APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF <u>EITHER</u> REVENUES <u>OR</u> EXPENDITURES EXCEED \$100,000, USE THE **LONG FORM**.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

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POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

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APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the application been PERSONALLY reviewed and approved by the governing body?	link below.
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	Click here to go to the portal
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	<u>onok noro to go to tno portar</u>
or	
If yes, have you included a resolution?	
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?	

FILING METHODS

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MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

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Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

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
970-669-3611

EMAIL

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: Tracie Kaminski

TITLE Senior Accounting Manager

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

ADDRESS 550 W Eisenhower Blvd, Loveland, CO 80537

PHONE 970, 669, 3611

PHONE 970-669-3611			
PREPARER (SIGNATURE REQUIRED)			ATE PREPARED
Tracie L. Kaminshi	03/14/2024		
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types	(

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 thi
2-1	Taxes: Property	(report mills levied in Ques	stion 10-6)	\$ -	space to provi
2-2	Specific	ownership		\$ -	any necessary
2-3	Sales an	d use		\$ -	explanations
2-4	Other (s	pecify):		\$ -	
2-5	Licenses and permits			\$ -	
2-6	Intergovernmental:	Grants		\$ -	
2-7	_	Conservation Trust	Funds (Lottery)	\$ -	
2-8		Highway Users Tax	Funds (HUTF)	\$ -	
2-9		Other (specify):		\$ -	
2-10	Charges for services			\$ -	
2-11	Fines and forfeits			\$ -	
2-12	Special assessments			\$ -	
2-13	Investment income			\$ -	
2-14	Charges for utility services			\$ -	
2-15	Debt proceeds	(should agr	ee with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances received	() It	should agree with line 4-4)	\$ 72,1	97
2-18	Proceeds from sale of capita	l assets		\$ -	
2-19	Fire and police pension			\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22	Interest Income & Other			\$ 1,C	000
2-23				\$ -	
2-24		(add lines 2-1 through 2-23)	TOTAL REVENUE	\$ 73,	197

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	olado fana oquity ilifori	Tider	Round to nearest Dollar	Please use this
3-1	Administrative		\$		space to provide
3-2	Salaries	ŀ	\$,001	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$		
3-5	Employee benefits	-	\$	-	
3-6	Insurance	-	\$	3,129	
				· · · · · · · · · · · · · · · · · · ·	
3-7	Accounting and legal fees		\$	43,320	
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 (st	nould 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		(should agree to line 7-2)		-	
3-23	Other (specify):	`			
3-24	Treasurer's Fees		\$	-	
3-25			\$	-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDI	TURES/EXPENSES		64,749	

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, K	SSUED), A	ND RE	ETIF	RED		
	Please answer the following questions by marking the a	approp	oriate boxes.				Yes		No
4-1	Does the entity have outstanding debt?						1		
	If Yes, please attach a copy of the entity's Debt Repayment Se						_		_
4-2	Is the debt repayment schedule attached? If no, MUST explain	n bel	ow:			ı			1
	Repaid as funds are available								
							_		_
4-3	Is the entity current in its debt service payments? If no, MUS	exp	lain below:			ı			
4.4								_	
4-4	Please complete the following debt schedule, if applicable:	Out	standing at	leei	ed during	Retir	ed during	Outs	tanding at
	(please only include principal amounts)(enter all amount as positive		of prior year*	1330	year	ixetii	year		ear-end
	numbers)		,		,		,		
	General obligation bonds	\$	_	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	7,351	\$	72,197	\$	-	\$	79,548
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	7,351	\$	72,197	\$	-	\$	79,548
**Subscrip	tion Based Information Technology Arrangements		t 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?	Φ.		<i></i>	77		J		
If yes:	How much?	\$			77,578.00				
	Date the debt was authorized:		8/8/2	022					
4-6	Does the entity intend to issue debt within the next calendar	year':	<u> </u>			ı			7
If yes:	How much?	\$							
4-7	Does the entity have debt that has been refinanced that it is s		esponsible	for?		l			✓
If yes:	What is the amount outstanding?	\$			-				_
4-8	Does the entity have any lease agreements?					ı			J
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 4 - Please use this space to provide any explanations/con		its or attacl	ı sep	arate doc	umen	tation, if n	eede	d

Adjustment to Developer advance beginning balance due to additional developer funded expenses recognized.

	Please provide the entity's cash deposit and investment balances.	ENTS	Δ	mount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	2,303	Total
5-2	Certificates of deposit		\$	-	
	Total Cash Deposits				\$ 2,303
	Investments (if investment is a mutual fund, please list underlying investments):				
			\$	-	
5-3			\$	-	
3-3			\$	-	
			\$	-	
	Total Investments				\$ -
	Total Cash and Investments				\$ 2,303
	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.?				7
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.)?				J

	PART 6 - CAPITAL AND RI	GHT-TO-U	ISE ASSE	ETS	
	Please answer the following questions by marking in the appropriate box	es.		Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asset 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*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	

*must tie to prior year ending balance

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

	PART 7 - PENSION INFORMA	TIOI	N		
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				7
7-2	Does the entity have a volunteer firefighters' pension plan?				✓
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	Tax (property, SO, sales, etc.):	\$	-		
	State contribution amount:	\$	-		
	Other (gifts, donations, etc.):	\$	-		
	TOTAL	\$	-		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan	\$			
	1?	Ф	-		
	Part 7 - Please use this space to provide any explanations	or co	mments	:	

	PART 8 - BUDGET IN	IFORMA ^T	ΓΙΟΝ		
	Please answer the following questions by marking in the appropriate boxes		Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affairs for the in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	he current year	V		
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:				
If yes:	Please indicate the amount budgeted for each fund for the year	r reported:			
	Governmental/Proprietary Fund Name	Total Appropriat	ions By Fund		
	General Fund \$	3	76,200		
	Capital Fund	;	800,000		

	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.	V			

If no, MUST explain:

	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		
If yes:	Date of formation:]	
10-2	Has the entity changed its name in the past or current year?		V
If yes:	Please list the NEW name & PRIOR name:	1	
10-3	Is the entity a metropolitan district?	J	
	Please indicate what services the entity provides: Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control	1	
10-4	Does the entity have an agreement with another government to provide services?	J	
If yes:	List the name of the other governmental entity and the services provided: All services are provided to Turion South Metropolitan District No. 2-10.	1	
10-5	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during		V
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	J	~
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
			1
	Bond Redemption mills General/Other mills		-
	Total mills	No	- N/A
10-7	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.	No	N/A
	Please use this space to provide any additional explanations or comments not previous	usly 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 th	ne names of ALL members of current governing body below.	A MAJORITY of the members of the governing body must sign below.			
Board Member 1	Print Board Member's Name Robert Eck, II	IRobert Eck, II, 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			
Board Member 2	Print Board Member's Name Bradley Lenz	I			
Board Member 3	Print Board Member's Name Donald Guerra	I			
Board Member 4	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:			
Board Member 5	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:			
Board Member 6	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:			
Board Member 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:			

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR RISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of government) has been prepared by (name of individual), a person skilled in governmental accounting and

Oi

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from such for (name of government) has been prepared by (name of individual or firm), an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that the application for exemption from audit for (name of government) for the Fiscal Year ended ________, 20XX, has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name of government); that those members of the (governing body) have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of, the application for exemption from audit of the (name of government) for the fiscal year ended _______, 20XX.

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	<u>Expires</u>	Signature
\\		

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

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Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	Click have to see to the neutal
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	Click here to go to the portal
Or	
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Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?	

FILING METHODS

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WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

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Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

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
Tracie Kaminski
PHONE
Profit No 2
12/31/23
or fiscal year ended:
12/31/23
0r fiscal year ended:

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 Senior Accounting Manager

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		03	3/06/2024
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNI (MODIFIED ACC		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#		Description		Round to nearest Dollar	Please use this
2-1	Taxes: Proper	ty (report mills levied in Questi	on 10-6)	\$ -	space to provide
2-2	Specifi	c ownership		\$ -	any necessary
2-3	Sales a	and use		\$ -	explanations
2-4	Other (specify):		\$ -	
2-5	Licenses and permits			\$ -	
2-6	Intergovernmental:	Grants		\$ -	
2-7		Conservation Trust F	unds (Lottery)	\$ -	
2-8		Highway Users Tax F	unds (HUTF)	\$ -	
2-9		Other (specify):		\$ -	
2-10	Charges for services			\$ -	
2-11	Fines and forfeits			\$ -	
2-12	Special assessments			\$ -	
2-13	Investment income			\$ -	
2-14	Charges for utility services			\$ -	
2-15	Debt proceeds	(should agre	ee with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances receive	ed (s	hould agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capit	al assets		\$ -	
2-19	Fire and police pension			\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22	Interest Income & Othe	r		\$ -	
2-23				\$ -	
2-24		(add lines 2-1 through 2-23)	TOTAL REVENUE	\$	

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

	interest payments on long-term debt. Financial information will not	include fund equity inform	mation.	
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		\$	-
3-5	Employee benefits		Ψ	-
3-6	Insurance		\$	-
3-7	Accounting and legal fees		Ψ	-
3-8	Repair and maintenance		Ψ	-
3-9	Supplies		\$	-
3-10	Utilities and telephone		\$	-
3-11	Fire/Police		\$	-
3-12	Streets and highways		\$	-
3-13	Public health		\$	-
3-14	Capital outlay		\$	-
3-15	Utility operations		\$	-
3-16	Culture and recreation		\$	-
3-17	Debt service principal	(should agree with Part 4)	\$	-
3-18	Debt service interest		\$	-
3-19	Repayment of Developer Advance Principal	(should agree with line 4-4)	\$	-
3-20	Repayment of Developer Advance Interest		\$	-
3-21	Contribution to pension plan	(should agree to line 7-2)	\$	-
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$	-
3-23	Other (specify):			
3-24	Treasurer's Fees		\$	-
3-25			\$	-
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	DITURES/EXPENSES	\$	-

