20191 Elivelope 15. 17EE 1044 1765 41 ZE 0000 100/102540500									
	APPLICATION FOR EXEMPTION FROM AUDIT								
	LONG FORM								
NAME OF GOVERNMENT									
ADDRESS	8390 East Crescent Parkway	12/31/2023							
	Suite 300	or fiscal year ended:							
	Greenwood Village, CO 80111-2814								
CONTACT PERSON	Jason Carroll								
PHONE	303-779-5710								
EMAIL	jason.carroll@claconnect.com								
CERTIFICATION OF PREPARER									
·	t with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware	that the Audit Law requires that a person							
independent of the entity complete the applic	independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.								
NAME:	Jason Carroll								
TITLE	Accountant for the District								
FIRM NAME (if applicable)	CliftonLarsonAllen LLP								
ADDRESS	8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814								
PHONE	303-779-5710								
RELATIONSHIP TO ENTITY	CPA Firm providing accounting services to the District								

PREPARER (SIGNATURE REQUIRED)

DATE PREPARED

See Accountant's Compilation Report

on Report 2/23/2024

Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]

YES	NO	
	V	If Yes, date filed:

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

NOTE: A	ttach additional sheets as necessary.	G	overnmental	Funds	Proprietary/Fiduciary Funds				
Line #	Description	Func		Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any items on this page	
	Assets				Assets			items on this page	
1-1	Cash & Cash Equivalents	\$	- \$	-	Cash & Cash Equivalents	\$	- \$ -		
1-2	Investments	\$	28,144 \$	-	Investments	\$	- \$ -		
1-3	Receivables	\$	- \$	-	Receivables	\$	- \$ -		
1-4	Due from Other Entities or Funds	\$	- \$	-	Due from Other Entities or Funds	\$	- \$ -		
1-5	Property Tax Receivable	\$	307,784 \$	-	Other Current Assets [specify]			_	
	All Other Assets [specify]					\$	- \$ -		
1-6	Lease Receivable (as Lessor)	\$	- \$	-	Total Current Assets	\$	- \$ -		
1-7	Receivable from Country Treasurer	\$	954 \$	-	Capital & Right to Use Assets, net (from Part 6-4)	\$	- \$ -		
1-8		\$	- \$	-	Other Long Term Assets [specify]	\$	- \$ -		
1-9		\$	- \$	-		\$	- \$ -		
1-10		\$	- \$	-		\$	- \$ -		
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	336,882 \$	-	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	- \$ -		
	Deferred Outflows of Resources:			-	Deferred Outflows of Resources			_	
1-12	[specify]	\$	- \$	-	[specify]	\$	- \$ -		
1-13	[specify]	\$	- \$	-	[specify]	\$	- \$ -		
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$	- \$	-	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$	- \$ -		
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	336,882 \$	-	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$ -		
	Liabilities				Liabilities			_	
1-16	Accounts Payable	\$	- \$	-	Accounts Payable		- \$ -		
1-17	Accrued Payroll and Related Liabilities	\$	- \$	-	Accrued Payroll and Related Liabilities		- \$ -		
1-18	Unearned Revenue	\$	- \$	-	Accrued Interest Payable	\$	- \$ -		
1-19	Due to Other Entities or Funds	\$	29,098 \$	-	Due to Other Entities or Funds	\$	- \$ -	_	
1-20	All Other Current Liabilities	\$	- \$	-	All Other Current Liabilities	<u> </u>	- \$ -	-	
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$	29,098 \$	-	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		- \$ -		
1-22	All Other Liabilities [specify]	\$	- \$	-	Proprietary Debt Outstanding (from Part 4-4)	\$	- \$ -	_	
1-23		\$	- \$	-	Other Liabilities [specify]:	\$	- \$ -	_	
1-24		\$	- \$	-		\$	- \$ -	_	
1-25		\$	- \$	-		\$	- \$ -	_	
1-26	()	\$	- \$	-		Ψ	- \$ -	-	
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	29,098 \$	-	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	- \$ -		
	Deferred Inflows of Resources:	Φ	207.704		Deferred Inflows of Resources	•		7	
1-28	Deferred Property Taxes	\$	307,784 \$	-	Pension/OPEB Related	\$	- \$ -	_	
1-29	Lease related (as lessor)	5	- \$	-	Other [specify]	\$	- \$ -		
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS Fund Balance	ъ ,	307,784 \$	-	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS Net Position	Ф	- \$ -	J	
	Nonspendable Prepaid	¢	- \$		Net Investment in Capital and Right-to Use Assets	\$	- \$ -	٦	
	Nonspendable Inventory	φ ¢	- \$ - \$	-	Net investment in Capital and Right-to Use Assets	Ψ	- φ -	Д	
1-32	Restricted [specify]	<u>Ψ</u>	- \$ - \$	-	Emergency Reserves	\$	- \$ -	٦	
1-34	Committed [specify]	<u>Ψ</u>	- Ψ _ ¢		Other Designations/Reserves	\$	- \$ -	-	
1-34	Assigned [specify]	\$	- Ψ _ ¢	-	Restricted	\$	- \$ -	-	
1-36	Unassigned:	\$	<u>-</u> φ _ ¢		Undesignated/Unreserved/Unrestricted	\$	- \$ -	1	
1-37	Add lines 1-31 through 1-36	Ψ	- Ψ	-	Add lines 1-31 through 1-36	Ψ	Ψ -	1	
. 01	This total should be the same as line 3-33				This total should be the same as line 3-33			1	
	TOTAL FUND BALANCE		- \$		TOTAL NET POSITION		- \$ -	1	
1-38	Add lines 1-27, 1-30 and 1-37	Ψ	- T	-	Add lines 1-27, 1-30 and 1-37	Ψ	- Ψ -	1	
. 50	This total should be the same as line 1-15				This total should be the same as line 1-15			1	
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND				TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET				
	BALANCE		336,882 \$	_	POSITION		- \$ -	1	
			, - Y			,			

