DocuSign Envelope ID: F44E95BE	E-84D4-4F36-B54E-8C72CF6A918B				
	APPLICATION FO	R EXEMPT	ION FROI	M AUDIT	
	L	ONG FORI	M		
NAME OF GOVERNMENT	Trailside Metropolitan District No. 2				For the Year Ended
ADDRESS	c/o Pinnacle Consulting Group, Inc.				12/31/2023
	550 W Eisenhower Blvd				or fiscal year ended:
	Loveland, CO 80537				
CONTACT PERSON	Tracie Kaminski				
PHONE EMAIL	970-669-3611				
EMAIL	traciek@pcgi.com				
	CERTIFICA  ant with knowledge of governmental accounting and that the information in polication if revenues or expenditure are at least \$100,000 but not more than	in the Application i	s complete and a	ccurate to the best of my kn	
NAME:	Tracie Kaminski	******			
TITLE	District Accountant				
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.				
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537				
PHONE	970-669-3611				
RELATIONSHIP TO ENTITY	District Accountant				
	PREPARER (SIGNATURE REQUIRED)				DATE PREPARED 2/29/2024
	ict filed, a Title 32, Article 1 Special District Notice of Inactive Status	YES	NO		
during the year? [Applicable to Title 32 104 (3), C.R.S.]	2 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-		<b>✓</b>	If Yes, date	e filed:

## DocuSign Envelope ID: F44E95BE-84D4-4F36-B54E-8C72CF6A918B PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

#### \* Indicate Name of Fund

		Governmer	ntal Funds		Proprietar	y/Fiduciary Funds	Please use this space to
_ine #	Description	General Fund	Fund*	Description	Fund*	Fund*	provide explanation of an items on this page
	Assets			Assets			
1-1	•	-	·	Cash & Cash Equivalents	\$	- \$	-
1-2		•	\$ -	Investments	\$	- \$	-
1-3	<u> </u>		\$ -	Receivables	\$	- \$	-
1-4			\$ -	Due from Other Entities or Funds	\$	-   \$	
l-5		\$ 367,533	\$ -	Other Current Assets [specify]	•		$\neg$
	All Other Assets [specify]				\$	- \$	-
-6	` ,		\$ -	Total Current Assets	<u> </u>	- \$	-
-7			\$ -	Capital & Right to Use Assets, net (from Part 6-4)	\$	- \$	-
-8	<u> </u>		\$ -	Other Long Term Assets [specify]	\$	- \$	-
-9	<u> </u>		\$ -		\$	- \$	-
-10			\$ -		\$	- \$	-
-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 368,358	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	-   \$	-
	Deferred Outflows of Resources:			Deferred Outflows of Resources			
-12		\$ -	<u> </u>	[specify]	\$	- \$	<u>-</u>
-13	11 3 1		\$ -	[specify]	\$	- \$	-
14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		·	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		- \$	-
15	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 368,358	\$ -	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	-   \$	-
	Liabilities		_	Liabilities	-		
16		\$ -		Accounts Payable	\$	- \$	-
17			\$ -	Accrued Payroll and Related Liabilities	\$	- \$	-
18			\$ -	Accrued Interest Payable	\$	- \$	-
-19			\$ -	Due to Other Entities or Funds	\$	- \$	<u>-</u>
-20			\$ -	All Other Current Liabilities	\$	- \$	-
-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		- \$	-
-22	** * *		\$ -	Proprietary Debt Outstanding (from Part 4-4)	\$	- \$	-
-23	<u> </u>	•	\$ -	Other Liabilities [specify]:	\$	- \$	-
-24			\$ -		\$	- \$	-
-25		•	\$ -		\$	- \$	-
-26			\$ -		\$	- \$	-
27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 824	\$ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	-   \$	-
	Deferred Inflows of Resources:		•	Deferred Inflows of Resources			$\neg$
-28		\$ 367,533	·	Pension/OPEB Related	\$	- \$	-
29	,		\$ -	Other [specify]	\$	- \$	-
30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ 367,533	\$ -	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	-   \$	-
	Fund Balance	<u>,                                      </u>	<b>^</b>	Net Position	•	1 🏚	$\neg$
		5 -	·	Net Investment in Capital and Right-to Use Assets	\$	-   \$	-
	•	•	\$ -	F			$\neg$
33			\$ -	Emergency Reserves	\$	- \$	-
34			\$ -	Other Designations/Reserves	\$	- \$	-
-35			\$ -	Restricted	\$	- \$	-
36		\$ -	\$ -	Undesignated/Unreserved/Unrestricted	\$	- \$	-
-37	Add lines 1-31 through 1-36			Add lines 1-31 through 1-36			
	This total should be the same as line 3-33			This total should be the same as line 3-33			
	TOTAL FUND BALANCE	\$ -	\$ -	TOTAL NET POSITION	-	- \$	-
-38	Add lines 1-27, 1-30 and 1-37			Add lines 1-27, 1-30 and 1-37			
	This total should be the same as line 1-15			This total should be the same as line 1-15			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	\$ 368,357	¢	POSITION	Φ.	-   \$	

### PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ntal Funds		Proprietary/F	iduciary Funds	Diameter (b)
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 176,434		Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 13,125	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	\$ -	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5	Interest	\$ 83	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 189,642	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	-	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -	
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	]
2-14	Grants	\$ -	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets			
2-22	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 189,642	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	-	
	Other Financing Sources			Other Financing Sources			-
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	]
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	1
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	1
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	•		Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	•	,	\$ 189,642

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.

3-32 Prior Period Adjustment (MUST explain)

Sum of Lines 3-30, 3-31, and 3-32

This total should be the same as line 1-37.

3-33 Fund Balance, December 31

#### PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES **Governmental Funds** Proprietary/Fiduciary Funds Please use this space to Line # Description Description provide explanation of any Expenditures Expenses items on this page 3-1 **General Government** - | \$ **General Operating & Administrative** Judicial Salaries \$ - | \$ 3-2 | \$ Law Enforcement \$ **Payroll Taxes** \$ - \$ 3-3 - | \$ **Contract Services** 3-4 \$ - | \$ \$ - | \$ **Highways & Streets Employee Benefits** 3-5 \$ \$ \$ 3-6 Solid Waste \$ \$ Insurance \$ Contributions to Fire & Police Pension Assoc. Accounting and Legal Fees 3-7 \$ \$ \$ Repair and Maintenance 3-8 \$ \$ \$ - | \$ Culture and Recreation \$ Supplies \$ 3-9 - | \$ - | \$ Utilities 3-10 Transfers to other districts \$ 186,112 | \$ Other (specify...1: \$ Contributions to Fire & Police Pension Assoc. 3-11 \$ 3-12 Treasurer Fees \$ 3,530 | \$ Other [specify...] - | \$ 3-13 \$ \$ - | \$ **Capital Outlay** \$ **Capital Outlay** \$ - \$ - | \$ 3-14 **Debt Service Debt Service** 3-15 Principal \$ \$ Principal (should match amount in 4-4) (should match amount in 4-4) Interest Interest 3-16 \$ \$ \$ - | \$ **Bond Issuance Costs Bond Issuance Costs** 3-17 \$ \$ - | \$ **Developer Principal Repayments Developer Principal Repayments** \$ - | \$ \$ - | \$ 3-18 **Developer Interest Repayments** \$ **Developer Interest Repayments** - \$ 3-19 \$ All Other [specify...]: All Other [specify...]: 3-20 \$ - | \$ - | \$ **GRAND TOTAL** 3-21 \$ - | \$ - | \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-2' 189,642 \$ - | \$ 189.642 3-22 TOTAL EXPENDITURES **TOTAL EXPENSES** 3-23 Interfund Transfers (In) - \$ \$ - | \$ - Net Interfund Transfers (In) Out 3-24 Interfund Transfers Out \$ Other [specify...][enter negative for expense] \$ - | \$ - | \$ 3-25 Other Expenditures (Revenues): \$ Depreciation/Amortization \$ - | \$ - | \$ 3-26 \$ - | \$ Other Financing Sources (Uses) - | \$ 3-27 \$ - \$ **Capital Outlay** (from line 3-14) \$ - | \$ **Debt Principal** 3-28 \$ - | \$ (from line 3-15, 3-18) - | \$ 3-29 (Add lines 3-23 through 3-28) (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus TRANSFERS AND OTHER EXPENDITURES line 3-24) TOTAL GAAP RECONCILING ITEMS \$ \$ 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, less line 3-23 Line 2-29, less line 3-22, less line 3-29 Net Position, January 1 from December 31 prior year 3-31 Fund Balance, January 1 from December 31 prior year report