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, ISS	SUED), AND F	RET	IRED		
	Please answer the following questions by marking the					Yes	No	
4-1	Does the entity have outstanding debt?						1	
4-2	If Yes, please attach a copy of the entity's Debt Repayment S Is the debt repayment schedule attached? If no. MUST explai							
4-2	is the debt repayment schedule attached? If no, MOST explai	n below						
4-3	Is the entity current in its debt service payments? If no, MUS	T explair	helow:					
	To the office of the door of the payments in his, most	· oxpian				_		
4-4	Please complete the following debt schedule, if applicable:							
	(please only include principal amounts)(enter all amount as positive		nding at	Issued durin	g R	etired during	Outstand	
	numbers)	end of p	rior year*	year		year	year-e	nd
	General obligation bonds	\$	-	\$ -	\$	_	\$	_
	Revenue bonds	\$	-	\$ -	\$	-	\$	-
	Notes/Loans	\$	-	\$ -	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$ -	\$	_	\$	-
	Developer Advances	\$	-	\$ -	\$	-	\$	-
	Other (specify):	\$	-	\$ -	\$	-	\$	-
	TOTAL	\$	-	\$ -	\$	-	\$	-
**Subscript	tion Based Information Technology Arrangements	*Must ag	ree to prio	r year-end bala	nce			
	Please answer the following questions by marking the appropriate boxes					Yes	No	
4-5	Does the entity have any authorized, but unissued, debt?	Φ.		F 4 777 F 70 0	<u> </u>	✓		
If yes:	How much?	\$		54,777,578.0	00			
	Date the debt was authorized:		8/8/2	022				
4-6	Does the entity intend to issue debt within the next calendar	year?			_		✓	
If yes:	How much?	4:11		-				
4-7	Does the entity have debt that has been refinanced that it is s		onsible		_		✓	
If yes: 4-8	What is the amount outstanding?	\$		-			~	
4-6 If yes:	Does the entity have any lease agreements? What is being leased?				\neg		V	
ii yes.	What is the original date of the lease?				\dashv			
	Number of years of lease?							
	Is the lease subject to annual appropriation?							
	What are the annual lease payments?	\$		-				
	Part 4 - Please use this space to provide any explanations/cor	nments	or attacl	n separate d	ocum	entation, if n	eeded	

	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):			
			\$ -	٦
			\$ -	7
5-3			\$ -	7
			\$ -	
	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.			7
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			7
	depository (Section 11-10.5-101, et seq. C.R.S.)?			
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-T	O-U	SE A	SSI	TS		
	Please answer the following questions by marking in the appropriate bo					Yes		No
6-1	Does the entity have capital assets?							✓
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ets in accord	dance	with Sec	tion			
6-3		Balance		Additions				Year-End
	Complete the following capital & right-to-use assets table:	beginning year*		be includ	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	\$		œ.		¢.		
	(Please enter a negative, or credit, balance)	,	-	\$	-	\$ -	\$	-
	TOTAL	\$	-	\$	-	\$ -	\$	-
	Part C. Places was this areas to provide any symbostic matical	*must tie to				tation if non-	مام ما،	
	Part 6 - Please use this space to provide any explanation	is/comment	s or a	ttach doc	umer	itation, if need	aea:	
		111111111111111111111111111111111111111						
	PART 7 - PENSION	INFOR	KMA	TION				
	Please answer the following questions by marking in the appropriate bo	YAS				Yes		No
						162		
7-1	Does the entity have an "old hire" firefighters' pension plan?							V
7-2	Does the entity have a volunteer firefighters' pension plan?							
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan?							V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from:							V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.):			\$				V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount:			\$	- -			V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):			\$ \$	-			V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL	?	Flan	\$				V
7-2	Does the entity have a volunteer firefighters' pension plan? 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 incomplete the state of the service per incomplete the servi	?	f Jan	\$ \$	-			V
7-2	Does the entity have a volunteer firefighters' pension plan? 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 1?	? retiree as of		\$ \$ \$	-			V
7-2	Does the entity have a volunteer firefighters' pension plan? 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 incomplete the state of the service per incomplete the servi	? retiree as of		\$ \$ \$	-			V
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7-2	Does the entity have a volunteer firefighters' pension plan? 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 in 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo	retiree as of any explanuments any explanuments.	MA	\$ \$ \$ s or com	- - ments	No		v v
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 in 1? Part 7 - Please use this space to provide PART 8 - BUDGET	retiree as of any explanation of the current tree current	MA	\$ \$ \$ s or com	- - ments			V V
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7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 in the space to provide the service per in the space to provide 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 section 29-1-113 C.R.S.?	retiree as of e any explan INFOR exes. or the curren	MA t year	\$ \$ \$ s or com	- - ments	No		v v
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 it? 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:	retiree as of e any explan INFOR exes. or the curren	MA t year	\$ \$ \$ S or complete the complet	- - ments	No		N/A
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 in the space to provide the service per in the space to provide 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 section 29-1-113 C.R.S.?	retiree as of e any explan INFOR exes. or the curren	MA t year	\$ \$ \$ S or complete the complet	- - ments	No		N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 in the space to provide the service per in the space to provide 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 section 29-1-113 C.R.S.?	retiree as of any explant INFOR exes. or the current current execution incomplete the current execu	MA tyear	\$ \$ \$ S or complete the complet	- - ments	No		N/A
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7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 interest. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate boom bid 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 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years in the properties in the control of the years in the plant in the properties in the plant in t	retiree as of e any explan INFOR Exes. To the curren Total App	MA the section disconnection d	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- - ments	No		N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 in the space to provide the service per interest the following questions by marking in the appropriate boom bid 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 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years.	retiree as of e any explan INFOR Exes. For the curren	MA the section disconnection d	\$ \$ \$ S or complete the complet	- - ments	No		N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 interest. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate boom bid 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 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years in the properties in the control of the years in the plant in the properties in the plant in t	retiree as of e any explan INFOR Exes. To the curren Total App	MA the section disconnection d	\$ \$ \$ S or complete the complet	- - ments	No		N/A

Is the entity a metropolitan district?

Does the entity have a certified Mill Levy?

Please indicate what services the entity provides:

Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control

Does the entity have an agreement with another government to provide services?

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

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

If yes: List the name of the other governmental entity and the services provided:

All services are provided by Turion South Metropolitan District No. 1.

10-3

10-4

10-5

10-6

If yes:

10-7

If yes: Date Filed:

	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.	√	
If no, MI	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?		7
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:	_	

 $\sqrt{}$

 $\sqrt{}$

 \checkmark

 \checkmark

under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

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

Bond Redemption mills General/Other mills

V

Total mills

	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?	√	

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 Robert Eck, II	IRobert Eck, II, 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			
Board Member 2	Print Board Member's Name Bradley Lenz	IBradley Lenz, 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			
Board Member 3	Print Board Member's Name Donald Guerra	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			

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audhor. See exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of gwernwert) has been prepared by (name of individual), a person skilled in governmental accounting; and

GR.

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from avail; for (name of government) has been prepared by (name of individual or firm), an independent account at with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that	the
application for exemption from audit for (name of government) for the Fiscal Year ended	, 20XX,
has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name	of
government); that those members of the (governing body) have signified their approval by signing below	; and that
this resolution shall be attached to, and shall become a part of, the application for exemption from audit of	the (name
of government) for the fiscal year ended , 20XX.	

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	\ \	
	\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL $\underline{\mathsf{NOT}}$ BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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	-		 n			

CHECKE	
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	Click have to see to the neutal
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	Click here to go to the portal
Or	
If yes, have you included a resolution?	
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?	

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

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

Turion South Metropolitan District No 3
12/31/23
or fiscal year ended:
07 fiscal year ended:
07 fiscal year ended:
07 fiscal year ended:
07 fiscal year ended:

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 Senior Accounting Manager

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

ADDRESS 550 W Eisenhower Blvd, Loveland, CO 80537

PHONE 970-669-3611

PREPARER (SIGNATURE REQUIRED)			ATE PREPARED
Tracie L. Kaminshi		0	3/06/2024
Please indicate whether the following financial information is recorded	GOVERNI (MODIFIED ACC		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#		Description		Round to nearest Dollar	Please use this
2-1	Taxes: Proper	ty (report mills levied in Questi	on 10-6)	\$ -	space to provide
2-2	Specifi	c ownership		\$ -	any necessary
2-3	Sales a	and use		\$ -	explanations
2-4	Other (specify):		\$ -	
2-5	Licenses and permits			\$ -	
2-6	Intergovernmental:	Grants		\$ -	
2-7		Conservation Trust F	unds (Lottery)	\$ -	
2-8		Highway Users Tax F	unds (HUTF)	\$ -	
2-9		Other (specify):		\$ -	
2-10	Charges for services			\$ -	
2-11	Fines and forfeits			\$ -	
2-12	Special assessments			\$ -	
2-13	Investment income			\$ -	
2-14	Charges for utility services			\$ -	
2-15	Debt proceeds	(should agre	ee with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Advances receive	ed (s	hould agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capit	al assets		\$ -	
2-19	Fire and police pension			\$ -	
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22	Interest Income & Othe	r		\$ -	
2-23				\$ -	
2-24		(add lines 2-1 through 2-23)	TOTAL REVENUE	\$	

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

	interest payments on long-term debt. Financial information will not	include fund equity inform	mation.	
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		\$	-
3-5	Employee benefits		Ψ	-
3-6	Insurance		\$	-
3-7	Accounting and legal fees		Ψ	-
3-8	Repair and maintenance		Ψ	-
3-9	Supplies		\$	-
3-10	Utilities and telephone		\$	-
3-11	Fire/Police		\$	-
3-12	Streets and highways		\$	-
3-13	Public health		\$	-
3-14	Capital outlay		\$	-
3-15	Utility operations		\$	-
3-16	Culture and recreation		\$	-
3-17	Debt service principal	(should agree with Part 4)	\$	-
3-18	Debt service interest		\$	-
3-19	Repayment of Developer Advance Principal	(should agree with line 4-4)	\$	-
3-20	Repayment of Developer Advance Interest		\$	-
3-21	Contribution to pension plan	(should agree to line 7-2)	\$	-
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$	-
3-23	Other (specify):			
3-24	Treasurer's Fees		\$	-
3-25			\$	-
3-26	(add lines 3-1 through 3-24) TOTAL EXPEND	DITURES/EXPENSES	\$	-