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds			Proprietary/Fi	duciary Funds	5 1
Line #	Description	Fund*	Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	-	-	Property [include mills levied in Question 10-6]	\$ -	-	
2-2	Specific Ownership	\$ 12,899	-	Specific Ownership	-	-	
2-3	Sales and Use Tax	\$ -	-	Sales and Use Tax	\$ -	-	
2-4	Other Tax Revenue [specify]:	\$ -	-	Other Tax Revenue [specify]:	\$ -	-	
2-5	TIF Increment Revenue	\$ 255,077	-		\$ -	-	
2-6		\$ -	-		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		-	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (н∪тг)	\$ -	\$ -	Highway Users Tax Funds (н∪тғ)	\$ -	\$ -	
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	-	
2-18	Fines and Forfeits	-	-	Fines and Forfeits	\$ -	-	
2-19	Interest/Investment Income	\$ 1,115	-	Interest/Investment Income	-	-	
2-20	Tap Fees	-	-	Tap Fees	-	-	
2-21	Proceeds from Sale of Capital Assets	\$ -	-	Proceeds from Sale of Capital Assets			
2-22	All Other [specify]:	\$ -	-	All Other [specify]:	\$ -	-	
2-23		\$ -	-		\$ -	-	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 269,090	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES		-	
Other Financing Sources				Other Financing Sources			
2-25	Debt Proceeds	\$ -	-	Debt Proceeds	\$ -	-	
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		\$ -	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 269,090	\$ -	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ 269,090