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) 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.

Prior Period Adjustment (MUST explain)

This total should be the same as line 1-37.

Net Position, December 31

Sum of Lines 3-30, 3-31, and 3-32

\$

\$

\$

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Booac	PART 4 - DEBT OUTSTA	ANDING, IS	SSUED, A	AND RETIRED	
	Please answer the following questions by marking the appropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
4-1	Does the entity have outstanding debt?			<b>☑</b>	
4-2	Is the debt repayment schedule attached? If no, MUST explain:				
4-3	Is the entity current in its debt service payments? If no, MUST explain:				
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)  Outstanding at beginning of year	Issued during year	Retired during year	Outstanding at year-end	
	General obligation bonds \$ - \\$	-	\$ -	\$ -	
	Revenue bonds \$ - \$	-	\$ -	\$ -	
	Notes/Loans \$ - \$	-	\$ -	\$ -	
	Lease & SBITA** Liabilities (GASB 87 & 96)	-	\$ -	\$ -	
	Developer Advances \$ - \$			-	
	Other (specify): \$ - \$		·		
	TOTAL \$ - \$	-	\$ -		
**Subs	cription Based Information Technology Arrangements *Must agree to prior year-ei	nd balance			
	Please answer the following questions by marking the appropriate boxes.		YES	NO	
4-5	Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]?		✓		
If yes:	How much? \$ 38,465,000				
11 y 00.	Date the debt was authorized: 6/13/2018		_		
4-6	Does the entity intend to issue debt within the next calendar year?			V	
If yes:	How much? \$ -			_	
4-7	Does the entity have debt that has been refinanced that it is still responsible for?			✓	
If yes:	What is the amount outstanding?				
4-8	Does the entity have any lease agreements?			✓	
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? \$ -	_			
	PART 5 - CAS	H AND IN		NTS	
	Please provide the entity's cash deposit and investment balances.		AMOUNT	TOTAL	Please use this space to provide any explanations or comments:
			\$ -		
5-2	Certificates of deposit		\$ -		
	TOTAL C/	ASH DEPOSITS		-	
	Investments (if investment is a mutual fund, please list underlying investments):				
			\$ -		
			\$ -		
5-3			\$ -		
			\$ -		
	TOTAL	INVESTMENTS	•	\$ -	
	TOTAL CASH AND			\$ -	
				· ·	
	Please answer the following question by marking in the appropriate box	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.)? If no, MUST explain:			✓	

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		6 - CAPITAL	AND RIGH			
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
	Does the entity have capitalized assets?	Castian 20 4 500 C	D C 2 K		✓	
6-2	Has the entity performed an annual inventory of capital assets in accordance with MUST explain:	Section 29-1-506, C	.R.S. ? If no,			
	MICOT EXPIRITI.			1		
6-3		Balance -				
	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	beginning of the	Additions*	Deletions	Year-End Balance	
	. ,	year*				
	Land	\$ -	\$ -	\$ -	\$	
	Buildings		\$ -	\$ -		-
	Machinery and equipment	\$ -	\$ -	\$ -	\$	
	Furniture and fixtures		\$ -			
	Infrastructure	\$ -		\$ -	<u> </u>	<u> </u>
	Construction In Progress (CIP)		\$ -	_	_ '	·_
	Leased & SBITA Right-to-Use Assets		\$ -	_		•
	Intangible Assets Other (multiple)	\$ - \$ -	\$ - \$ -	\$ - \$ -	<u> </u>	_
	Other (explain):  Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ -			<u> </u>	·
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -		\$ -	ļ <del>T</del>	<u>-</u>
	TOTAL			\$ -	· ·	_
	TOTAL	Balance -	Ψ -	Ψ -	Ψ	
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the	Additions*	Deletions	Year-End Balance	
0-4	complete the following cupital a regine 10-000 Access table for 1 Not release.	year*	Additions	Deletions	rear-Life Dalarice	
	Land	\$ -	\$ -	\$ -	\$	
	Buildings		\$ -		<u> </u>	-
	Machinery and equipment	\$ -	\$ -	\$ -	\$	
	Furniture and fixtures	\$ -	\$ -		Ļ ·	
	Infrastructure	\$ -		_	_ '	_
	Construction In Progress (CIP)	•	\$ -	\$ -		·_
	Leased & SBITA Right-to-Use Assets	,	\$ -	•	_ '	•
	Intangible Assets Other (explain):		\$ - \$ -	•	+	-
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	•	\$ -	\$ -		·
	Accumulated Depreciation (Enter a negative, or credit, balance)		\$ -	\$ -	<u> </u>	
	TOTAL		\$ -	\$ -	\$	-
		* Must agree to prior yea	T	Ψ	•	
		* Generally capital asset	additions should be rep		lay on line 3-14 and capitalized	
		in accordance with the go	overnment's capitalizati	ion policy. Please e	xplain any discrepancy	
		PART 7 - PE	NICIONI INIE	OPMATIC	)NI	
	•	FAIXI / - FL	LINDIOIN IINI			
				YES	NO	Please use this space to provide any explanations or comments:
	Does the entity have an "old hire" firefighters' pension plan?				<u> </u>	
	Does the entity have a volunteer firefighters' pension plan?				☑	
ii yes.	Who administers the plan?			ш	Ц	
	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?		\$ -			

