED FROM THE PREVIOUS YEAR'S TAX	7.	\$0
	WARRANT: (If land and/or a structure is picked up as omitted property for multiple years, only the most current year's actual value can be reported as omitted property.):		
DELI	ETIONS FROM TAXABLE REAL PROPERTY		
8.	DESTRUCTION OF TAXABLE REAL PROPERTY IMPROVEMENTS:	8.	\$0
9.	DISCONNECTIONS/EXCLUSIONS;	9.	\$0
10.	PREVIOUSLY TAXABLE PROPERTY:	10.	\$0
¶ * §	This includes the actual value of all taxable real property plus the actual value of religious, private school, and charitable r Construction is defined as newly constructed taxable real property structures. Includes production from new mines and increases in production of existing producing mines.	eal pro	perty.

IN ACCORDANCE WITH 39-5-128(1), C.R.S., AND NO LATER THAN AUGUST 25, THE ASSESSOR CERTIFIES TO SCHOOL DISTRICTS: TOTAL ACTUAL VALUE OF ALL TAXABLE PROPERTY \$8,038,010

IN ACCORDANCE WITH 39-5-128(1.5), C.R.S., THE ASSESSOR PROVIDES:	
HB21-1312 ASSESSED VALUE OF EXEMPT BUSINESS PERSONAL PROPERTY (ESTIMATED): **	\$0
The tax revenue lost due to this exempted value will be reimbursed to the tax entity by the County Treasurer in accordance	
with 39-3-119.5(3), C.R.S.	

EXHIBIT B 2024 Budget

FLATIRON MARKETPLACE METROPOLITAN DISTRICT 2024 BUDGET MESSAGE

Attached please find a copy of the adopted 2024 budget for the Flatiron Marketplace Metropolitan District.

The Flatiron Marketplace Metropolitan District has adopted budgets for one fund, a General Fund to provide for operating and maintenance expenditures.

The district's accountants have utilized the modified accrual basis of accounting, and the budget has been adopted after proper postings, publications, and public hearing.

The primary sources of revenue for the district in 2024 will be property taxes and transfer from Broomfield Village Metropolitan District No. 2. The district intends to impose a 10.000 mill levy on property within the district for 2024, all of which are dedicated to the General Fund.

Flatiron Marketplace Metropolitan District Adopted Budget General Fund For the Year ended December 31, 2024

	Atua 2022		В	dopted Sudget 2023		ctual 0/2023		Estimate 2023																																		dopted Budget <u>2024</u>
Beginning fund balance	\$ 4,	,802	\$	32,712	\$	22,259	\$	22,259	\$	67,400																																
Revenues: Property taxes Specific ownership taxes Tif		,600 ,886		38,746 2,404 901		38,746 987 863		38,746 1,900 863		19,138 1,729 3,288																																
Other income Transfer from Broomfield Village MD No. 2 Interest income Developer advances	30,	,463 ,201 		56,291 - -		54,528 115		54,513 200 -		56,062 - -																																
Total revenues	70,	,150		98,342		95,239		96,222		80,217																																
Total funds available	74,	,952		131,054		117,498		118,481		147,617																																
Expenditures: Audit Accounting Election Insurance/ SDA Dues Legal Miscellaneous Treasurer's Fees Contingency Emergency Reserve	12, 2, 5, 25, 1,	,500 ,662 ,753 ,592 ,124 ,498 564 -		4,500 10,000 10,000 2,500 25,000 - 581 76,895 1,578		6,118 2,392 6,062 10,105 425 581		5,500 10,000 2,400 6,100 25,000 1,500 581		4,500 10,000 10,000 2,500 25,000 - 287 93,760 1,570																																
Total expenditures		,693	<u> </u>	131,054	ф.	25,683	Ф.	51,081	<u> </u>	147,617																																
Ending fund balance Assessed valuation Tif Assessed valuation Mill Levy	\$ 22,	259		,982,340 45,039 ,937,301 20.000	\$	91,815	\$	67,400		2,242,600 328,756 1,913,844 10.000																																

EXHIBIT C 2023 Audit Exemption Application

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

C/o White Bear Ankele Tanaka & Waldron, PC
2154 East Commons Ave, Ste 2000
Centennial, CO 80122

CONTACT PERSON
PHONE
303-858-1800
EMAIL

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

Growley@wbapc.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

Qione K Wheeler			2/23/2024
asso indicate whether the following financial information is recorded		MENTAL CRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)