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, ISS	SUED), AND F	RET	IRED		
	Please answer the following questions by marking the					Yes	No	
4-1	Does the entity have outstanding debt?						1	
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:							
4-2	is the debt repayment schedule attached? If no, MOST explain below.							
4-3	Is the entity current in its debt service payments? If no, MUS	T explair	helow:					
	To the office of the door of the payments in his, most	· oxpian				_		
4-4	Please complete the following debt schedule, if applicable:							
	(please only include principal amounts)(enter all amount as positive		nding at	Issued durin	g R	etired during	Outstand	
	numbers)	end of p	rior year*	year		year	year-e	nd
	General obligation bonds	\$	-	\$ -	\$	_	\$	_
	Revenue bonds	\$	-	\$ -	\$	-	\$	-
	Notes/Loans	\$	-	\$ -	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$ -	\$	_	\$	-
	Developer Advances	\$	-	\$ -	\$	-	\$	-
	Other (specify):	\$	-	\$ -	\$	-	\$	-
	TOTAL	\$	-	\$ -	\$	-	\$	-
**Subscript	tion Based Information Technology Arrangements	*Must ag	ree to prio	r year-end bala	nce			
	Please answer the following questions by marking the appropriate boxes					Yes	No	
4-5	Does the entity have any authorized, but unissued, debt?	Φ.		F 4 777 F 70 0	<u> </u>	✓		
If yes:	How much?	\$		54,777,578.0	00			
	Date the debt was authorized:		8/8/2	022				
4-6	Does the entity intend to issue debt within the next calendar	year?			_		✓	
If yes:	How much?	4:11		-				
4-7	Does the entity have debt that has been refinanced that it is s		onsible		_		✓	
If yes: 4-8	What is the amount outstanding?	\$		-			~	
4-6 If yes:	Does the entity have any lease agreements? What is being leased?				\neg		V	
ii yes.	What is the original date of the lease?				\dashv			
	Number of years of lease?							
	Is the lease subject to annual appropriation?							
	What are the annual lease payments?	\$		-				
	Part 4 - Please use this space to provide any explanations/cor	nments	or attacl	n separate d	ocum	entation, if n	eeded	

	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):			
			\$ -	٦
			\$ -	7
5-3			\$ -	7
			\$ -	
	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.			7
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			7
	depository (Section 11-10.5-101, et seq. C.R.S.)?			
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-T	O-U	SE A	SSI	TS		
	Please answer the following questions by marking in the appropriate bo					Yes		No
6-1	Does the entity have capital assets?							✓
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain:	ets in accord	dance	with Sec	tion			
6-3		Balance		Additions				Year-End
	Complete the following capital & right-to-use assets table:	beginning year*		be includ	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	\$		œ.		¢.		
	(Please enter a negative, or credit, balance)	,	-	\$	-	\$ -	\$	-
	TOTAL	\$	-	\$	-	\$ -	\$	-
	Part C. Places was this areas to provide any symbostic matical	*must tie to				tation if non-	مام ما،	
	Part 6 - Please use this space to provide any explanation	is/comment	s or a	ttach doc	umer	itation, if need	aea:	
	PART 7 - PENSION	INFOR	KMA	TION				
	Please answer the following questions by marking in the appropriate bo	YAS				Yes		No
						162		
7-1	Does the entity have an "old hire" firefighters' pension plan?							V
7-2	Does the entity have a volunteer firefighters' pension plan?							
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan?							V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from:							V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.):			\$				V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount:			\$	- -			V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.):			\$ \$	-			V
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan? Indicate the contributions from: Tax (property, SO, sales, etc.): State contribution amount: Other (gifts, donations, etc.): TOTAL	?	Flan	\$				V
7-2	Does the entity have a volunteer firefighters' pension plan? 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 incomplete the state of the service per incomplete the servi	?	f Jan	\$ \$	-			V
7-2	Does the entity have a volunteer firefighters' pension plan? 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 1?	? retiree as of		\$ \$ \$	-			V
7-2	Does the entity have a volunteer firefighters' pension plan? 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 incomplete the state of the service per incomplete the servi	? retiree as of		\$ \$ \$	-			V
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7-2	Does the entity have a volunteer firefighters' pension plan? 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 in 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo	retiree as of any explanuments any explanuments.	MA	\$ \$ \$ s or com	- - ments	No		v v
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 in 1? Part 7 - Please use this space to provide PART 8 - BUDGET	retiree as of any explanation of the current tree current	MA	\$ \$ \$ s or com	- - ments			V V
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7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 in the space to provide the service per in the space to provide 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 section 29-1-113 C.R.S.?	retiree as of e any explan INFOR exes. or the curren	MA t year	\$ \$ \$ s or com	- nents	No		v v
7-2 If yes:	Does the entity have a volunteer firefighters' pension plan? 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 it? 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:	retiree as of e any explan INFOR exes. or the curren	MA t year	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- nents	No		N/A
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7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 in the space to provide the service per in the space to provide 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 section 29-1-113 C.R.S.?	retiree as of any explant INFOR exes. or the current current execution incomplete the current execu	MA tyear	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- nents	No		N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 in the space to provide the service per interest the following questions by marking in the appropriate boom bid 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 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years.	retiree as of e any explan INFOR Exes. For the curren	MA the section disconnection d	\$ \$ \$ S or complete the complet	- - ments	No		N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 interest. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate boom bid 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 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years in the properties in the control of the years in the plant in the properties in the plant in t	retiree as of e any explan INFOR Exes. To the curren Total App	MA the section disconnection d	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	- - ments	No		N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 in the space to provide the service per interest the following questions by marking in the appropriate boom bid 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 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years.	retiree as of e any explan INFOR Exes. For the curren	MA the section disconnection d	\$ \$ \$ S or complete the complet	- - ments	No		N/A
7-2 If yes: 8-1 8-2	Does the entity have a volunteer firefighters' pension plan? 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 interest. Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate boom bid 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 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years indicate the amount budgeted for each fund for the years in the properties in the control of the years in the plant in the properties in the plant in t	retiree as of e any explan INFOR Exes. To the curren Total App	MA the section disconnection d	\$ \$ \$ S or complete the complet	- - ments	No		N/A

Is the entity a metropolitan district?

Does the entity have a certified Mill Levy?

Please indicate what services the entity provides:

Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control

Does the entity have an agreement with another government to provide services?

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

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

If yes: List the name of the other governmental entity and the services provided:

All services are provided by Turion South Metropolitan District No. 1.

10-3

10-4

10-5

10-6

If yes:

10-7

If yes: Date Filed:

	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.	√	
If no, MI	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?		7
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:	_	

 $\sqrt{}$

 $\sqrt{}$

 \checkmark

 \checkmark

under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

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

Bond Redemption mills General/Other mills

V

Total mills

	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?	√				

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 Robert Eck, II	IRobert Eck, II, 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		
Board Member 2	Print Board Member's Name Bradley Lenz	IBradley Lenz, 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		
Board Member 3	Print Board Member's Name Donald Guerra	I Donald Guerra, 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		
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		

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues for expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audhor. See exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of gwernwert) has been prepared by (name of individual), a person skilled in governmental accounting; and

GR.

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from avail; for (name of government) has been prepared by (name of individual or firm), an independent account at with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that	the
application for exemption from audit for (name of government) for the Fiscal Year ended	, 20XX,
has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name	of
government); that those members of the (governing body) have signified their approval by signing below	; and that
this resolution shall be attached to, and shall become a part of, the application for exemption from audit of	the (name
of government) for the fiscal year ended , 20XX.	

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	/ \	
	\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL $\underline{\mathsf{NOT}}$ BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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	_	_	 M			

SHES	ILLIO I
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the application been PERSONALLY reviewed and approved by the governing be	ody? link below.
Did you include any relevant explanations for unusual items in the appropriate spac the end of each section?	es at
Will this application be submitted electronically?	Click have to see to the neutral
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	Click here to go to the portal
Of	
If yes, have you included a resolution?	
Does the resolution state that the governing body PERSONALLY reviews approved the resolution in an open public meeting?	od and
Has the resolution been signed by a MAJORITY of the governing body? sample resolution.)	(See
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, U courier.)	PS,
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from <u>MAJORITY</u> of the governing body?	the

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

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

Tracie Kaminski

PHONE

Turion South Metropolitan District No 4
12/31/23
or fiscal year ended:
12/31/23
or fiscal year ended:

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 Senior Accounting Manager

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

ADDRESS 550 W Eisenhower Blvd, Loveland, CO 80537

PHONE 970-669-3611

PREPARER (SIGNATURE REQUIRED)			ATE PREPARED
Tracie L. Kaminshi		03/06/2024	
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types	(MODIFIED FOOTOFIE BROID)		

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: Property	y (report mills levied in Question 10-6)	-	space to provide
2-2	Specific	ownership	-	any necessary
2-3	Sales ar	nd use	-	explanations
2-4	Other (s	specify):	-	
2-5	Licenses and permits		-	
2-6	Intergovernmental:	Grants	-	
2-7		Conservation Trust Funds (Lottery)	\$ -	
2-8		Highway Users Tax Funds (HUTF)	\$ -	
2-9		Other (specify):	\$ -	
2-10	Charges for services		\$ -	
2-11	Fines and forfeits		\$ -	
2-12	Special assessments		\$ -	
2-13	Investment income		\$ -	
2-14	Charges for utility services		\$ -	
2-15	Debt proceeds	(should agree with line 4-4, column 2)	<u> </u>	
2-16	Lease proceeds		\$ -	
2-17	Developer Advances receive	,	· · · · · · · · · · · · · · · · · · ·	
2-18	Proceeds from sale of capita	ıl assets	\$ -	
2-19	Fire and police pension		\$ -	
2-20	Donations		\$ -	
2-21	Other (specify):		\$ -	
2-22	Interest Income & Other		\$ -	
2-23			-	
2-24		(add lines 2-1 through 2-23) TOTAL REVENUE	\$	