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES

	Governmental Funds			Proprietary/Fi	iduciary Funds	Please use this space to	
Line #	Line # Description Fund* Fund*		Description	Fund*	Fund*	Please use this space to provide explanation of any	
	Expenditures			Expenses			items on this page
3-1	General Government	\$ -	-	General Operating & Administrative	\$ -	-	
3-2	Judicial	\$ -	-	Salaries	\$ -	-	
3-3	Law Enforcement	\$ -	-	Payroll Taxes	\$ -	-	
3-4	Fire	\$ -	-	Contract Services	\$ -	-	
3-5	Highways & Streets	\$ -	-	Employee Benefits	\$ -	- \$	
3-6	Solid Waste	\$ -	-	Insurance	\$ -	-	
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	-	Accounting and Legal Fees	\$ -	- \$	
3-8	Health	\$ -	-	Repair and Maintenance	\$ -	-	
3-9	Culture and Recreation	\$ -	-	Supplies	\$ -	\$ -	
3-10	Transfers to other districts	\$ 269,090	-	Utilities	\$ -	-	
3-11	Other [specify]:	\$ -	-	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	
3-12		\$ -	-	Other [specify]	\$ -	- \$	
3-13		\$ -	-		\$ -	-	
3-14	Capital Outlay	\$ -	-	Capital Outlay	\$ -	- \$	
	Debt Service			Debt Service			
3-15	Principal (should match amount in 4-4)	\$ -	\$ -	Principal (should match amount in 4-4)	\$ -	- \$	
3-16	Interest	\$ -	\$ -	Interest	\$ -	- \$	
3-17	Bond Issuance Costs	\$ -	\$ -	Bond Issuance Costs	\$ -	\$ -	
3-18	Developer Principal Repayments	\$ -	\$ -	Developer Principal Repayments	\$ -	\$ -	
3-19	Developer Interest Repayments	\$ -	\$ -	Developer Interest Repayments	\$ -	\$ -	
3-20	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$ -	\$ -	
3-21		\$ -	\$ -		\$ -	\$ -	GRAND TOTAL
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES		-	Add lines 3-1 through 3-21 TOTAL EXPENSES	_	\$	\$ 269,090
3-23	Interfund Transfers (In)	\$ -	\$ -	Net Interfund Transfers (In) Out	\$ -	\$ -	
3-24	Interfund Transfers Out	\$ -	\$ -	Other [specify][enter negative for expense]	\$ -	\$ -	
3-25	Other Expenditures (Revenues):	\$ -	\$ -	Depreciation/Amortization	\$ -	\$ -	
3-26		\$ -	\$ -	Other Financing Sources (Uses) (from line 2-28)	\$ -	\$ -	
3-27		\$ -	\$ -	Capital Outlay (from line 3-14)	\$ -	\$ -	
3-28		\$ -	\$ -	Debt Principal (from line 3-15, 3-18)	\$ -	\$ -	
3-29	(Add lines 3-23 through 3-28) TOTAL TRANSFERS AND OTHER EXPENDITURES	\$ -	\$ -	(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS		\$ -	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-29, less line 3-22, less line 3-29	\$ -	\$ -	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$ -		
3-31	Fund Balance, January 1 from December 31 prior year report	\$ -	\$ -	Net Position, January 1 from December 31 prior year report	\$ -	\$ -	
3-32	Prior Period Adjustment (MUST explain)	\$ -	\$ -	Prior Period Adjustment (MUST explain)	\$ -	\$ -	
	Fund Balance, December 31	-	Ť	Net Position, December 31	T	1	
	Sum of Lines 3-30, 3-31, and 3-32			Sum of Lines 3-30, 3-31, and 3-32			
	This total should be the same as line 1-37.	\$ -	-	This total should be the same as line 1-37.	-	-	

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

	PART 4 - DEBT O	UTST	ANDING, I	ISSUED,	AND RETI	RED	
	Please answer the following questions by marking the appropriate box	es.		YES	NO		Please use this space to provide any explanations or comments:
4-1	Does the entity have outstanding debt?				V		
4-2	Is the debt repayment schedule attached? If no, MUST explain:				Ū ☑		
	N/A]			
4-3	Is the entity current in its debt service payments? If no, MUST explain:				V		
	N/A]			
4-4		lin o at	la acceptable discolor or	Dating all alcoring			
	Please complete the following debt schedule, if applicable: (please only include principal amounts) Outstand beginning		Issued during year	Retired durin year	Outstanding a	t year-end	
	beginning	or year	yeai	year			
	General obligation bonds \$	- 3		Ψ	- \$		
	Revenue bonds \$	- 5	<u> </u>	Ι Ψ	- \$		
	Notes/Loans \$	- 9	r	Ψ	- \$		
	Lease & SBITA** Liabilities (GASB 87 & 96)	- 9	r	Ψ	- \$		
	Developer Advances \$	- 3		Ψ	- \$	-	
	Other (specify): TOTAL \$	- 9		\$	- \$ - \$		
**Subse	cription Based Information Technology Arrangements *Must agree to		<u> </u>	\$	<u>- ⊅</u>	-	
Gubs	Please answer the following questions by marking the appropriate boxes.	o prior year-	end balance	YES	NO		
4-5	Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]?			<u> </u>			
		000,000		_	_		
If yes:	· · · ·	1/3/2015					
4-6	Does the entity intend to issue debt within the next calendar year?				V		
If yes:	How much? \$	-					
4-7	Does the entity have debt that has been refinanced that it is still responsible for?				▽		
If yes:	What is the amount outstanding? \$	-					
4-8	Does the entity have any lease agreements?				✓		
If yes:	What is being leased?						
	What is the original date of the lease?						
	Number of years of lease?						
	Is the lease subject to annual appropriation? What are the annual lease payments?				V		
		- 0 4 6			NITO		
	PART 5	- CAS	SH AND IN	IVESTME	INIS		
	Please provide the entity's cash deposit and investment balances.			AMOUNT	ТОТА	L	Please use this space to provide any explanations or comments:
5-1	YEAR-END Total of ALL Checking and Savings accounts			\$	-		
5-2	Certificates of deposit	TOTAL	MOU DEBOOITO	\$	-		
		TOTAL	ASH DEPOSITS		\$	-	
	Investments (if investment is a mutual fund, please list underlying investments):						
	CSAFE			\$ 28,14	4		
5-3				\$	-		
				\$	-		
				\$	-		
			INVESTMENTS	_	\$	28,144	
		CASH AND	INVESTMENTS		\$	28,144	
	Please answer the following question by marking in the appropriate box		YES	NO	N/A		
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?		V				
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section Act)	on 11-			V		
J-0	10.5-101, et seq. C.R.S.)? If no, MUST explain:		<u> </u>	_			