Bloom the fell of the state of	PART 8 - Bl				
Please answer the following question by marking in Did the entity file a current year budget with the De		YES	NO	N/A	Please use this space to provide any explanations or comments:
Section 29-1-113 C.R.S.? If no, MUST explain:		<b>4</b>			
Did the entity pass an appropriations resolution in If no, MUST explain:	accordance with Section 29-1-108 C.R.S.?	V			
es: Please indicate the amount appropriated for each	und separately for the year reported				
Governmental/Proprietary Fu	nd Name Total Appropriat	ions By Fund			
General Fund	\$	192,020			
	\$   \$	-			
	\$	-			
	PART 9 - TAX PAYE	R'S BILL C	F RIGHTS	(TABOR)	
Please answer the following question by marking i			YES	NO	Please use this space to provide any explanations or comments:
	f TABOR [State Constitution, Article X, Section 20(5)	-	<b>V</b>		
Note: An election to exempt the government from the spending lim requirement. All governments should determine if they meet this re	itations of TABOR does not exempt the government from the 3 perce quirement of TABOR.	ent emergency reserve			
	PART 10 - GE	ENERAL IN	<b>FORMATIO</b>	N	
Please answer the following question by marking i	n the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
1 Is this application for a newly formed governmenta	I entity?			☑	riease use this space to provide any explanations of comments.
es:					
Date of formation:					
• Headle and the share and the many to the most an arrange				☑	
2 Has the entity changed its name in the past or curr	ent year?		_	_	
NEW name					
PRIOR name					
3 Is the entity a metropolitan district?			☑		
4 Please indicate what services the entity provides:					
Streets, Safety Protection, Park and Recreation, Potak	le Water, Sanitary Sewer, Storm Drainage, Covenant E	nforcement and De			
Does the entity have an agreement with another go	vernment to provide services?		✓		
List the name of the other governmental entity and	the services provided:				
All services provided by Trailside Metropolitan District	No. 1.				
6 Does the entity have a certified mill levy?			V		
s: Please provide the number of mills levied for the y		7			
	Bond Redemption mills 41.28 General/Other mills 10.32				
	Total mills 51.60				
NEW coool is the entire to a Title on Overeigh District	Samuel an are five 7/4/0000 has the authority filed by	YES	NO	N/A	
NEW 2023! If the entity is a Title 32 Special District 7 preceding year annual report with the State Audito		✓			
C.R.S.]? If NO, please explain.					
F	Please use this space to provide any additi	onal explanati	ons or commer	nts not previou	ısly included:

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			OSA USE ONL	_Y		
Entity Wide:	General Fund			Governmental Funds		Notes
Unrestricted Cash & Investments	\$ - Unrestricted Fund Balar	n \$	-	Total Tax Revenue	\$ 189,642	
Current Liabilities	\$ 824 Total Fund Balance	\$	-	Revenue Paying Debt Service	\$	
Deferred Inflow	\$ 367,533 PY Fund Balance	\$	-	Total Revenue	\$ 189,642	
	Total Revenue	\$	189,642	Total Debt Service Principal	\$	
	Total Expenditures	\$	189,642	Total Debt Service Interest	\$ -	
				Total Assets	\$ 368,358	
				Total Liabilities	\$ 824	
Governmental	Interfund In	\$	-			
Total Cash & Investments	\$ - Interfund Out	\$	-	Enterprise Funds		
Transfers In	\$ - Proprietary			Net Position	\$ -	
Transfers Out	\$ - Current Assets	\$	-	PY Net Position	\$	
Property Tax	\$ 176,434 Deferred Outflow	\$	-	Government-Wide		
Debt Service Principal	\$ - Current Liabilities	\$	-	Total Outstanding Debt	\$ -	
Total Expenditures	\$ 189,642 Deferred Inflow	\$	-	Authorized but Unissued	\$ 38,465,000	
Total Developer Advances	\$ - Cash & Investments	\$	-	Year Authorized	6/13/2018	
Total Developer Repayments	\$ - Principal Expense	\$	_			

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#### PART 12 - 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?	✓	

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.

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.

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 revenue 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.

MUST Print t	he names of ALL members of the governing body below.	A MAJORITY of the members of the governing body must sign below.
1	Full Name Patrick McMeekin	I, Patrick McMeekin , attest that I am a duly elected or appointed board member, and that I am a duly elected or appointed board member and that I am a duly elected or appointed board member and that I am a duly elected or appointed board member and that I am a duly elected or appointed board member and that I am a duly elected or appointed board member and that I am a duly elected or appointed board member and that I am a duly elected board member and that I am a duly elected or appointed board member and that I am a duly elect
	Full Name	I,
2	Landon Hoover	that I have personally relieves and approve this application for exemption for a sympton 2 from a unit : 33:59 MST Signed Date:  My term Exector 1:33:59 MST
	Full Name	I, DocuSigned by: Mike Weity , attest that I am a duly elected or appointed board member, and that
3	Mike Welty	I have parsonally having and approve this application for exemption from audit. 12:10:11 MST Signed UCC Date: 3/1/2024 UCC Date: 10:11 MST
	Full Name	I,
4	Tiffany White	that have personally reviewed and approve this application fo Bek
	Full Name	I,Staci Miller, attest that I am a duly elected or appointed board member, and that
5	Staci Miller	I have personally perituged and approve this application for exemption 2021 4 udit. 07:46:28 PST Signed State Date:  My telm Espires BAC5C4412 May 2027
	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit.  Signed Date:  My term Expires:
	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit.  Signed Date:  My term Expires:

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	APPLICATION FO	R EXEMPT	<b>ION FRO</b>	M AUDIT	
	L	ONG FORM	M		
NAME OF GOVERNMENT	Trailside Metropolitan District No. 3				For the Year Ended
ADDRESS	c/o Pinnacle Consulting Group, Inc.				12/31/2023
	550 W Eisenhower Blvd				or fiscal year ended:
CONTACT REPOON	Loveland, CO 80537				
CONTACT PERSON PHONE	Tracie Kaminski 970-669-3611				
EMAIL	traciek@pcgi.com				
LWALL	Taciek@pegi.com				
Legrify that Lam an independent account	CERTIFICA  tant with knowledge of governmental accounting and that the information				owledge Lam aware that the Audit Law requires that a person
	oplication if revenues or expenditure are at least \$100,000 but not more than				
NAME:	Tracie Kaminski		· ·		
TITLE	District Accountant				
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.				
ADDRESS	550 W Eisenhower Blvd, Loveland, CO 80537				
PHONE	970-669-3611				
RELATIONSHIP TO ENTITY	District Accountant				
	PREPARER (SIGNATURE REQUIRED)				DATE PREPARED
	Fracie L. Kaminshi				2/29/2024
	rict filed, a Title 32, Article 1 Species District Notice of Inactive Status	YES	NO		
during the year? [Applicable to Title 3 104 (3), C.R.S.]	2 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-		<b>V</b>	If Yes, date	filed:

## DocuSign Envelope ID: 39157B59-C0D1-4EA1-B94B-82D6A2A411DD PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

#### \* Indicate Name of Fund

	Name of Fund ach additional sheets as necessary.						
		Governmen	tal Funds		Proprietary	//Fiduciary Funds	Please use this space to
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	provide explanation of an items on this page
	Assets			Assets			
1-1		\$ - :		Cash & Cash Equivalents	\$	- \$	-
1-2			\$ -	Investments	\$	- \$	-
1-3			\$ -	Receivables	\$	- \$	-
1-4		\$ 815		Due from Other Entities or Funds	\$	-   \$	-
1-5		\$ 411,868	5 -	Other Current Assets [specify]			$\neg$
	All Other Assets [specify]				\$	- \$	-
1-6	` '	•	\$ <u>-</u>	Total Current Assets	•	- \$	<u>-                                     </u>
1-7		\$ - :		Capital & Right to Use Assets, net (from Part 6-4)	\$	- \$	-
1-8			\$ <u>-</u>	Other Long Term Assets [specify]	\$	- \$	-
1-9			\$ -		\$	- \$	-
1-10			-	( )	\$	- \$	-
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 412,683	•	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	-   \$	-
	Deferred Outflows of Resources:	Φ 1.		Deferred Outflows of Resources	•	Φ.	$\neg$
1-12		\$ -   : \$ -   :	\$ - \$ -	[specify]	\$	- \$	<del>-</del>
1-13			•	[specify]	\$	- \$ - \$	-
1-14 1-15	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS TOTAL ASSETS AND DEFERRED OUTFLOWS			(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS TOTAL ASSETS AND DEFERRED OUTFLOWS		- \$ - \$	<del>-</del>
	Liabilities	\$ 412,083		Liabilities	<b>a</b>	-   \$	-
1-16		\$ - :		Accounts Payable	\$	- \$	T .
1-17			\$ -	Accrued Payroll and Related Liabilities	\$	- \$	<del>-</del>
1-18			\$ -	Accrued Interest Payable	\$	- \$	_
1-19			\$ -	Due to Other Entities or Funds	\$	- \$	_
1-20			\$ -	All Other Current Liabilities	\$	- \$	_
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$	- \$	-
1-22			· \$ -	Proprietary Debt Outstanding (from Part 4-4)	\$	- \$	-
1-23		\$ - :	\$ -	Other Liabilities [specify]:	\$	- \$	7
1-24	Ī	\$ - :	\$ -		\$	- \$	7
1-25	Ī	\$ - :	\$ -		\$	- \$	7
1-26		\$ - :	\$ -		\$	- \$	7
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 815	\$ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	- \$	-
Ī	Deferred Inflows of Resources:			Deferred Inflows of Resources			_
1-28	Deferred Property Taxes	\$ 411,868	\$ -	Pension/OPEB Related	\$	- \$	-
1-29	Lease related (as lessor)	\$ -	\$ -	Other [specify]	\$	- \$	-
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ 411,868	\$ -	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	- \$	-
Ī	Fund Balance			Net Position			_
	· · · · · · · · · · · · · · · · · · ·	\$ -		Net Investment in Capital and Right-to Use Assets	\$	-   \$	-
1-32			\$ -				_
1-33			\$ -	Emergency Reserves	\$	- \$	-
1-34		·	\$ -	Other Designations/Reserves	\$	- \$	-
1-35			\$ -	Restricted	\$	- \$	-
1-36	3 4 4 4 5	\$ - :	\$ -	Undesignated/Unreserved/Unrestricted	\$	- \$	-
1-37	Add lines 1-31 through 1-36 This total should be the same as line 3-33			Add lines 1-31 through 1-36 This total should be the same as line 3-33			
	TOTAL FUND BALANCE	\$ _	\$ -	TOTAL NET POSITION		-   \$	_
1-38	Add lines 1-27, 1-30 and 1-37	<u> </u>	· -	Add lines 1-27, 1-30 and 1-37		7	
	This total should be the same as line 1-15			This total should be the same as line 1-15			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	TO THE EIRBIETTES, BET ENTRED IN EGITO, AND TOND			TOTAL LIABILITIES, DEI LIKKED IN LOWS, AND NEI			

### PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

	Governmental Funds			Proprietary/F	iduciary Funds		
Line #	Description	General Fund	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 174,497	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 12,571	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	\$ -	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5	Interest	\$ 34	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -	
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets			
2-22	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES		\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources			Other Financing Sources			-
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES	¢	\$ -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES	¢	\$ -	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES			TOTAL OTHER FINANCING SOURCES  Add lines 2-24 and 2-29  TOTAL REVENUES AND OTHER FINANCING SOURCES	<u>,                                      </u>	\$ -	\$ 187,102

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.

3-32 Prior Period Adjustment (MUST explain)

Sum of Lines 3-30, 3-31, and 3-32

This total should be the same as line 1-37.

3-33 Fund Balance, December 31

#### PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES **Governmental Funds** Proprietary/Fiduciary Funds Please use this space to Line # Description Description provide explanation of any Expenditures Expenses items on this page 3-1 **General Government** - | \$ **General Operating & Administrative** Judicial Salaries \$ - | \$ 3-2 | \$ Law Enforcement \$ **Payroll Taxes** \$ - \$ 3-3 - | \$ **Contract Services** 3-4 \$ - | \$ \$ - | \$ **Highways & Streets Employee Benefits** 3-5 \$ \$ \$ 3-6 Solid Waste \$ \$ Insurance \$ Contributions to Fire & Police Pension Assoc. Accounting and Legal Fees 3-7 \$ \$ \$ Repair and Maintenance 3-8 \$ \$ \$ - | \$ Culture and Recreation \$ Supplies \$ 3-9 - | \$ - | \$ Utilities 3-10 Transfers to other districts \$ 183,611 | \$ Other (specify...1: \$ Contributions to Fire & Police Pension Assoc. 3-11 \$ 3-12 Treasurer Fees \$ 3,491 | \$ Other [specify...] - | \$ 3-13 \$ \$ - | \$ **Capital Outlay** \$ **Capital Outlay** \$ - \$ - | \$ 3-14 **Debt Service Debt Service** 3-15 Principal \$ \$ Principal (should match amount in 4-4) (should match amount in 4-4) Interest Interest 3-16 \$ \$ \$ - | \$ **Bond Issuance Costs Bond Issuance Costs** 3-17 \$ \$ - | \$ **Developer Principal Repayments Developer Principal Repayments** \$ - | \$ \$ - | \$ 3-18 **Developer Interest Repayments** \$ **Developer Interest Repayments** - \$ 3-19 \$ All Other [specify...]: All Other [specify...]: 3-20 \$ - | \$ - | \$ **GRAND TOTAL** 3-21 \$ - | \$ - | \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-2' 187,102 | \$ - | \$ 187,102 3-22 TOTAL EXPENDITURES **TOTAL EXPENSES** 3-23 Interfund Transfers (In) - \$ \$ - | \$ - Net Interfund Transfers (In) Out 3-24 Interfund Transfers Out \$ Other [specify...][enter negative for expense] \$ - | \$ - | \$ 3-25 Other Expenditures (Revenues): \$ Depreciation/Amortization \$ - | \$ - | \$ 3-26 \$ - | \$ Other Financing Sources (Uses) - | \$ 3-27 \$ - \$ **Capital Outlay** (from line 3-14) \$ - | \$ **Debt Principal** 3-28 \$ - | \$ (from line 3-15, 3-18) - | \$ 3-29 (Add lines 3-23 through 3-28) (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus TRANSFERS AND OTHER EXPENDITURES line 3-24) TOTAL GAAP RECONCILING ITEMS \$ \$ 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, less line 3-23 Line 2-29, less line 3-22, less line 3-29 Net Position, January 1 from December 31 prior year 3-31 Fund Balance, January 1 from December 31 prior year report \$

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) 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.

\$

\$

Prior Period Adjustment (MUST explain)

This total should be the same as line 1-37.