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	requity inform	Round to nearest Dollar	Please use this
3-1	Administrative	ſ	\$ -	space to provide
3-2	Salaries	Ī	\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance	[\$ -	
3-7	Accounting and legal fees	[\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies	[\$ -	
3-10	Utilities and telephone	[\$ -	
3-11	Fire/Police	[\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations	L	\$ -	
3-16	Culture and recreation	L	\$ -	
3-17	Debt service principal (should agree	ee with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agr	ree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24	Treasurer's Fees	Ĺ	\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/E	XPENSES	\$ -	

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, IS	SUED), ANI) RI	ETIR	ED		
	Please answer the following questions by marking the	appropri	ate boxes.				Yes		No
4-1	Does the entity have outstanding debt?								✓
4.2	If Yes, please attach a copy of the entity's Debt Repayment S					г	7	г	¬
4-2	Is the debt repayment schedule attached? If no, MUST explain	n belov	N:			1		L	
4-3	le the entity asswert in its debt consider normante? If no MIC	Is the entity current in its debt service payments? If no, MUST explain below:						Г	¬
4-3	is the entity current in its debt service payments? If no, MOS	ехріа	ili below.			1		L	_
4-4									
7-7	Please complete the following debt schedule, if applicable:	Outst	anding at	Issued d	luring	Retire	d during	Outsta	anding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of	prior year*	yea	r	3	/ear	yea	r-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		agree to prio	r year-end	balance		V		M-
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?	•					Yes ✓		No
If ves:	How much?	\$	2	54,777,5	78.00]			
,	Date the debt was authorized:	_	8/8/2		0.00	1			
4-6	Does the entity intend to issue debt within the next calendar	vear?	0,0,2			J	П		V
If yes:	How much?	\$			_	1	_		_
4-7	Does the entity have debt that has been refinanced that it is s	till res	ponsible	for?		J	П		7
If yes:	What is the amount outstanding?	\$			_	1	_		_
4-8	Does the entity have any lease agreements?	_ +				1			V
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?	<u></u>				1			
	What are the annual lease payments? Part 4 - Please use this space to provide any explanations/cor	\$	or office	h conorc	-	lumont	ntion if m	aadad	
	rait 4 - riease use tills space to provide any explanations/cor	mnents	or allaci	ıı separa	e uoc	ument	ation, ii fi	eeuea	

	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):			
			\$ -	٦
			\$ -	7
5-3			\$ -	7
			\$ -	
	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.			7
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			7
	depository (Section 11-10.5-101, et seq. C.R.S.)?			
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-	USE ASS	FTS	
	Please answer the following questions by marking in the appropriate box		OOL AOO	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordan	ce with Section		
0.5		Balance -	Additions (March		
6-3	Complete the following capital & right-to-use assets table:	beginning of th	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		year ending balance		nd:
	Tart 0 - Thease use this space to provide any explanations	/comments of	attach docume	mation, ii need	su.
	PART 7 - PENSION	INFORM	ATION		
	Please answer the following questions by marking in the appropriate box		ATION	Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?	cs.		Tes	N0 ✓
7-2	Does the entity have a volunteer firefighters' pension plan?				<u> </u>
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	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	stiron as of la	\$ -	+	
	1?	cinee as or Jai	'		
	Part 7 - Please use this space to provide	any explanatio	ons or comment	s:	
	PART 8 - BUDGET I		ATION		
0.4	Please answer the following questions by marking in the appropriate box		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:	tne current ye	ar 🗸		
	., ., ., .,				
8-2	Did the autition of a constraint of the constrai				
<u> </u>	Did the entity pass an appropriations resolution, in accordan 29-1-108 C.R.S.? If no, MUST explain:	ce with Sectio	n 🗸		
	20 1 100 O.M.O.T II NO, MOOT OXPIGITI.				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reported:			
	Governmental/Proprietary Fund Name	Total Approp	riations By Fund		
	General Fund	\$	0		
				_	
				_	

Is the entity a metropolitan district?

Please indicate what services the entity provides:

Does the entity have a certified Mill Levy?

Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control

Does the entity have an agreement with another government to provide services?

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has

the entity filed its preceding year annual report with the State Auditor as required

under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

If yes: List the name of the other governmental entity and the services provided:

All services are provided by Turion South Metropolitan District No. 1.

10-3

10-4

10-5

10-6

If yes:

10-7

If yes: Date Filed:

	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.	√	
If no, MI	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?		[7]
10-1			_
If yes:	Date of formation:		
	Date of formation: Has the entity changed its name in the past or current year?		_ _
If yes:			
If yes:			
If yes:			

 $\sqrt{}$

 $\sqrt{}$

 \checkmark

 \checkmark

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

Bond Redemption mills General/Other mills

V

Total mills

	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 th	ne names of ALL members of current governing body below.	A MAJORITY of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name Robert Eck, II	IRobert Eck, II, 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
Board Member 2	Print Board Member's Name Bradley Lenz	IBradley Lenz, 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
Board Member 3	Print Board Member's Name Donald Guerra	I Donald Guerra, 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
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, 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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audnor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of gwernwert) has been prepared by (name of individual), a person skilled in governmental accounting; and

GR

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and for (name of government) has been prepared by (name of individual or firm), an independent account in with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that	the
application for exemption from audit for (name of government) for the Fiscal Year ended	, 20XX,
has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name	of
government); that those members of the (governing body) have signified their approval by signing below	; and that
this resolution shall be attached to, and shall become a part of, the application for exemption from audit of	the (name
of government) for the fiscal year ended , 20XX.	

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

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PRIOR YEAR FORMS ARE OBSOLETE AND WILL $\underline{\mathsf{NOT}}$ BE ACCEPTED.

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APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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CHECKE	
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	Click here to go to the portal
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	Click here to go to the portal
or	
If yes, have you included a resolution?	
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?	

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

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
Tracie Kaminski
PHONE
Profit No 5
12/31/23
or fiscal year ended:
12/31/23
0r fiscal year ended:
12/31/23

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 Senior Accounting Manager

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

ADDRESS 550 W Eisenhower Blvd, Loveland, CO 80537

PHONE 970-669-3611

PREPARER (SIGNATURE REQUIRED)			ATE PREPARED
Tracie L. Kaminshi		C	03/06/2024
Please indicate whether the following financial information is recorded	GOVERNI (MODIFIED ACC		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#		Description	Round to nearest Dollar	Please use this
2-1	Taxes: Property	y (report mills levied in Question 10-6)	-	space to provide
2-2	Specific	ownership	-	any necessary
2-3	Sales ar	nd use	-	explanations
2-4	Other (s	specify):	-	
2-5	Licenses and permits		-	
2-6	Intergovernmental:	Grants	-	
2-7		Conservation Trust Funds (Lottery)	-	
2-8		Highway Users Tax Funds (HUTF)	-	
2-9		Other (specify):	\$ -	
2-10	Charges for services		\$ -	
2-11	Fines and forfeits		\$ -	
2-12	Special assessments		\$ -	
2-13	Investment income		\$ -	
2-14	Charges for utility services		\$ -	
2-15	Debt proceeds	(should agree with line 4-4, column 2)	<u> </u>	
2-16	Lease proceeds		\$ -	
2-17	Developer Advances receive	,	· · · · · · · · · · · · · · · · · · ·	
2-18	Proceeds from sale of capita	ıl assets	\$ -	
2-19	Fire and police pension		\$ -	
2-20	Donations		\$ -	
2-21	Other (specify):		\$ -	
2-22	Interest Income & Other		\$ -	
2-23			-	
2-24		(add lines 2-1 through 2-23) TOTAL REVENUE	\$	

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	requity inform	Round to nearest Dollar	Please use this
3-1	Administrative	ſ	\$ -	space to provide
3-2	Salaries	Ī	\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance	[\$ -	
3-7	Accounting and legal fees	[\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies	[\$ -	
3-10	Utilities and telephone	[\$ -	
3-11	Fire/Police	[\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations	L	\$ -	
3-16	Culture and recreation	L	\$ -	
3-17	Debt service principal (should agree	ee with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agr	ree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24	Treasurer's Fees	Ĺ	\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/E	XPENSES	\$ -	

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, IS	SUED), ANI) RI	ETIR	ED		
	Please answer the following questions by marking the	appropri	ate boxes.				Yes		No
4-1	Does the entity have outstanding debt?								✓
4.2	If Yes, please attach a copy of the entity's Debt Repayment S					г	7	г	¬
4-2	Is the debt repayment schedule attached? If no, MUST explain	n belov	N:			1		L	
4-3	Is the entity current in its debt service payments? If no, MUS	Levele	in halawu] _		Г	¬
4-3	is the entity current in its debt service payments? If no, MOS	ехріа	ili below.			1		L	_
4-4									
7-7	Please complete the following debt schedule, if applicable:	Outst	anding at	Issued d	luring	Retire	d during	Outsta	anding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of	prior year*	yea	r	3	/ear	yea	r-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		agree to prio	r year-end	balance		V		M-
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?	•					Yes ✓		No
If ves:	How much?	\$	2	54,777,5	78.00]			
,	Date the debt was authorized:	_	8/8/2		0.00	1			
4-6	Does the entity intend to issue debt within the next calendar	vear?	0,0,2			J	П		V
If yes:	How much?	\$			_	1	_		_
4-7	Does the entity have debt that has been refinanced that it is s	till res	ponsible	for?		J	П		7
If yes:	What is the amount outstanding?	\$			_	1	_		_
4-8	Does the entity have any lease agreements?	_ +				1			V
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?	<u></u>				1			
	What are the annual lease payments? Part 4 - Please use this space to provide any explanations/cor	\$	or office	h conorc	-	lumont	ntion if m	aadad	
	rait 4 - riease use tills space to provide any explanations/cor	mnents	or allaci	ıı separa	e uoc	ument	ation, ii fi	eeuea	

	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):			
			\$ -	٦
			\$ -	7
5-3			\$ -	7
			\$ -	
	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.			7
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			7
	depository (Section 11-10.5-101, et seq. C.R.S.)?			
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-	USE ASS	FTS	
	Please answer the following questions by marking in the appropriate box		OOL AOO	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordan	ce with Section		
0.5		Balance -	Additions (March		
6-3	Complete the following capital & right-to-use assets table:	beginning of th	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		year ending balance		nd:
	Tart 0 - Thease use this space to provide any explanations	/comments of	attach docume	mation, ii need	su.
	PART 7 - PENSION	INFORM	ATION		
	Please answer the following questions by marking in the appropriate box		ATION	Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?	cs.		Tes	N0 ✓
7-2	Does the entity have a volunteer firefighters' pension plan?				<u> </u>
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	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	stiron as of la	\$ -	+	
	1?	cinee as or Jai	'		
	Part 7 - Please use this space to provide	any explanatio	ons or comment	s:	
	PART 8 - BUDGET I		ATION		
0.4	Please answer the following questions by marking in the appropriate box		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:	tne current ye	ar 🗸		
	., ., ., .,				
8-2	Did the autition of a constraint of the constrai				
<u> </u>	Did the entity pass an appropriations resolution, in accordan 29-1-108 C.R.S.? If no, MUST explain:	ce with Sectio	n 🗸		
	20 1 100 O.M.O.T II NO, MOOT OXPIGITE.				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reported:			
	Governmental/Proprietary Fund Name	Total Approp	riations By Fund		
	General Fund	\$	0		
				_	
				_	

Is the entity a metropolitan district?