	PART	6 - CAPITAL AND F	<u>RIGHT-TO-U</u>	ISE ASSETS	
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?			V	
6-2	Has the entity performed an annual inventory of capital assets in accordance with	Section 29-1-506, C.R.S.? If no	0,	√	
	MUST explain:				
6-3		Balance -		V - 15 1	
	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	beginning of the Addition	ons* Deletion	s Year-End Balance	
	Land	year*	Φ.		
	Land Buildings	\$ - \$ \$ - \$	- \$ - \$	- \$ - \$	-
	Machinery and equipment	\$ - \$	- \$ - \$	- \$ - \$	<u> </u>
	Furniture and fixtures	\$ - \$	- \$	- \$	_
	Infrastructure	\$ - \$	- \$	- \$	
	Construction In Progress (CIP)	\$ - \$	- \$	- \$	-
	Leased & SBITA Right-to-Use Assets	\$ - \$	- \$	- \$	-
	Intangible Assets	\$ - \$	- \$	- \$	<u>-</u>
	Other (explain):	\$ - \$	- \$	- \$	-
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ - \$ \$ - \$	- \$ - \$	- \$ - \$	-
	Accumulated Depreciation (Enter a negative, or credit, balance) TOTAL	· · ·	- \$ - \$	•	\dashv
	TOTAL	· ·	- Φ	- \$	
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	Balance - Addition	ons* Deletion	s Year-End Balance	
0-4	Complete the following Capital & Right-10-0se Assets table for FROFRIETART FORDS.	beginning of the Addition	ons Deletion	S real-Ellu Balalice	
	Land	\$ - \$	- \$	- \$	
	Buildings	\$ - \$	- \$	- \$	
	Machinery and equipment	\$ - \$	- \$	- \$	-
	Furniture and fixtures	\$ - \$	- \$	- \$	-
	Infrastructure	\$ - \$	- \$	- \$	<u>-</u>
	Construction In Progress (CIP)	\$ - \$	- \$	- \$	-
	Leased & SBITA Right-to-Use Assets	\$ - \$ \$ - \$	- \$ - \$	- \$ - \$	-
	Intangible Assets Other (explain):	\$ - \$	- \$ - \$	- \$ - \$	<u> </u>
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	\$ - \$	- \$	- \$	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ - \$	- \$	- \$	
	TOTAL	\$ - \$	- \$	- \$	-
		* Must agree to prior year-end balance			
		* Generally capital asset additions sho in accordance with the government's			
		in accordance with the government's	capitalization policy. Plea	ise explain any discrepancy	
		PART 7 - PENSIOI	N INFORMA	TION	
	*	174117 1 2110101	YES	NO	Discourse this cross to avaide any symbol tions of symbol to
7 4	Does the entity have an "old hire" firefighters! nancies plan?				Please use this space to provide any explanations or comments:
7-1 7-2	Does the entity have an "old hire" firefighters' pension plan? 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 henefit noid for 20 years of comics nor retires as of leg 42	S S	<u>-</u>		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	Φ			