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 nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	Γ	\$ 39,609	space to provide
2-2		Specific owner	ship	Γ	\$ 2,040	any necessary
2-3		Sales and use			\$ -	explanations
2-4		Other (specify)		Γ	\$ -	
2-5	Licenses and permit	S			\$ -	
2-6	Intergovernmental:		Grants		\$ -	
2-7			Conservation Trust Funds (Lottery)	Γ	\$ -	
2-8			Highway Users Tax Funds (HUTF)		\$ -	
2-9			Other (specify):		\$ -	
2-10	Charges for services	6			\$ -	
2-11	Fines and forfeits				\$ -	
2-12	Special assessment	S			\$ -	
2-13	Investment income				\$ 411	
2-14	Charges for utility se	ervices		L	\$ -	
2-15	Debt proceeds		(should agree with line 4-4, colur	mn 2)	\$ -	
2-16	Lease proceeds			L	\$ -	
2-17	Developer Advances	received	(should agree with line	e 4-4)	\$ -	
2-18	Proceeds from sale	of capital assets	5	L	\$ -	
2-19	Fire and police pens	ion		L	\$ -	
2-20	Donations			L	\$ -	
2-21	Other (specify):				\$ -	
2-22	Transfers from Broo	mfield Village N	ID No. 2		\$ 55,625	
2-23					\$ -	
2-24		(add lin	es 2-1 through 2-23) TOTAL REVEN	NUE	\$ 97,685	

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 nearest Dollar	Please use this
3-1	Administrative		\$ 1,408	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ 7,391	
3-7	Accounting and legal fees		\$ 36,388	
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 (si	hould 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			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDI	TURES/EXPENSES	\$ 45,187	

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, 1	ISSUED), Δ	ND RI	ΞTI	RED		
	Please answer the following questions by marking the	appro	opriate boxes.				Yes		No
4-1	Does the entity have outstanding debt?			J					
4-2	If Yes, please attach a copy of the entity's Debt Repayment Schedule. Is the debt repayment schedule attached? If no, MUST explain below:						П		7
4-2	Developer Advance to be paid with available funds	n be	low:		_	1	ш		ŭ
	Developer Advance to be paid with available funds								
4-3	Is the entity current in its debt service payments? If no, MUS	T ex	plain below:			1			7
	Developer Advance to be paid with available funds								
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)		itstanding at of prior year*	lss	ued during year	Ret	tired during year		standing at ear-end
	General obligation bonds	\$	-	\$		\$	-	\$	-
	Revenue bonds	\$	-	\$	_	\$	-	\$	_
	Notes/Loans	\$	-	\$	-	\$	-	\$	_
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$		\$	-	\$	_
	Developer Advances	\$	29,432	\$	-	\$	-	\$	29,432
	Other (specify):	\$	-	\$		\$	-	\$	
	TOTAL	\$	29,432	\$		\$	_	\$	29,432
**Subscrip	tion Based Information Technology Arrangements	_	ıst agree to prio	r year	end balance	•			
	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?	\$			00,000.00	ļ			
	Date the debt was authorized:		11/16/	2018	3	J			
4-6	Does the entity intend to issue debt within the next calendar	year	?			,			✓
If yes:	How much?	\$					_		_
4-7	Does the entity have debt that has been refinanced that it is s	till r	responsible	for?					✓
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?					1			
	Is the lease subject to annual appropriation?					J			7
	What are the annual lease payments?	\$				1	_		_
	Part 4 - Please use this space to provide any explanations/cor	nme	nts or attacl	h sei	parate doc	ume	ntation, if n	eede	d
							, , , ,		
	PART 5 - CASH AND	IN	IVESTM	IFN	JTS				
			VEO III		· · · · _		Amount		Total
5-1	Please provide the entity's cash deposit and investment balances.					\$	Amount 960		Total

	PART 5 - CASH AND INVESTME	ENTS			
	Please provide the entity's cash deposit and investment balances.		1	Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	960	
5-2	Certificates of deposit		\$	-	
	Total Cash Deposits				\$ 960
	Investments (if investment is a mutual fund, please list underlying investments):				
	Colotrust		\$	4,644	
5-3			\$	-	
3-3			\$	-	
			\$	-	
	Total Investments				\$ 4,644
	Total Cash and Investments				\$ 5,604
	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.?	V			
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.)?	√			
If no, M	UST use this space to provide any explanations:				