Please indicate what services the entity provides:

Does the entity have a certified Mill Levy?

Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control

Does the entity have an agreement with another government to provide services?

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has

the entity filed its preceding year annual report with the State Auditor as required

under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

If yes: List the name of the other governmental entity and the services provided:

All services are provided by Turion South Metropolitan District No. 1.

10-3

10-4

10-5

10-6

If yes:

10-7

If yes: Date Filed:

	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.	√	
If no, MI	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?		[7]
10-1			_
If yes:	Date of formation:		
	Date of formation: Has the entity changed its name in the past or current year?		_ _
If yes:			
If yes:			
If yes:			

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 \checkmark

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

Bond Redemption mills General/Other mills

V

Total mills

	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 MAJORITY of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name Robert Eck, II	I
Board Member 2	Print Board Member's Name Bradley Lenz	IBradley Lenz, 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
Board Member 3	Print Board Member's Name Donald Guerra	IDonald Guerra
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, 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:

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audnor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of gwernwert) has been prepared by (name of individual), a person skilled in governmental accounting; and

GR

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and for (name of government) has been prepared by (name of individual or firm), an independent account in with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that	the
application for exemption from audit for (name of government) for the Fiscal Year ended	, 20XX,
has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name	of
government); that those members of the (governing body) have signified their approval by signing below	; and that
this resolution shall be attached to, and shall become a part of, the application for exemption from audit of	the (name
of government) for the fiscal year ended , 20XX.	

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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CHECKE	
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
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Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?	

FILING METHODS

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MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

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QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

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In that event, AN AUDIT SHALL BE REQUIRED.

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
Tracie Kaminski
PHONE
970-669-3611

Turion South Metropolitan District No 6
12/31/23
or fiscal year ended:
12/31/23
or fiscal year ended:

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 Senior Accounting Manager

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

ADDRESS 550 W Eisenhower Blvd, Loveland, CO 80537

PHONE 970-669-3611

PREPARER (SIGNATURE REQUIRED)		DATE PREPARED		
Tracie L. Kaminshi		03/	/06/2024	
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)	
using Governmental or Proprietary fund types	(MODIFIED FOOTION E BFOTO)			

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2-4	Other (s	specify):	-	
2-5	Licenses and permits		-	
2-6	Intergovernmental:	Grants	-	
2-7		Conservation Trust Funds (Lottery)	-	
2-8		Highway Users Tax Funds (HUTF)	-	
2-9		Other (specify):	\$ -	
2-10	Charges for services		\$ -	
2-11	Fines and forfeits		\$ -	
2-12	Special assessments		\$ -	
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2-15	Debt proceeds	(should agree with line 4-4, column 2)	<u> </u>	
2-16	Lease proceeds		\$ -	
2-17	Developer Advances receive	,	· · · · · · · · · · · · · · · · · · ·	
2-18	Proceeds from sale of capita	ıl assets	\$ -	
2-19	Fire and police pension		\$ -	
2-20	Donations		\$ -	
2-21	Other (specify):		\$ -	
2-22	Interest Income & Other		\$ -	
2-23			-	
2-24		(add lines 2-1 through 2-23) TOTAL REVENUE	\$	

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	requity inform	Round to nearest Dollar	Please use this
3-1	Administrative	ſ	\$ -	space to provide
3-2	Salaries	Ī	\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance	[\$ -	
3-7	Accounting and legal fees	[\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies	[\$ -	
3-10	Utilities and telephone	[\$ -	
3-11	Fire/Police	[\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations	L	\$ -	
3-16	Culture and recreation	L	\$ -	
3-17	Debt service principal (should agree	ee with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agr	ree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24	Treasurer's Fees	Ĺ	\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/E	XPENSES	\$ -	

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, IS	SUED), ANI) RI	ETIR	ED		
	Please answer the following questions by marking the	appropri	ate boxes.				Yes		No
4-1	Does the entity have outstanding debt?								✓
4.2	If Yes, please attach a copy of the entity's Debt Repayment S					г	7	г	¬
4-2	Is the debt repayment schedule attached? If no, MUST explai	n belov	N:			1		L	
4-3	Is the entity current in its debt service payments? If no, MUST explain below:] _		Г	¬
4-3	is the entity current in its dept service payments? If no, wost explain below.					1		L	_
4-4									
7-7	Please complete the following debt schedule, if applicable:	Outst	anding at	Issued d	luring	Retire	d during	Outsta	anding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of	prior year*	yea	r	3	/ear	yea	r-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		agree to prio	r year-end	balance		V		M-
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?	•					Yes ✓		No
If ves:	How much?	\$	2	54,777,5	78.00]			
,	Date the debt was authorized:	_	8/8/2		0.00	1			
4-6	Does the entity intend to issue debt within the next calendar	vear?	0,0,2			J	П		V
If yes:	How much?	\$			_	1	_		_
4-7	Does the entity have debt that has been refinanced that it is s	till res	ponsible	for?		J	П		7
If yes:	What is the amount outstanding?	\$			_	1	_		_
4-8	Does the entity have any lease agreements?	_ +				1			V
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?	<u></u>				1			
	What are the annual lease payments? Part 4 - Please use this space to provide any explanations/cor	\$	or office	h conorc	-	lumont	ntion if m	aadad	
	rait 4 - riease use tills space to provide any explanations/cor	mnents	or allaci	ıı separa	e uoc	ument	ation, ii fi	eeuea	

	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):			
			\$ -	٦
			\$ -	7
5-3			\$ -	7
			\$ -	
	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.			7
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			7
	depository (Section 11-10.5-101, et seq. C.R.S.)?			
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-	USE ASS	FTS	
	Please answer the following questions by marking in the appropriate box		OOL AOO	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordan	ce with Section		
0.5		Balance -	Additions (March		
6-3	Complete the following capital & right-to-use assets table:	beginning of th	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		year ending balance		nd:
	Tart 0 - Thease use this space to provide any explanations	/comments of	attach docume	mation, ii need	su.
	PART 7 - PENSION	INFORM	ATION		
	Please answer the following questions by marking in the appropriate box		ATION	Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?	cs.		Tes	N0 ✓
7-2	Does the entity have a volunteer firefighters' pension plan?				<u> </u>
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	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	stiron as of la	\$ -	+	
	1?	cinee as or Jai	'		
	Part 7 - Please use this space to provide	any explanatio	ons or comment	s:	
	PART 8 - BUDGET I		ATION		
0.4	Please answer the following questions by marking in the appropriate box		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:	tne current ye	ar 🗸		
	., ., ., .,				
8-2	Did the autition of a constraint of the constrai				
<u> </u>	Did the entity pass an appropriations resolution, in accordan 29-1-108 C.R.S.? If no, MUST explain:	ce with Sectio	n 🗸		
	20 1 100 O.M.O.T II NO, MOOT OXPIGITE.				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reported:			
	Governmental/Proprietary Fund Name	Total Approp	riations By Fund		
	General Fund	\$	0		
				_	
				_	

Is the entity a metropolitan district?

Please indicate what services the entity provides:

Does the entity have a certified Mill Levy?

Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control

Does the entity have an agreement with another government to provide services?

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has

the entity filed its preceding year annual report with the State Auditor as required

under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

If yes: List the name of the other governmental entity and the services provided:

All services are provided by Turion South Metropolitan District No. 1.

10-3

10-4

10-5

10-6

If yes:

10-7

If yes: Date Filed:

	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.	√	
If no, MI	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?		[7]
10-1			_
If yes:	Date of formation:		
	Date of formation: Has the entity changed its name in the past or current year?		_ _
If yes:			
If yes:			
If yes:			

 $\sqrt{}$

 $\sqrt{}$

 \checkmark

 \checkmark

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

Bond Redemption mills General/Other mills

V

Total mills

	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 Robert Eck, II	IRobert Eck, II, 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: 3/8/2024 10:52:45 PST		
Board Member 2	Print Board Member's Name Bradley Lenz	IBradley Lenz, 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		
Board Member 3	Print Board Member's Name Donald Guerra	I Donald Guerra, 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		
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		

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audnor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of gwernwert) has been prepared by (name of individual), a person skilled in governmental accounting; and

GR

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and for (name of government) has been prepared by (name of individual or firm), an independent account in with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that	the
application for exemption from audit for (name of government) for the Fiscal Year ended	, 20XX,
has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name	of
government); that those members of the (governing body) have signified their approval by signing below	; and that
this resolution shall be attached to, and shall become a part of, the application for exemption from audit of	the (name
of government) for the fiscal year ended , 20XX.	

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL $\underline{\mathsf{NOT}}$ BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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	•		•		S	
- 1						

OHEORE	
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	Click here to go to the portal
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	Click here to go to the portal
0r	
If yes, have you included a resolution?	
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?	