Net Position, December 31

Sum of Lines 3-30, 3-31, and 3-32

Docus	ign Envelope ID: 39157B59-C0D1-4EA1-B94B-82D6A2A411DD				
	PART 4 - DEBT OUTSTAI	NDING, IS	SUED, A	AND RETIRED	
	Please answer the following questions by marking the appropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
4-1	Does the entity have outstanding debt?			v	
4-2	Is the debt repayment schedule attached? If no, MUST explain:				
4-3	Is the entity current in its debt service payments? If no, MUST explain:				
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)  Outstanding at beginning of year	sued during Royear	etired durinç year	Outstanding at year-end	
	General obligation bonds \$ - \$	- \$	-	- \$	
	Revenue bonds \$ - \$	- \$		\$ -	
	Notes/Loans \$ - \$	- \$		\$ -	
	Lease & SBITA** Liabilities (GASB 87 & 96)	- \$		. \$ -	
	Developer Advances \$ - \$	- \$		\$ -	
	Other (specify):	- \$		. \$ -	
	11 11	- S			
***				-   \$	
**Subs	cription Based Information Technology Arrangements *Must agree to prior year-end	balance			1
	Please answer the following questions by marking the appropriate boxes.		YES	NO_	
4-5	Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]?		$\checkmark$		
If yes:	How much? \$ 38,465,000				
ii yes.	Date the debt was authorized: 6/13/2018				
4-6	Does the entity intend to issue debt within the next calendar year?			☑	
	How much?			_	
4-7	Does the entity have debt that has been refinanced that it is still responsible for?			☑	
	What is the amount outstanding?			_	
If yes:			_	<b></b> ✓	
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?				
	What are the annual lease payments?				
	PART 5 - CASH	AND INV	ESTME	NTS	
	Please provide the entity's cash deposit and investment balances.		AMOUNT	TOTAL	Please use this space to provide any explanations or comments:
5-1	YEAR-END Total of ALL Checking and Savings accounts	\$	AMOUNT		riedse use this space to provide any explanations of comments.
		\$			
5-2	Certificates of deposit				
	TOTAL CAS	SH DEPOSITS		-	
	Investments (if investment is a mutual fund, please list underlying investments):				
		\$			1
		<del>_</del>		·	
5-3		\$		·	
		\$		•	
		\$		•	
	TOTAL IN	NVESTMENTS		-	
	TOTAL CASH AND IN	VESTMENTS		\$ -	
			No		
	Please answer the following question by marking in the appropriate box	YES	NO	N/A	
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?			✓	
	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-				
5-5	10.5-101, et seq. C.R.S.)? If no, MUST explain:			✓	

DocuS	sign Envelope ID: 39157B59-C0D1-4EA1-B94B-82D6A2A411DD	6 CADITAL	AND DICH	T TO US	E ASSETS	
		<u>6 - CAPITAL</u>	AND RIGH			Place we this was to would a survey booting a survey to
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
	Does the entity have capitalized assets?	Santian 00 4 500 C	D 0 0 K		✓	
6-2	Has the entity performed an annual inventory of capital assets in accordance with MUST explain:	Section 29-1-506, C.	.R.S. ? IT no,			
	WOOT EXPIGIT.			]		
6-3		Balance -				
	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	beginning of the	Additions*	Deletions	Year-End Balance	
		year*				
	Land	\$ -	\$ -	\$ -	\$	-
	Buildings		\$ -	\$ -	\$	-
	Machinery and equipment		\$ -			-
	Furniture and fixtures	•	\$ -			<u>-</u>
	Infrastructure	•	\$ -			<u>-</u>
	Construction In Progress (CIP)	<u>'</u>	\$ -			<u>-</u>
	Leased & SBITA Right-to-Use Assets Intangible Assets	\$ - \$ -	\$ - \$ -	7		<u>-</u>
	Other (explain):	\$ -		\$ -	<del>                                     </del>	<del>-</del>
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ -		-	-	<del>-</del>
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -		\$ -		_
	TOTAL		\$ -	\$ -		
		Balance -	<b>T</b>	•	•	
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	beginning of the	Additions*	Deletions	Year-End Balance	
		year*				
	Land				\$	<u>-</u>
	Buildings Machinery and equipment	\$ - \$ -	-	-	+ '	<u>-</u>
	Furniture and fixtures	•	\$ - \$ -		<del>  '</del>	<del>-</del>
	Infrastructure	•	\$ -	-	+ '	<del>_</del>
	Construction In Progress (CIP)	•	\$ -		<del>  '</del>	-
	Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$	<del>-</del>
	Intangible Assets		\$ -	\$ -	\$	-
	Other (explain):		\$ -	7	<del> </del>	_
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	·	\$ -			<u>-</u>
	Accumulated Depreciation (Enter a negative, or credit, balance)	·	\$ -	\$ -	<del>  '</del>	<u>-</u>
	TOTAL	·	- \$	\$ -	\$	<u>-</u>
		* Must agree to prior yea		norted at capital ou	tlay on line 3-14 and capitalize	d
		in accordance with the go				
		PART 7 - PE	ENSION INF	FORMATI	ON	
	*			YES	NO	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firefighters' pension plan?				✓	
	Does the entity have a volunteer firefighters' pension plan?				<b>✓</b>	
	Who administers the plan?					
	Indicate the contributions from:					
		ı		1		
	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?		\$ -	1		
	The second secon	I		1		

Sign Envelope ID: 39157B59-C0D1-4EA1-B94B-82D6A2A411DD PART 8 - B	UDGET IN	ORMATION		
Please answer the following question by marking in the appropriate box	YES	NO	N/A	Please use this space to provide any explanations or comments:
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: Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?	_	_		
If no, MUST explain:	<b>_</b>			
Please indicate the amount appropriated for each fund separately for the year reported				
Governmental/Proprietary Fund Name Total Appropria	ations By Fund	[		
General Fund \$	189,979	-		
5		-		
\$		]		
PART 9 - TAX PAYI	ER'S BILL (	OF RIGHTS	(TABOR)	
Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20( Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 per		<b></b> ✓		
requirement. All governments should determine if they meet this requirement of TABOR.				
PART 10 - G	ENERAL IN	IFORMATIO	N	
Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
Is this application for a newly formed governmental entity?			7	
Data of formation				
Date of formation:				
Has the entity changed its name in the past or current year?			✓	
		1		
NEW name				
PRIOR name				
Is the entity a metropolitan district?		J ☑		
Please indicate what services the entity provides:				
Streets, Safety Protection, Park and Recreation, Potable Water, Sanitary Sewer, Storm Drainage, Covenant	Enforcement and D			
Does the entity have an agreement with another government to provide services?		_ 		
List the name of the other governmental entity and the services provided:				
All services provided by Trailside Metropolitan District No. 1.		1		
Does the entity have a certified mill levy?		_ ☑		
Please provide the number of mills levied for the year reported (do not enter \$ amounts):		_ <b>_</b>	_	
Bond Redemption mills 41.2		_		
General/Other mills 10.3  Total mills 51.5		-		
Total fillio	YES	NO	N/A	
NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its	<b>✓</b>			
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.				
onco.j. ii no, piease explain.		1		
Please use this space to provide any addi	tional explanat	ions or commer	nts not previou	isly included:
. Todos dos ans spass to provide any addr	explainat	5. 5011111101	proviou	,