		PART 8 - BL	JDGET INF	ORMATIO	N	
	Please answer the following question by marking in the appropriate box		YES	NO	N/A	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, in acc	ordance with	V			
	Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-10)8 C.R.S.?		_		
8-2	If no, MUST explain:		V			
If yes:	Please indicate the amount appropriated for each fund separately for the year repo	rted				
	Governmental/Proprietary Fund Name	Total Appropriat				
	General Fund	\$	279,775			
		\$ \$	-			
		\$	-			
	PART 9	- TAX PAYE	R'S BILL C	F RIGHTS	(TABOR)	
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Art		<i>,</i> =	\checkmark		
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government. All governments should determine if they meet this requirement of TABOR.	vernment from the 3 perce	ent emergency reserve			
	F	PART 10 - GE	ENERAL IN	FORMATION	NC	
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?				V	10-4: Street improvements, parks and recreation, water, storm and
If yes:						sanitary sewer, public transportation, mosquito control, safety
	Date of formation:					protection, fire protection, television relay and translation, and security services.
40.0	Les the entity changed its name in the next or surrent year?				V	10-5: 9th Avenue Metropolitan District No. 1 (the Service District) was
	Has the entity changed its name in the past or current year?			_	_	organized in conjunction with two other metropolitan districts - 9th
If Yes:	NEW name					Avenue Metropolitan District Nos. 2 and 3 (the Financing Districts) (together with the Service District, the Districts). The Service District
	PRIOR name					will act as manager for the Districts to coordinate and manage the
40.0						financing, acquisition, construction, completion, operation, and
	Is the entity a metropolitan district?			▽		maintenance of all public improvements within and without the Districts' service area. The Financing Districts were organized to generate
10-4	Please indicate what services the entity provides:					revenue to pay the costs of the Districts' improvements and the costs of
40 E	See Comment to the Right			V		operations and maintenance of those improvements.
If yes:	Does the entity have an agreement with another government to provide services?			ŭ		
n you.	Elot the hame of the other governmental entity and the convictor provided.					
10.6	See Comment to the Right Does the entity have a certified mill levy?			_	_	
	Please provide the number of mills levied for the year reported (do not enter \$ amo	unts).		V		
ii yes.	Bond Redemption mills	0.00	0			
	General/Other mills	12.50				
	Total mills	12.50	OO YES	NO	N/A	
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has	the entity filed its	✓ ✓		N/A	
10-7	preceding year annual report with the State Auditor as required under SB 21-262 [S	_	_	Ш	Ц	
	C.R.S.]? If NO, please explain.					
	Please use this space to pr	ovide any additi	ionai explanati	ons or comme	ents not previous	siy included:

OSA USE ONLY							
Entity Wide:		General Fund		Governmental Funds		Notes	
Unrestricted Cash & Investments	\$	28,144 Unrestricted Fund Balar	n \$	- Total Tax Revenue	\$	267,975	
Current Liabilities	\$	29,098 Total Fund Balance	\$	- Revenue Paying Debt Service	\$		
Deferred Inflow	\$	307,784 PY Fund Balance	\$	- Total Revenue	\$	269,090	
		Total Revenue	\$	269,090 Total Debt Service Principal	\$		
		Total Expenditures	\$	269,090 Total Debt Service Interest	\$		
				Total Assets	\$	336,882	
				Total Liabilities	\$	29,098	
Governmental		Interfund In	\$	<u>.</u>			
Total Cash & Investments	\$	28,144 Interfund Out	\$	- Enterprise Funds			
Transfers In	\$	- Proprietary		Net Position	\$		
Transfers Out	\$	- Current Assets	\$	- PY Net Position	\$		
Property Tax	\$	- Deferred Outflow	\$	- Government-Wide			
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$		
Total Expenditures	\$	269,090 Deferred Inflow	\$	- Authorized but Unissued	\$	2,080,000,000	
Total Developer Advances	\$	- Cash & Investments	\$	- Year Authorized		11/3/2015	
Total Developer Repayments	\$	- Principal Expense	\$	-			

|--|

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?	Image: section of the content of the	

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

Below is the certification and approval of the governing body By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