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

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
Tracie Kaminski
PHONE
Profit No 7
For the Year Ended
12/31/23
or fiscal year ended:
12/31/23
or fiscal year ended:
12/31/23

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 Senior Accounting Manager

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

ADDRESS 550 W Eisenhower Blvd, Loveland, CO 80537

PHONE 970-669-3611

PREPARER (SIGNATURE REQUIRED)			DATE PREPARED			
Tracie L. Kaminshi		0	3/06/2024			
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)			
using Governmental or Proprietary fund types	V					

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: Property	(report mills levied in Question 10-6)	-	space to provide
2-2	Specific	ownership	-	any necessary
2-3	Sales ar	nd use	-	explanations
2-4	Other (s	pecify):	-	
2-5	Licenses and permits		-	
2-6	Intergovernmental:	Grants	-	
2-7		Conservation Trust Funds (Lottery)	-	
2-8		Highway Users Tax Funds (HUTF)	-	
2-9		Other (specify):	-	
2-10	Charges for services		-	
2-11	Fines and forfeits		\$ -	
2-12	Special assessments		\$ -	
2-13	Investment income		\$ -	
2-14	Charges for utility services		\$ -	
2-15	Debt proceeds	(should agree with line 4-4, column 2)	Ψ	
2-16	Lease proceeds		\$ -	
2-17	Developer Advances receive	` ,		
2-18	Proceeds from sale of capita	l assets	\$ -	
2-19	Fire and police pension		\$ -	
2-20	Donations		-	
2-21	Other (specify):		-	
2-22	Interest Income & Other		\$ -	
2-23			-	
2-24		(add lines 2-1 through 2-23) TOTAL REVENUE	-	

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	requity inform	Round to nearest Dollar	Please use this
3-1	Administrative	ĺ	\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies		\$ -	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police		\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations		\$ -	
3-16	Culture and recreation		\$ -	
3-17	Debt service principal (should agree	ee with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agr	ree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24	Treasurer's Fees		\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/E	XPENSES	\$ -	

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, IS	SUED), ANI) RI	ETIR	RED		
	Please answer the following questions by marking the	appropri	ate boxes.				Yes		No
4-1	Does the entity have outstanding debt?								✓
4.2	If Yes, please attach a copy of the entity's Debt Repayment S					г	_	г	¬
4-2	Is the debt repayment schedule attached? If no, MUST explai	n belov	N:			1 -		L	
4-3	Is the entity current in its debt service payments? If no, MUS	Levele	in halawu] _			
4-3	is the entity current in its debt service payments? If no, MOS	ехріа	ili below.			1	_	L	_
4-4									
7-7	Please complete the following debt schedule, if applicable:	Outst	anding at	Issued o	luring	Retire	ed during	Outsta	anding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of	prior year*	yea	ır	3	year	yea	r-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		agree to prio	r year-end	balance		V		M-
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?	•				_	Yes		No
If ves:	How much?	\$	2	54,777,5	78.00	1			
,	Date the debt was authorized:	_	8/8/2	<u> </u>	. 0.00	1			
4-6	Does the entity intend to issue debt within the next calendar	vear?	0,0,2			J			V
If yes:	How much?	\$			_	1			_
4-7	Does the entity have debt that has been refinanced that it is s	till res	ponsible	for?		J			7
If yes:	What is the amount outstanding?	\$			_	1	_		_
4-8	Does the entity have any lease agreements?	_ +				J			V
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?	<u></u>				1			
	What are the annual lease payments? Part 4 - Please use this space to provide any explanations/cor	\$	or office	h conore	- to des	J	otion if m	aadad	
	rait 4 - riease use tills space to provide any explanations/cor	mnents	or allaci	ıı separa	ie uoc	ument	ation, ii fi	eeuea	

	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):			
			\$ -	٦
			\$ -	7
5-3			\$ -	7
			\$ -	
	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.			7
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			7
	depository (Section 11-10.5-101, et seq. C.R.S.)?			
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-	USE ASS	FTS	
	Please answer the following questions by marking in the appropriate box		OOL AOO	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	ce with Section			
0.5		Balance -	Additions (March		
6-3	Complete the following capital & right-to-use assets table:	beginning of th	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		year ending balance		nd:
	Tart 0 - Thease use this space to provide any explanations	rcomments of	attach docume	mation, ii need	su.
	PART 7 - PENSION	INFORM	ATION		
	Please answer the following questions by marking in the appropriate box		ATION	Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?	cs.		Tes	N0 ✓
7-2	Does the entity have a volunteer firefighters' pension plan?				<u> </u>
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 re	stiron as of la	\$ -	+	
	1?	cinee as or Jai	'		
	Part 7 - Please use this space to provide	any explanatio	ons or comment	s:	
	PART 8 - BUDGET I		ATION		
0.4	Please answer the following questions by marking in the appropriate box		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:	tne current ye	ar 🗸		
	., ., ., .,				
8-2	Did the autition of a constraint of the constrai				
<u> </u>	Did the entity pass an appropriations resolution, in accordan 29-1-108 C.R.S.? If no, MUST explain:	ce with Sectio	n 🗸		
	20 1 100 O.M.O.T II NO, MOOT OXPIGITI.				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reported:			
	Governmental/Proprietary Fund Name	Total Approp	riations By Fund		
	General Fund	\$	0		
				_	
				_	

Is the entity a metropolitan district?

Please indicate what services the entity provides:

Does the entity have a certified Mill Levy?

Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control

Does the entity have an agreement with another government to provide services?

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has

the entity filed its preceding year annual report with the State Auditor as required

under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

If yes: List the name of the other governmental entity and the services provided:

All services are provided by Turion South Metropolitan District No. 1.

10-3

10-4

10-5

10-6

If yes:

10-7

If yes: Date Filed:

	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.	√	
If no, MI	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?		[7]
10-1			_
If yes:	Date of formation:		
	Date of formation: Has the entity changed its name in the past or current year?		_ _
If yes:			
If yes:			
If yes:			

 $\sqrt{}$

 $\sqrt{}$

 \checkmark

 \checkmark

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

Bond Redemption mills General/Other mills

V

Total mills

	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 th	e 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 Robert Eck, II	IRobert Eck, II, 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			
Board Member 2	Print Board Member's Name Bradley Lenz	IBradley Lenz, 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			
Board Member 3	Print Board Member's Name Donald Guerra	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			

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audnor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of gwernwert) has been prepared by (name of individual), a person skilled in governmental accounting; and

GR

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and for (name of government) has been prepared by (name of individual or firm), an independent account at with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that	the
application for exemption from audit for (name of government) for the Fiscal Year ended	, 20XX,
has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name	of
government); that those members of the (governing body) have signified their approval by signing below	; and that
this resolution shall be attached to, and shall become a part of, the application for exemption from audit of	the (name
of government) for the fiscal year ended , 20XX.	

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL $\underline{\mathsf{NOT}}$ BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

	\sim	_	$\overline{}$		0-	_
		_	•		S	
- 1						

CHECKE	
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	Click here to go to the portal
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	Click here to go to the portal
or	
If yes, have you included a resolution?	
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?	

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

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
Tracie Kaminski
PHONE
Profit No 8
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 Senior Accounting Manager

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

ADDRESS 550 W Eisenhower Blvd, Loveland, CO 80537

PHONE 970-669-3611

PREPARER (SIGNATURE REQUIRED)		DATE PREPARED			
Tracie L. Kaminshi		03	/06/2024		
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNI (MODIFIED ACC		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#		Description	Round to nearest Dollar	Please use this
2-1	Taxes: Property	y (report mills levied in Question 10-6)	-	space to provide
2-2	Specific	ownership	-	any necessary
2-3	Sales ar	nd use	-	explanations
2-4	Other (s	specify):	-	
2-5	Licenses and permits		-	
2-6	Intergovernmental:	Grants	-	
2-7		Conservation Trust Funds (Lottery)	-	
2-8		Highway Users Tax Funds (HUTF)	-	
2-9		Other (specify):	\$ -	
2-10	Charges for services		\$ -	
2-11	Fines and forfeits		\$ -	
2-12	Special assessments		\$ -	
2-13	Investment income		\$ -	
2-14	Charges for utility services		\$ -	
2-15	Debt proceeds	(should agree with line 4-4, column 2)	Ψ	
2-16	Lease proceeds		\$ -	
2-17	Developer Advances receive	,	· · · · · · · · · · · · · · · · · · ·	
2-18	Proceeds from sale of capita	ıl assets	\$ -	
2-19	Fire and police pension		\$ -	
2-20	Donations		\$ -	
2-21	Other (specify):		\$ -	
2-22	Interest Income & Other		\$ -	
2-23			-	
2-24		(add lines 2-1 through 2-23) TOTAL REVENUE	\$	

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	requity inform	Round to nearest Dollar	Please use this
3-1	Administrative	ſ	\$ -	space to provide
3-2	Salaries	Ī	\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance	[\$ -	
3-7	Accounting and legal fees	[\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies	[\$ -	
3-10	Utilities and telephone	[\$ -	
3-11	Fire/Police	[\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations	L	\$ -	
3-16	Culture and recreation	L	\$ -	
3-17	Debt service principal (should agree	ee with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agr	ree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24	Treasurer's Fees	Ĺ	\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/E	XPENSES	\$ -	