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OSA USE ONLY								
Entity Wide:		General Fund		Go	overnmental Funds			Notes
Unrestricted Cash & Investments	\$	- Unrestricted Fund Bala	n \$	- To	tal Tax Revenue	\$	187,102	
Current Liabilities	\$	815 Total Fund Balance	\$	- Re	evenue Paying Debt Service	\$		
Deferred Inflow	\$	411,868 PY Fund Balance	\$	- To	tal Revenue	\$	187,102	
		Total Revenue	\$	187,102 To	tal Debt Service Principal	\$		
		Total Expenditures	\$	187,102 To	tal Debt Service Interest	\$		
				То	tal Assets	\$	412,683	
				То	tal Liabilities	\$	815	
Governmental		Interfund In	\$	-				
Total Cash & Investments	\$	- Interfund Out	\$	- En	nterprise Funds			
Transfers In	\$	- Proprietary		Ne	et Position	\$	_	
Transfers Out	\$	- Current Assets	\$	- PY	/ Net Position	\$	-	
Property Tax	\$	174,497 Deferred Outflow	\$	- Go	overnment-Wide			
Debt Service Principal	\$	- Current Liabilities	\$	- To	tal Outstanding Debt	\$	-	
Total Expenditures	\$	187,102 Deferred Inflow	\$	- Au	thorized but Unissued	\$	38,465,000	
Total Developer Advances	\$	- Cash & Investments	\$	- Ye	ear Authorized		6/13/2018	
Total Developer Renayments	\$	- Principal Eypense	\$	_				

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#### PART 12 - 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?	✓	

#### 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.

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.

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 revenue 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.

MUST Print t	he names of ALL members of the governing body below.	A MAJORITY of the members of the governing body must sign below.
1		I,
	Full Name	DocuSigned by:  I and a duly elected or appointed board member, and
2	Landon Hoover	I,
	Full Name	I, Kara Hoover , attest that I am a duly elected or appointed board member, and
3	Kara Hoover	that I have personally reviewed and approve this application for exemption from audit.  Signed Date:  My term Expires: May 2027
	Full Name	I,, attest that I am a duly elected or appointed board member, and that
4	Mike Welty	Signed Date: Date:
	Full Name	I,
5	Jason Stansberry	and that I have personally reviewed and approve this application for French audit: 18:22 MST Signed as 18:22 MST Date:  My term @spi7es81F8C4MBy. 2025
	Full Name	l, , attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit.  Signed Date:  My term Expires:
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit.  Signed Date:  My term Expires:

**EMAIL** 

## **APPLICATION FOR EXEMPTION FROM AUDIT**

#### SHORT FORM

NAME OF GOVERNMENT
ADDRESS
C/o Pinnacle Consulting Group, Inc.
550 W Eisenhower Blvd
Loveland, CO 80537

CONTACT PERSON
PHONE
Trailside Metropolitan District No. 5

C/o Pinnacle Consulting Group, Inc.
12/31/23
or fiscal year ended:
970-669-3611

traciek@pcgi.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: Tracie Kaminski

TITLE District Accountant

FIRM NAME (if applicable) Pinnacle Consulting Group, Inc.

ADDRESS 550 W Eisenhower Blvd, Loveland, CO 80537

PHONE 970.669.3611

PREPARER (SIGNATURE REQUIRED)		D	ATE PREPARED
Tracie L. Kaminshi			2/29/2024
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNI (MODIFIED ACC		PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary lund types	7		

## **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		Round to nearest Dollar		Please use this
2-1	Taxes: Proper	ty (report mills levied in Ques	tion 10-6)	\$	• •	space to provide
2-2	Specifi	c ownership		\$	- 1	any necessary
2-3	Sales a	and use		\$	-	explanations
2-4	Other (	specify):		\$	-	
2-5	Licenses and permits			\$	-	
2-6	Intergovernmental:	Grants		\$	-	ı
2-7		Conservation Trust	Funds (Lottery)	\$	-	ı
2-8		Highway Users Tax	Funds (HUTF)	Ψ	-	ı
2-9		Other (specify):		\$	-	ı
2-10	Charges for services			\$	-	ı
2-11	Fines and forfeits			\$	-	ı
2-12	Special assessments			\$	-	ı
2-13	Investment income			\$	-	ı
2-14	Charges for utility services			\$	-	ı
2-15	Debt proceeds	(should agr	ee with line 4-4, column 2)	\$	-	ı
2-16	Lease proceeds			\$	-	ı
2-17	Developer Advances receive		should agree with line 4-4)	\$	-	ı
2-18	Proceeds from sale of capit	al assets		Ψ	-	ı
2-19	Fire and police pension			\$	-	ı
2-20	Donations			\$	-	ı
2-21	Other (specify):			Ψ	-	ı
2-22				\$	-	ı
2-23				\$	-	i
2-24		(add lines 2-1 through 2-23)	TOTAL REVENUE	\$	34	

## **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		\$	-	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	34	
3-5	Employee benefits		\$	-	
3-6	Insurance		\$	-	I
3-7	Accounting and legal fees		\$	-	I
3-8	Repair and maintenance		\$	-	I
3-9	Supplies		\$	-	I
3-10	Utilities and telephone		\$	-	I
3-11	Fire/Police		\$	-	I
3-12	Streets and highways		\$	-	I
3-13	Public health		\$	-	I
3-14	Capital outlay		\$	-	I
3-15	Utility operations		\$	-	I
3-16	Culture and recreation		\$	-	I
3-17	Debt service principal (shou	d agree with Part 4)	\$	-	I
3-18	Debt service interest		\$	-	I
3-19	Repayment of Developer Advance Principal (should	agree with line 4-4)	\$	-	I
3-20	Repayment of Developer Advance Interest		\$	-	I
3-21	Contribution to pension plan (shot	ıld agree to line 7-2)	\$	-	I
3-22		ıld agree to line 7-2)		-	1
3-23	Other (specify):				I
3-24			\$	-	1
3-25			\$	-	I
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITUR	ES/EXPENSES	\$	34	i

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	G. ISSU	JED	). AN	ID RE	ETIRE	D		
	Please answer the following questions by marking the			,		Ye			lo
4-1	Does the entity have outstanding debt?	арргорпасс в	OXCS.				.5	1	
	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 below:								]
4-3	Is the entity current in its debt service payments? If no, MUST explain below:								]
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive	Outstandir	_		d during	Retired			nding at
	numbers)	end of prior	year*	У	ear	ye	ar	year	-end
	General obligation bonds	\$	_	\$	-	\$	-	\$	-
	Revenue bonds	\$	_	\$	-	\$	-	\$	-
	Notes/Loans	\$	_	\$	-	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	_	\$	-	\$	-	\$	-
	Other (specify):	\$	_	\$	-	\$	-	\$	-
	TOTAL	\$	_	\$	-	\$	-	\$	-
**Subscrip	tion Based Information Technology Arrangements	*Must agree	to prio	r vear-er	nd balance			·	
	Please answer the following questions by marking the appropriate boxes					Ye	:S	N	lo
4-5	Does the entity have any authorized, but unissued, debt?								
If yes:	How much?	\$			,000.00				
	Date the debt was authorized:		6/13/2	2018					
4-6	Does the entity intend to issue debt within the next calendar	year?					]		<b>√</b>
If yes:	How much?	\$			-				
4-7	Does the entity have debt that has been refinanced that it is s	still respons	sible	for?			]		1
If yes:	What is the amount outstanding?	\$			-				
4-8	Does the entity have any lease agreements?					( □	]		7
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?					, _	1	Г	
	What are the annual lease payments?	\$					J		_
	Part 4 - Please use this space to provide any explanations/cor	T	attacl	h sepai	rate doc	ı umentat	ion. if n	eeded	
	. a.t		attaol	. copa	ato doc	amontat		Journal	