MUST Print t	he names of ALL members of the governing body below.	A MAJORITY of the members of the governing body must sign below.
1	Full Name Frank Cannon	I, Frank Cannon, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed And Connon Date: My term Expires: May 2027
	Full Name	I, Jim Alexander, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve
2	Jim Alexander	this application for exemption from audit. Signed Date: My term Expires: May 2025
	Full Name	I, Asher Werthan, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve
3	Asher Werthan	this application for exemption from audit. Signed
	Full Name	I, Mark Falcone, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve
4	Mark Falcone	this application for exemption from audit. Signed Note: 3/14/2024 My term Expires: May 2027
	Full Name	I, Matthew P. Schartz, attest that I am a duly elected or appointed board member, and that I have personally reviewed and
5	Matthew P. Schartz	approve this application for exemption from audit. Signed Date: My term Expires: May 2027
	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit. Signed
7	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have
		personally reviewed and approve this application for exemption from audit. Signed



CliftonLarsonAllen LLP 8390 East Crescent Parkway, Suite 300 Greenwood Village, CO 80111 phone 303-779-5710 fax 303-779-0348 claconnect.com

Accountant's Compilation Report

Board of Directors 9th Avenue Metropolitan District No. 3 City and County of Denver, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of 9_{th} Avenue Metropolitan District No. 3 as of and for the year ended December 31, 2023, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, which differ from accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

We are not independent with respect to 9th Avenue Metropolitan District No. 3.

Greenwood Village, Colorado

Clifton Larson allen LL

February 23, 2024

Certificate Of Completion

Envelope Id: 74EE76447A0B472E9005730A62B40B80

Subject: Complete with DocuSign: 9th Ave MD No. 3 - 2023 Audit Exemption.pdf

Client Name: 9th Avenue MD No. 3

Client Number: A194745 Source Envelope:

Document Pages: 10 Signatures: 3 Initials: 0 Certificate Pages: 5

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:

Jacob Theisen

220 S 6th St Ste 300

Minneapolis, MN 55402-1418 Jacob.Theisen@claconnect.com IP Address: 24.9.162.210

Record Tracking

Status: Original

3/6/2024 3:47:14 PM

Holder: Jacob Theisen

Jacob.Theisen@claconnect.com

Location: DocuSign

Signer Events

Asher Werthan

asher.werthan@continuumpartners.com Security Level: Email, Account Authentication

(None)

Signature

DocuSigned by:

Signature Adoption: Drawn on Device Using IP Address: 65.114.243.210

Timestamp

Sent: 3/6/2024 3:54:06 PM Viewed: 3/6/2024 4:22:23 PM Signed: 3/7/2024 3:47:09 PM

Electronic Record and Signature Disclosure:

Accepted: 3/7/2024 3:46:49 PM

ID: b93616f6-f04f-4e33-a58b-f379a8b8bedd

Frank Cannon

frank.cannon@continuumpartners.com

President

Security Level: Email, Account Authentication

(None)

Signature Adoption: Pre-selected Style

Using IP Address: 104.28.48.74

Signed using mobile

Frank Cannon

8D01607E53F042A...

Sent: 3/6/2024 3:54:06 PM Viewed: 3/7/2024 8:21:19 AM Signed: 3/7/2024 8:21:42 AM

Electronic Record and Signature Disclosure:

Accepted: 3/7/2024 8:21:19 AM

ID: 2b08a159-6691-44e3-9226-799ad1838475

MARK FALCONE

mark.falcone@continuumpartners.com

Manager

Security Level: Email, Account Authentication

(None)

Mark Fallone

Signature Adoption: Pre-selected Style Using IP Address: 65.114.243.210

Electronic Record and Signature Disclosure:

Accepted: 3/14/2024 10:25:26 AM

ID: c51e984a-db8a-4f1d-b7a7-cf0d82f84092

Viewed: 3/14/2024 10:25:26 AM Signed: 3/14/2024 10:25:36 AM

Sent: 3/6/2024 3:54:07 PM

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp	
Carbon Copy Events	Status	Timestamp	
Witness Events	Signature	Timestamp	
Notary Events	Signature	Timestamp	
Envelope Summary Events	Status	Timestamps	
Envelope Sent	Hashed/Encrypted	3/6/2024 3:54:08 PM	
Envelope Updated	Security Checked	3/19/2024 10:35:02 AM	
Envelope Updated	Security Checked	3/19/2024 10:35:02 AM	
Certified Delivered	Security Checked	3/14/2024 10:25:26 AM	
Signing Complete	Security Checked	3/14/2024 10:25:36 AM	
Completed	Security Checked	3/19/2024 10:35:03 AM	
Payment Events	Status	Timestamps	
Electronic Record and Signature Disclosure			

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ii. send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

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