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, IS	SUED), ANI) RI	ETIR	ED		
	Please answer the following questions by marking the	appropri	ate boxes.				Yes		No
4-1	Does the entity have outstanding debt?					✓			
4.2	If Yes, please attach a copy of the entity's Debt Repayment Schedule.						7	г	¬
4-2	Is the debt repayment schedule attached? If no, MUST explai		1		L				
4-3	Is the entity current in its debt service payments? If no, MUS	Levele	in halawu] _		Г	¬
4-3	is the entity current in its debt service payments? If no, MOS	ехріа	ili below.			1		L	_
4-4									
7-7	Please complete the following debt schedule, if applicable:	Outst	anding at	Issued d	luring	Retire	d during	Outsta	anding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of	prior year*	yea	r	3	/ear	yea	r-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		agree to prio	r year-end	balance		V		M-
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?	•					Yes ✓		No
If ves:	How much?	\$	2	54,777,5	78.00]			
,	Date the debt was authorized:	_	8/8/2		0.00	1			
4-6	Does the entity intend to issue debt within the next calendar	vear?	0,0,2			J	П		V
If yes:	How much?	\$			_	1	_		_
4-7	Does the entity have debt that has been refinanced that it is s	till res	ponsible	for?		J	П		7
If yes:	What is the amount outstanding?	\$			_	1	_		_
4-8	Does the entity have any lease agreements?	_ +				1			V
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?	<u></u>				1			
	What are the annual lease payments? Part 4 - Please use this space to provide any explanations/cor	\$	or office	h conorc	-	lumont	ntion if m	aadad	
	rait 4 - riease use tills space to provide any explanations/cor	mnents	or allaci	ıı separa	e uoc	ument	ation, ii fi	eeuea	

	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):			
			\$ -	٦
			\$ -	7
5-3			\$ -	7
			\$ -	
	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.			7
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			7
	depository (Section 11-10.5-101, et seq. C.R.S.)?			
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-	USE ASS	FTS	
	Please answer the following questions by marking in the appropriate box		OOL AOO	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	ce with Section			
0.5					
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of th 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		year ending balance		nd:
	Tart 0 - Thease use this space to provide any explanations	/comments of	attach docume	mation, ii need	su.
	PART 7 - PENSION	INFORM	ATION		
	Please answer the following questions by marking in the appropriate box		ATION	Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?	cs.		Tes	N0 ✓
7-2	Does the entity have a volunteer firefighters' pension plan?				<u> </u>
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 re	stiron as of la	\$ -	+	
	1?	cinee as or Jai	'		
	Part 7 - Please use this space to provide	any explanatio	ons or comment	s:	
	PART 8 - BUDGET I		ATION		
0.4	Please answer the following questions by marking in the appropriate box		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:	tne current ye	ar 🗸		
	., ., ., .,				
8-2	Did the autition of a constraint of the constrai				
<u> </u>	Did the entity pass an appropriations resolution, in accordan 29-1-108 C.R.S.? If no, MUST explain:	ce with Sectio	n 🗸		
	20 1 100 O.M.O.T II NO, MOOT OXPIGITI.				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reported:			
	Governmental/Proprietary Fund Name	Total Approp	riations By Fund		
	General Fund	\$	0		
				_	
				_	

Is the entity a metropolitan district?

Please indicate what services the entity provides:

Does the entity have a certified Mill Levy?

Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control

Does the entity have an agreement with another government to provide services?

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has

the entity filed its preceding year annual report with the State Auditor as required

under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

If yes: List the name of the other governmental entity and the services provided:

All services are provided by Turion South Metropolitan District No. 1.

10-3

10-4

10-5

10-6

If yes:

10-7

If yes: Date Filed:

	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.	√	
If no, MI	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?		[7]
10-1			_
If yes:	Date of formation:		
	Date of formation: Has the entity changed its name in the past or current year?		_ _
If yes:			
If yes:			
If yes:			

 $\sqrt{}$

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 \checkmark

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

Bond Redemption mills General/Other mills

V

Total mills

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 th	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 Robert Eck, II	IRobert Eck, II, 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	
Board Member 2	Print Board Member's Name Bradley Lenz	IBradley Lenz, 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	
Board Member 3	Print Board Member's Name Donald Guerra	I Donald Guerra, 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	
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	

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audnor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of gwernwert) has been prepared by (name of individual), a person skilled in governmental accounting; and

GR

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and for (name of government) has been prepared by (name of individual or firm), an independent account at with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that	the
application for exemption from audit for (name of government) for the Fiscal Year ended	, 20XX,
has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name	of
government); that those members of the (governing body) have signified their approval by signing below	; and that
this resolution shall be attached to, and shall become a part of, the application for exemption from audit of	the (name
of government) for the fiscal year ended , 20XX.	

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL $\underline{\mathsf{NOT}}$ BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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		_	•		S	
- 1						

CHECKE	
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	Click here to go to the portal
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	Click here to go to the portal
or	
If yes, have you included a resolution?	
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?	

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

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

Tracie Kaminski

PHONE

Turion South Metropolitan District No 9
12/31/23
or fiscal year ended:
12/31/23
or fiscal year ended:

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 Senior Accounting Manager

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. Kaninski		C	03/06/2024
Please indicate whether the following financial information is recorded	GOVERNI (MODIFIED ACC		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#		Description	Round to nearest Dollar	Please use this
2-1	Taxes: Property	y (report mills levied in Question 10-6)	-	space to provide
2-2	Specific	ownership	-	any necessary
2-3	Sales ar	nd use	-	explanations
2-4	Other (s	specify):	-	
2-5	Licenses and permits		-	
2-6	Intergovernmental:	Grants	-	
2-7		Conservation Trust Funds (Lottery)	\$ -	
2-8		Highway Users Tax Funds (HUTF)	\$ -	
2-9		Other (specify):	\$ -	
2-10	Charges for services		\$ -	
2-11	Fines and forfeits		\$ -	
2-12	Special assessments		\$ -	
2-13	Investment income		\$ -	
2-14	Charges for utility services		\$ -	
2-15	Debt proceeds	(should agree with line 4-4, column 2)	Ψ	
2-16	Lease proceeds		\$ -	
2-17	Developer Advances receive	,	· · · · · · · · · · · · · · · · · · ·	
2-18	Proceeds from sale of capita	ıl assets	\$ -	
2-19	Fire and police pension		\$ -	
2-20	Donations		\$ -	
2-21	Other (specify):		\$ -	
2-22	Interest Income & Other		\$ -	
2-23			-	
2-24		(add lines 2-1 through 2-23) TOTAL REVENUE	\$	

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	requity inform	Round to nearest Dollar	Please use this
3-1	Administrative	ſ	\$ -	space to provide
3-2	Salaries	Ī	\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance	[\$ -	
3-7	Accounting and legal fees	[\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies	[\$ -	
3-10	Utilities and telephone	[\$ -	
3-11	Fire/Police	[\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations	L	\$ -	
3-16	Culture and recreation	L	\$ -	
3-17	Debt service principal (should agree	ee with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agr	ree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24	Treasurer's Fees	Ĺ	\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/E	XPENSES	\$ -	

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, IS	SUED), ANI) RI	ETIR	ED		
	Please answer the following questions by marking the	appropri	ate boxes.				Yes		No
4-1	Does the entity have outstanding debt?								✓
4.2	If Yes, please attach a copy of the entity's Debt Repayment S					г	7	г	¬
4-2	Is the debt repayment schedule attached? If no, MUST explai	n belov	N:			1		L	
4-3	Is the entity current in its debt service payments? If no, MUST explain below:							Г	¬
4-3	is the entity current in its debt service payments? If no, MOS	ехріа	ili below.			1		L	_
4-4									
7-7	Please complete the following debt schedule, if applicable:	Outst	anding at	Issued d	luring	Retire	d during	Outsta	anding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of	prior year*	yea	r	3	/ear	yea	r-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		agree to prio	r year-end	balance		V		M-
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?	•					Yes ✓		No
If ves:	How much?	\$	2	54,777,5	78.00]			
,	Date the debt was authorized:	_	8/8/2		0.00	1			
4-6	Does the entity intend to issue debt within the next calendar	vear?	0,0,2			J	П		V
If yes:	How much?	\$			_	1	_		_
4-7	Does the entity have debt that has been refinanced that it is s	till res	ponsible	for?		J	П		7
If yes:	What is the amount outstanding?	\$			_	1	_		_
4-8	Does the entity have any lease agreements?	_ +				1			V
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?	<u></u>				1			
	What are the annual lease payments? Part 4 - Please use this space to provide any explanations/cor	\$	or office	h conorc	-	lumont	ntion if m	aadad	
	rait 4 - riease use tills space to provide any explanations/cor	mnents	or allaci	ıı separa	e uoc	ument	ation, ii fi	eeuea	

	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):			
			\$ -	٦
			\$ -	7
5-3			\$ -	7
			\$ -	
	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.			7
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			7
	depository (Section 11-10.5-101, et seq. C.R.S.)?			
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TO-	USE ASS	FTS	
	Please answer the following questions by marking in the appropriate box		OOL AOO	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	ce with Section			
0.5		Balance -	Additions (March		
6-3	Complete the following capital & right-to-use assets table:	beginning of th	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		year ending balance		nd:
	Tart 0 - Thease use this space to provide any explanations	/comments of	attach docume	mation, ii need	su.
	PART 7 - PENSION	INFORM	ATION		
	Please answer the following questions by marking in the appropriate box		ATION	Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?	cs.		Tes	N0 ✓
7-2	Does the entity have a volunteer firefighters' pension plan?				<u> </u>
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 re	stiron as of la	\$ -	+	
	1?	cinee as or Jai	'		
	Part 7 - Please use this space to provide	any explanatio	ons or comment	s:	
	PART 8 - BUDGET I		ATION		
0.4	Please answer the following questions by marking in the appropriate box		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:	tne current ye	ar 🗸		
	., ., ., .,				
8-2	Did the autition of a constraint of the constrai				
<u> </u>	Did the entity pass an appropriations resolution, in accordan 29-1-108 C.R.S.? If no, MUST explain:	ce with Sectio	n 🗸		
	20 1 100 O.M.O.T II NO, MOOT OXPIGITI.				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar reported:			
	Governmental/Proprietary Fund Name	Total Approp	riations By Fund		
	General Fund	\$	0		
				_	
				_	

Is the entity a metropolitan district?

Please indicate what services the entity provides:

Does the entity have a certified Mill Levy?

Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control

Does the entity have an agreement with another government to provide services?

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has

the entity filed its preceding year annual report with the State Auditor as required

under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

If yes: List the name of the other governmental entity and the services provided:

All services are provided by Turion South Metropolitan District No. 1.