	PART 6 - CAPITAL AND RI	GHT	-TO-L	ISE A	991	TS		
	Please answer the following questions by marking in the appropriate bo		-10-0	OL A	0 01	Yes		No
6-1	Does the entity have capital assets?							7
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ts in acc	cordance	with Se	ction	V		
6-3			ance -	Additions				Year-End
	Complete the following capital & right-to-use assets table:	y	ing of the ear*	be inclu	3)	Deletions		Balance
	Land Buildings	\$	<u>-</u>	\$ \$	-	\$ - \$ -	\$ \$	-
	Machinery and equipment	\$	<u> </u>	\$		\$ -		-
	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	\$	-	\$	-	\$ -		-
			e to prior ye					
	Part 6 - Please use this space to provide any explanation	s/comm	ents or a	ttach do	cumer	itation, if ne	eded:	
	PART 7 - PENSION	INFO	DRMA	TION				
	Please answer the following questions by marking in the appropriate bo					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:	Who administers the plan?							V
								V
	Who administers the plan? Indicate the contributions from:			Q				V
	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.):			\$	-			✓
	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount:			\$	- - -			 ✓
	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):			\$	-			
	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL	etiree a	s of Jan	\$ \$ \$	-			
	Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):	etiree a	s of Jan	\$	-			
	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 range.			\$ \$ \$				
	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			\$ \$ \$				
	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 range.			\$ \$ \$				
	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 range. Part 7 - Please use this space to provide	any exp	olanation	\$ \$ \$				
	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 range of the service per range. Part 7 - Please use this space to provide. PART 8 - BUDGET	any exp	olanation	\$ \$ \$ S or com	- - - ments	:		
	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 range of the service per r	any exp	olanation ORMA	\$ \$ \$ s or com	- - - ments	: No		N/A
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 range of the service per range. Part 7 - Please use this space to provide. PART 8 - BUDGET	any exp	olanation ORMA	\$ \$ \$ s or com	- - - ments	:		
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 roward for 20 years of service per rowar	any exp	olanation ORMA	\$ \$ \$ s or com	- - - ments	: No		N/A
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 respectively. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	INFC	ORMA	\$ \$ \$ s or com	- - - ments	: No		N/A
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 recommendate 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with pass an appropriations resolution, in accordance with section 29-1-113 C.R.S.?	INFC	ORMA	\$ \$ \$ s or com	- - - ments	: No		N/A
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 respectively. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	INFC	ORMA	\$ \$ \$ s or com	- - - ments	: No □		N/A
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 recommendate 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with pass an appropriations resolution, in accordance with section 29-1-113 C.R.S.?	INFC	ORMA	\$ \$ \$ s or com	- - - ments	: No □		N/A
8-1 8-2	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 roward of the service per rowar	INFC xes. or the cur	ORMA Trent year Section	\$ \$ \$ s or com	- - - ments	: No □		N/A
8-1 8-2	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 recommendate 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with pass an appropriations resolution, in accordance with section 29-1-113 C.R.S.?	INFC xes. or the cur	ORMA Trent year Section	\$ \$ \$ s or com	- - - ments	: No □		N/A
8-1 8-2	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 roward of the service per rowar	INFC xes. or the cur	ORMA Trent year Section	\$ \$ \$ s or com	- - - ments	: No □		N/A
8-1 8-2	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 roward of the service per rowar	INFC xes. or the cur	ORMA rrent year Section	\$ \$ \$ \$ S or com Yes	- - - ments	: No □		N/A
8-1 8-2	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 roward of the service per rowar	INFC xes. or the cur nce with	ORMA rrent year Section	\$ \$ \$ \$ S or com Yes	- - - ments	: No □		N/A
8-1 8-2	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 roward of the service per rowar	INFC xes. or the cur nce with	ORMA rrent year Section	\$ \$ \$ \$ S or com Yes	- - - ments	: No □		N/A

	PART 9 - TAXPAYER'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)]?							
	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.	ū	Ш					
f no. M	UST 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?		V
If yes:	Date of formation:]	
10-2	Has the entity changed its name in the past or current year?		V
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?] 	
10-3	Please indicate what services the entity provides:	Ų.	
	Streets, Water, Sewer. Park & Recreation, Transportation, Traffic and Safety, Fire Protection]	
10-4	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:	1	
10-5	Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during		✓
If yes:	Date Filed:]	
] _	
10-6	Does the entity have a certified Mill Levy?	✓.	
If yes:	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		20.000
	Total mills Yes	No	20.000 N/A
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has	No No	N/A
10-7	the entity filed its preceding year annual report with the State Auditor as required	Ш	
	under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.	1	
	Please use this space to provide any additional explanations or comments not previous	ously 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?	V			

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 the names of ALL members of current governing body below.		A <u>MAJORITY</u> of the members of the governing body must sign below.		
Board Member 1	Print Board Member's Name Michael Tamblyn	I Michael Tamblyn , 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 Mar 25, 2024 My term Expires: May 2025		
Board Member 2	Print Board Member's Name Richard Merkel	I Richard Merkel , 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 Rick Merkel State St		
Board Member 3	Print Board Member's Name	I		
Board Member 4	Print Board Member's Name	I		
Board Member 5	Print Board Member's Name	I		
Board Member 6	Print Board Member's Name	I		
Board Member 7	Print Board Member's Name	I		