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
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):			
			\$ -	
<b>5</b> 0			\$ -	
5-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	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.?			<b>✓</b>
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.)?			<b>√</b>
If no, MU	JST use this space to provide any explanations:			

uSign En\	velope ID: 39157B59-C0D1-4EA1-B94B-82D6A2A411DD				
	PART 6 - CAPITAL AND RIC	JSE ASSI			
	Please answer the following questions by marking in the appropriate box	es.		Yes	No
6-1	Does the entity have capital assets?				<b>✓</b>
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	s in accordance	with Section		
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	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	\$ -	-	-	\$ -
	Part 6 - Please use this space to provide any explanations		ear ending balance		a di
	Part 6 - Please use this space to provide any explanations	/Comments or a	attacii documei	illation, ii neeu	ea:
	DADT 7 DENOION		TION		
	PART 7 - PENSION	INFORMA	ATION		
_ ,	Please answer the following questions by marking in the appropriate box	es.		Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				<u> </u>
7-2	Does the entity have a volunteer firefighters' pension plan?			٦ -	<b>V</b>
If yes:	Who administers the plan?			_	
	Indicate the contributions from:			٦	
	Tax (property, SO, sales, etc.):		\$ - \$ -	_	
	State contribution amount:	-			
	Other (gifts, donations, etc.):	-			
	What is the monthly benefit paid for 20 years of service per re	tiree as of Jan	\$ - \$ -	1	
	Part 7 - Please use this space to provide a	any explanation	s or comments	s:	
	PART 8 - BUDGET I	NFORMA	TION		

	PART 8 - BUDGET I	NFORMAT	ΓΙΟΝ		
	Please answer the following questions by marking in the appropriate boxe	Yes	No	N/A	
8-1	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:	the current year	<b>V</b>		
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:		<b></b>		
If yes:	Please indicate the amount budgeted for each fund for the year	ar reported:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·			
	Governmental/Proprietary Fund Name	Total Appropriat	ions By Fund		
	General Fund	\$	536		

	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.	Ŭ.	Ш			

If no.	пли	G 1 /	vn	laını
II IIO.	IVI O	911	5 A D	ıaıı.

	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?		<b>V</b>
If yes:	Date of formation:	]	
10-2	Has the entity changed its name in the past or current year?		✓
If yes:	Please list the NEW name & PRIOR name:	_	
40.0	In the profite a graduate elitary districts	J	
10-3	Is the entity a metropolitan district? Please indicate what services the entity provides:	<b>J</b>	
	Streets, Safety Protection, Park and Recreation, Potable Water, Sanitary Sewer, Storm Drainage	]	
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:	ו	
10-5	All services provided by Trailside Metropolitan District No. 1  Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during	<sup>)</sup>	<b></b>
If yes:	Date Filed:	]	
10-6	Does the entity have a certified Mill Levy?	<b>7</b>	
If yes:	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		15.000
	General/Other mills		3.000
	Total mills	Ne	18.000
	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		Ш
	under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.	7	
	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?	7				

# 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	governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.				
	Print Board Member's Name	I, attest I am a duly elected or				
Board		appointed board member, and that I have personally reviewed and approve this				
Member	Patrick McMeekin	application for exemption from audit. Signed PATACE MCMCLLIN Date: 3/74/220123c7 642b0:40:34 PST				
1		Signed Participation And Ast				
		Date: 97-40001250710428040.54 F31				
		My term Expires:May 2025				
	Print Board Member's Name	I, attest I am a duly elected or				
Board		appointed beard member, and that I have personally reviewed and approve this				
Member	Landon Hoover	application for exemption from audit. Signed 174/6597694890453.11:34:13 MST Date:				
2		Signed 5/7/26/02/24:13 MST				
		My term Expires:May 2025				
	Print Board Member's Name					
	Fillit Board Melliber 5 Name	I Kara Hoover , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this				
Board		application for exemption from audit.				
Member	Kara Hoover	Signed				
3		Date:				
		My term Expires:May 2027				
	Print Board Member's Name	I, attest I am a duly elected or				
Board Member		appointed ക്രൂപ്പ് എല്ലെല്ല, and that I have personally reviewed and approve this				
	Mike Welty	application for exemption from audit. Signed McC WUTY Date: 3/7/0202426\$04065:21:31 MST				
4	•	Signed Mule Willy				
		Date: 3779023A2P826\$040B3:21:31 MS1				
		My term Expires:May 2027				
	Print Board Member's Name	I, attest I am a duly elected or				
Board		appointed board member, and that I have personally reviewed and approve this				
Member	Jason Stansberry	application for exemption from audit.				
5		application for exemption from audit. Signed ASON TANSPLYY Date: 7/c584746814864EE: 18:22 MST				
		My term Expires:May 2025				
	Print Board Member's Name	I, attest I am a duly elected or appointed board				
	Filit Doald Mellibel 5 Name	member, and that I have personally reviewed and approve this application for				
Board		exemption from audit.				
Member		Signed				
6		Date:				
		My term Expires:				
	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				
Board Member		exemption from audit.				
7		Signed				
		Date:				
		My term Expires:				

## **APPLICATION FOR EXEMPTION FROM AUDIT**

#### SHORT FORM

NAME OF GOVERNMENT

ADDRESS

C/o Pinnacle Consulting Group, Inc.

550 W Eisenhower Blvd

Loveland, CO 80537

CONTACT PERSON

PHONE

Tracie Kaminski

970-669-3611

traciek@pcgi.com

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

### 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:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE

**EMAIL** 

Tracie Kaminski
Senior Accounting Manager
Pinnacle Consulting Group, Inc.
550 W Eisenhower Blvd, Loveland, CO 80537
970-669-3611

PREPARER (SIGNATURE REQUIRED)			DATE PREPARED			
Tracie L. Kaminshi			3/1/2024			
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)			
using Governmental or Proprietary fund types	✓					

## **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 nea	rest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Que	estion 10-6)	\$	-	space to provid
2-2		Specific owner			\$		any necessary
2-3		Sales and use	- I		\$	_	explanations
2-4		Other (specify)			\$	_	-
2-5	Licenses and permit				\$	_	
2-6	Intergovernmental:		Grants		\$	-	1
2-7	•		Conservation Trus	t Funds (Lottery)	\$	-	1
2-8			Highway Users Tax	` "/	\$	-	1
2-9			Other (specify):	` ′	\$	-	1
2-10	Charges for services	i			\$		1
2-11	Fines and forfeits				\$	-	1
2-12	Special assessments	3			\$	-	1
2-13	Investment income				\$	-	1
2-14	Charges for utility se	rvices			\$	-	1
2-15	Debt proceeds		(should a	gree with line 4-4, column 2)	\$	-	1
2-16	Lease proceeds				\$	-	1
2-17	<b>Developer Advances</b>	received		(should agree with line 4-4)	\$	49,345	1
2-18	Proceeds from sale of	of capital assets	3		\$	-	
2-19	Fire and police pensi	ion			\$	-	]
2-20	Donations				\$	-	]
2-21	Other (specify):				\$	-	]
2-22					\$	-	]
2-23					\$	-	]
2-24		(add lir	es 2-1 through 2-23)	TOTAL REVENUE	\$	49,345	

## **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 intersect payments on long term debt. Financial information will not include fund equity information.