10-3

10-4

10-5

10-6

If yes:

10-7

If yes: Date Filed:

	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.	√	
If no, MI	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?		[7]
10-1			_
If yes:	Date of formation:		
	Date of formation: Has the entity changed its name in the past or current year?		_ _
If yes:			
If yes:			
If yes:			

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 \checkmark

 \checkmark

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

Bond Redemption mills General/Other mills

V

Total mills

	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 th	ne names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must sign below.		
Board Member 1	Print Board Member's Name Robert Eck, II	IRobert Eck, II, 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		
Board Member 2	Print Board Member's Name Bradley Lenz	IBradley Lenz, 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		
Board Member 3	Print Board Member's Name Donald Guerra	I Donald Guerra, 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		
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		

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audnor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of gwernwert) has been prepared by (name of individual), a person skilled in governmental accounting; and

GR

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and for (name of government) has been prepared by (name of individual or firm), an independent account at with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that	the
application for exemption from audit for (name of government) for the Fiscal Year ended	, 20XX,
has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name	of
government); that those members of the (governing body) have signified their approval by signing below	; and that
this resolution shall be attached to, and shall become a part of, the application for exemption from audit of	the (name
of government) for the fiscal year ended , 20XX.	

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	\	

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL $\underline{\mathsf{NOT}}$ BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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		_	•		S	
- 1						

CHECKE	
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	Click here to go to the portal
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	Click here to go to the portal
or	
If yes, have you included a resolution?	
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?	

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB PORTAL: https://apps.leg.co.gov/osa/lg

MAIL: Office of the State Auditor

Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address

noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

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
Tracie Kaminski
PHONE
Profit No 10
12/31/23
or fiscal year ended:
12/31/23
0r fiscal year ended:

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 Senior Accounting Manager

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

ADDRESS 550 W Eisenhower Blvd, Loveland, CO 80537

PHONE 970-669-3611

PREPARER (SIGNATURE REQUIRED)			ATE PREPARED
Tracie L. Kaninstii			03/06/2024
Please indicate whether the following financial information is recorded	GOVERNI (MODIFIED ACC		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#		Description	Round to nearest Dollar	Please use this
2-1	Taxes: Property	y (report mills levied in Question 10-6)	-	space to provide
2-2	Specific	ownership	-	any necessary
2-3	Sales ar	nd use	-	explanations
2-4	Other (s	specify):	-	
2-5	Licenses and permits		-	
2-6	Intergovernmental:	Grants	-	
2-7		Conservation Trust Funds (Lottery)	\$ -	
2-8		Highway Users Tax Funds (HUTF)	\$ -	
2-9		Other (specify):	\$ -	
2-10	Charges for services		\$ -	
2-11	Fines and forfeits		\$ -	
2-12	Special assessments		\$ -	
2-13	Investment income		\$ -	
2-14	Charges for utility services		\$ -	
2-15	Debt proceeds	(should agree with line 4-4, column 2)	Ψ	
2-16	Lease proceeds		\$ -	
2-17	Developer Advances receive	,	· · · · · · · · · · · · · · · · · · ·	
2-18	Proceeds from sale of capita	ıl assets	\$ -	
2-19	Fire and police pension		\$ -	
2-20	Donations		\$ -	
2-21	Other (specify):		\$ -	
2-22	Interest Income & Other		\$ -	
2-23			-	
2-24		(add lines 2-1 through 2-23) TOTAL REVENUE	\$	

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	requity inform	Round to nearest Dollar	Please use this
3-1	Administrative	ĺ	\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services		\$ -	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies		\$ -	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police		\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations		\$ -	
3-16	Culture and recreation		\$ -	
3-17	Debt service principal (should agree	ee with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19		with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agr	ree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24	Treasurer's Fees		\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/E	XPENSES	\$ -	

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, IS	SUED), ANI) RI	ETIR	RED		
	Please answer the following questions by marking the	appropri	ate boxes.				Yes		No
4-1	Does the entity have outstanding debt?						✓		
4.2	If Yes, please attach a copy of the entity's Debt Repayment Schedule.				г	_	г	¬	
4-2	Is the debt repayment schedule attached? If no, MUST explain below:				1 -		L		
4-3	Is the entity current in its debt service payments? If no, MUST explain below:] _		Г	¬
4-3	is the entity current in its debt service payments? If no, MOS	ехріа	ili below.			1	_	L	_
4-4									
7-7	Please complete the following debt schedule, if applicable:	Outst	anding at	Issued o	luring	Retire	ed during	Outsta	anding at
	(please only include principal amounts)(enter all amount as positive numbers)	end of	prior year*	yea	ır	3	year	yea	r-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		agree to prio	r year-end	balance		V		M-
4-5	Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt?	•				_	Yes		No
If ves:	How much?	\$	2	54,777,5	78.00	1			
,	Date the debt was authorized:	_	8/8/2	<u> </u>	. 0.00	1			
4-6	Does the entity intend to issue debt within the next calendar	vear?	0,0,2			J			V
If yes:	How much?	\$			_	1			_
4-7	Does the entity have debt that has been refinanced that it is s	till res	ponsible	for?		J			7
If yes:	What is the amount outstanding?	\$			_	1	_		_
4-8	Does the entity have any lease agreements?	_ +				J			V
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?	<u></u>				1			
	What are the annual lease payments? Part 4 - Please use this space to provide any explanations/cor	\$	or office	h conore	- to des	J	otion if m	aadad	
	rait 4 - riease use tills space to provide any explanations/cor	mnents	or allaci	ıı separa	ie uoc	ument	ation, ii fi	eeuea	

	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):			
			\$ -	٦
			\$ -	7
5-3			\$ -	7
			\$ -	
	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.			7
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			7
	depository (Section 11-10.5-101, et seq. C.R.S.)?			
If no, MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GHT-TQ.	USE ASS	FTS	
	Please answer the following questions by marking in the appropriate box		OOL AOO	Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordan	ce with Section		
0.5		Balance -	Additions (Mars		
6-3	Complete the following capital & right-to-use assets table:	beginning of th	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		<u>'</u>		\$ -
	(Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	- \$		-
	Part 6 - Please use this space to provide any explanations		r year ending balance		od:
	Tart 0 - Trease use this space to provide any explanations		attach docume	mation, ii need	Gu.
	PART 7 - PENSION	INFORM	ATION		
	Please answer the following questions by marking in the appropriate box		ATION	Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?	es.		Tes	
7-2	Does the entity have a volunteer firefighters' pension plan?				<u></u>
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	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	otiroo as of la	\$ -	+	
	1?	etilee as of Ja	" \$ -		
	Part 7 - Please use this space to provide	any explanation	ons or comment	s:	
			A		
	PART 8 - BUDGET		AHON		
0.4	Please answer the following questions by marking in the appropriate box		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:	r the current ye	ar 🗸		
	., ., ., .,				
8-2	Did the autition of a constraint of the constrai				
<u> </u>	Did the entity pass an appropriations resolution, in accordan 29-1-108 C.R.S.? If no, MUST explain:	ce with Section	on 🗸		
	20 1 100 O.M.O.T II NO, MOOT GAPIGHI.				
If yes:	Please indicate the amount budgeted for each fund for the year	ar reported:			
	Governmental/Proprietary Fund Name	Total Approp	oriations By Fund		
	General Fund	\$	0		
				4	
				_	

Is the entity a metropolitan district?

Please indicate what services the entity provides:

Does the entity have a certified Mill Levy?

Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control

Does the entity have an agreement with another government to provide services?

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has

the entity filed its preceding year annual report with the State Auditor as required

under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

If yes: List the name of the other governmental entity and the services provided:

All services are provided by Turion South Metropolitan District No. 1.

10-3

10-4

10-5

10-6

If yes:

10-7

If yes: Date Filed:

	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.	√	
If no, MI	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?		✓
10-1 If yes:	Is this application for a newly formed governmental entity? Date of formation:		V
			✓ ✓
If yes:	Date of formation:		
If yes:	Date of formation:		_
If yes:	Date of formation:		

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

Bond Redemption mills General/Other mills

V

Total mills

	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 th	ne names of ALL members of current governing body below.	A MAJORITY of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name Robert Eck, II	IRobert Eck, II, 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
Board Member 2	Print Board Member's Name Bradley Lenz	IBradley Lenz, 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
Board Member 3	Print Board Member's Name Donald Guerra	I Donald Guerra, 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
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

EXAMPLE - DO NOT FILL OUT THIS PAGE

This sample resolution/ordinance for exemption from audit is provided as an example of the documentation that is required. The wording may be used as a basis for your own local government document, if needed; however you MUST draft your own ordinance or resolution making any changes where applicable. Legal counsel should be consulted regarding any questions.

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 20XX FOR THE (name of government), STATE OF COLORADO.

WHEREAS, the (governing body) of (name of government) wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Audnor, be exempt from the provision of Section 29-1-603, C.R.S.; and

[Choose 1 or 2 below, whichever is applicable]

(1)WHEREAS, neither revenue nor expenditures for (name of government) exceeded \$100,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from audit for (name of gwernwert) has been prepared by (name of individual), a person skilled in governmental accounting; and

GR

(2)WHEREAS, neither revenues nor expenditures for (name of government) exceeded \$750,000 for Fiscal Year 20XX; and

WHEREAS, an application for exemption from and for (name of government) has been prepared by (name of individual or firm), an independent account at with knowledge of governmental accounting; and

WHEREAS, said application for exemption from addit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the (governing body) of the (name of government) that	the
application for exemption from audit for (name of government) for the Fiscal Year ended	, 20XX,
has been personally reviewed and is hereby approved by a majority of the (governing body) of the (name	of
government); that those members of the (governing body) have signified their approval by signing below	; and that
this resolution shall be attached to, and shall become a part of, the application for exemption from audit of	the (name
of government) for the fiscal year ended , 20XX.	

ADOPTED THIS ___ day of _____, A.D. 20XX.

EXAMPLE - DO <u>NOT</u> FILL OUT THIS PAGE

Mayor/President/Chairman, etc.		
ATTEST:		
Town Clerk, Secretary, etc.		
	Date	
Type or Print Names of	Term	
Members of Governing Body	Expires	Signature
	\	