	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		\$ 5,915	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		\$ 43,235			
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 (sh	ould agree with Part 4)	\$ -			
3-18	Debt service interest		\$ -			
3-19	Repayment of Developer Advance Principal (sho	uld agree with line 4-4)	\$ -			
3-20	Repayment of Developer Advance Interest		\$ -			
3-21	Contribution to pension plan (s	hould agree to line 7-2)	\$ -	]		
3-22	Contribution to Fire & Police Pension Assoc. (s	hould agree to line 7-2)	\$ -	]		
3-23	Other (specify):		\$ -			
3-24			\$ -			
3-25			\$ -			
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDIT	JRES/EXPENSES	\$ 49,150			

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>".

If no, MUST use this space to provide any explanations:

	PART 4 - DEBT OUTSTANDING	G, ISSI	UED	, AN	D RI	≣TII	RED		
	Please answer the following questions by marking the	appropriate	boxes.				Yes		No
4-1	Does the entity have outstanding debt?								<b>✓</b>
	If Yes, please attach a copy of the entity's Debt Repayment S						_	_	_
4-2	Is the debt repayment schedule attached? If no, MUST explain below:							[	
4-3	Is the entity current in its debt service payments? If no, MUS	T explain l	below:					[	
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive	Outstand			during	Reti	red during		inding at
	numbers)	end of pric	or year*	ye	ar		year	yea	r-end
	General obligation bonds	<b>C</b>		Φ.				Φ.	
	Revenue bonds	\$	-	\$ \$	-	\$	-	\$ \$	-
	Notes/Loans	\$	-	\$ \$		\$		\$	
					-	_	<u>-</u>		-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
**Subscrip	tion Based Information Technology Arrangements	*Must agre	e to prio	r year-en	d balance	!			
4-5	Please answer the following questions by marking the appropriate boxes  Does the entity have any authorized, but unissued, debt?	S.					Yes		No
If yes:	How much?	\$		38,465,0	200 00	1	<u> </u>		ш
ii yes.	Date the debt was authorized:	Ψ	3/15/2		300.00				
4.0			3/13/2	2023		l	П		<b>7</b>
4-6	Does the entity intend to issue debt within the next calendar	year?				l U		<u></u>	
If yes:	How much?	-						✓	
4-7	Does the entity have debt that has been refinanced that it is s		nsible	ror?		1		lacksquare	
If yes:	What is the amount outstanding?	\$			-				
4-8	Does the entity have any lease agreements? What is being leased?					1			<b>✓</b>
If yes:	What is the original date of the lease?								
	Number of years of lease?					İ			
	Is the lease subject to annual appropriation?					J			
	What are the annual lease payments?	\$			_	1	_		
	Part 4 - Please use this space to provide any explanations/cor	nments or	attach	separ	ate doc	umen	tation, if n	eeded	
				•			•		
	PART 5 - CASH AND	INVE	STM	ENT	<b>'</b> C				
					•			_	-4-1
5-1	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts					\$	Amount (11)		otal
5-2	Certificates of deposit					\$	(11)		
3-2	Total Cash Deposits					Ψ		\$	(11)
	Investments (if investment is a mutual fund, please list underlying	invoctmor	atc):					Ψ	(11)
	investments (ii investment is a mutuar fund, please list undenying	Illvesillei	its).						
						\$	-		
F 2						\$	-		
5-3						\$			
						\$	-		
	Total Investments							\$	-
	Total Cash and Investments							\$	(11)
	Please answer the following questions by marking in the approp	riate boxes		Y	es		No		N/A
5-4	Are the entity's Investments legal in accordance with Section	24-75-60	1, et.	~	1			Г	
	seq., C.R.S.?			Ī	1			L	_
5-5	Are the entity's deposits in an eligible (Public Deposit Protec	tion Act) n	oublic	_				_	_
	depository (Section 11-10.5-101, et seq. C.R.S.)?	/ [		✓				L	

Please answer the following questions by marking in the appropri	ate boxes.		Yes	No
Does the entity have capital assets?	Does the entity have capital assets?			<b>V</b>
Has the entity performed an annual inventory of capital 29-1-506, C.R.S.,? If no, MUST explain:	assets in accordance	with Section		
	Balance -	Additions (Must		Year-End
Complete the following capital & right-to-use assets table:	beginning of the year*	be included in Part 3)	Deletions	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	\$ -	\$ -	\$ -	\$

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

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" firefighters' pension plan?				<b>✓</b>
7-2	Does the entity have a volunteer firefighters' pension plan?				<b>✓</b>
If yes:	S: 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	s or c	omments	:	

	PART 8 - BUDGET I	<b>NFORMA</b>	ΓΙΟΝ		
	Please answer the following questions by marking in the appropriate box	es.	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 ye	ar reported:			
	Governmental/Proprietary Fund Name	Total Appropriat	ions By Fund		
	General Fund	\$	60,000		
	Capital Fund	\$	2,000,000		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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.	<u> </u>	
If no, ML	JST 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?	<b>V</b>	
If yes:	Date of formation: 4/5/2023	]	
10-2	Has the entity changed its name in the past or current year?		$\checkmark$
If yes:	Please list the NEW name & PRIOR name:		
-		]	
10-3	Is the entity a metropolitan district?	✓	
	Please indicate what services the entity provides:	1	
	Streets, Safety Protection, Park and Recreation, Potable Water, Sanitary Sewer, Storm Drainage, Covenant Enforcement	_	
10-4	Does the entity have an agreement with another government to provide services?		$\checkmark$
If yes:	List the name of the other governmental entity and the services provided:	1	
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during	<sup>'</sup>	<b>V</b>
If yes:	Date Filed:	1	
,			
10-6	Does the entity have a certified Mill Levy?	' <b>□</b>	$\checkmark$
If yes:			
	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		-
	Total mills		-
	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		✓
10-7	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 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?	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	IPatrick McMeekin, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this		
	Patrick McMeekin	application for exemption from audit. Signed fatrice McMuclin Date: 3/4c/03/16/29:10:40:34 PST  My term Expires:May 2025		
	Print Board Member's Name	I, attest I am a duly elected or		
Board	Landon Hoover	appointed booking mber, and that I have personally reviewed and approve this		
Member 2	Landon Hoover	application for exemption from audit. Signed 3/7/63006499015311:34:13 MST Date:		
		My term Expires:May 2025		
Board Member 3	Print Board Member's Name	IKara Hoover, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this		
	Kara Hoover	application for exemption from audit. Signed		
		Date:May 2027		
Board Member 4	Print Board Member's Name	I, attest I am a duly elected or		
		appointed books member, and that I have personally reviewed and approve this		
	Mike Welty	application for exemption from audit. Signed Muc Wuty Date:		
		My term Expires:May 2027		
	Print Board Member's Name	I Jason Stansberry , attest I am a duly elected or appoipted bloosing determined in the state of the state		
Board Member 5	Jason Stansberry	application for exemption from audit. Signed JASON STANSOUTY Date: 大大大公紀元禄sr月sc4世: 18:22 MST		
3		Date: My term Expires:May 2027		
	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		
Board		exemption from audit.		
Member 6		Signed		
Ū		Date: My term Expires:		
Board Member 7	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:		