

April 19, 2023

Town of Berthoud Attn: Town Attorney Town Hall 807 Mountain Avenue Berthoud, Colorado 80513 (Via Federal Express) Office of the State Auditor 1525 Sherman Street, 7th Floor Denver, Colorado 80203 (*Via E-Portal*)

Division of Local Government 1313 Sherman Street, Rm 521 Denver, Colorado 80203 (Via E-Portal) Weld County Clerk and Recorder Weld County Colorado 1402 North 17th Avenue Greeley, Colorado 80631 Via Email: weld-districts@weldgov.com

Re: Supplement to Annual Report for Turion Metropolitan District Nos. 3-6

To Whom It May Concern:

Enclosed for your information and records is a copy of the 2022 Applications for Exemption from Audit (the "Applications") for Turion Metropolitan District Nos. 3-6 (the "Districts"). These Applications are being submitted pursuant to Section i of the Districts' 2022 Annual Report that was submitted on February 22, 2023. At the time of submitting the 2022 Annual Report, the Applications were not yet available. The Audits for Turion Metropolitan District Nos. 1 and 2 will be submitted upon completion.

Should you have any questions regarding the enclosed, please do not hesitate to contact our office.

Sincerely,

ICENOGLE SEAVER POGUE A Professional Corporation

Alexandra L. Moore

Alexandra L. Moore, Esq.

Please indicate whether the following financial information is recorded

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

| NAME OF GOVERNMENT | Turion Metropolitan District No. 3 | For the Year Ended |
|--------------------------------------|-----------------------------------------------------------------------------|---------------------------------|
| ADDRESS | C/O Pinnacle Consulting Group, Inc. | 12/31/22 |
| | 550 W Eisenhower Blvd | or fiscal year ended: |
| | Loveland, CO 80537 | |
| CONTACT PERSON | Amanda Castle | |
| PHONE | 970-669-3611 | |
| EMAIL | AmandaC@pcgi.com | |
| | PART 1 - CERTIFICATION OF PREPARER | |
| I certify that I am skilled in gover | rnmental accounting and that the information in the application is complete | te and accurate, to the best of |
| my knowledge. | | |
| NAME: | Amanda Castle | |
| TITLE | District Accountant | |
| FIRM NAME (if applicable) | Pinnacle Consulting Group, Inc. | |
| ADDRESS | 550 W Eisenhower Blvd, Loveland, CO 80537 | |
| PHONE | 970-669-3611 | |
| DATE PREPARED | 2/22/2023 | |
| PREPARER (SIGNATURE | EREQUIRED) | |
| 1 , 6 | 2051 | |

GOVERNMENTAL

(MODIFIED ACCRUAL BASIS)

1

PROPRIETARY (CASH OR BUDGETARY BASIS)

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# | | D | escription | Round to nearest Dollar | Please use this |
|-------|-----------------------|------------------|----------------------------------------|-------------------------|--------------------|
| 2-1 | Taxes: | Property | (report mills levied in Question 10-6) | \$ 65 | |
| 2-2 | | Specific owner | ship | \$ 3 | |
| 2-3 | | Sales and use | 4 | \$ - | explanations |
| 2-4 | | Other (specify) | : | \$ - | THE REAL PROPERTY. |
| 2-5 | Licenses and permi | ts | | \$ - | |
| 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 | s | | \$ - | |
| 2-11 | Fines and forfeits | | | \$ - | |
| 2-12 | Special assessment | S | | \$ - | |
| 2-13 | Investment income | | | \$ - | |
| 2-14 | Charges for utility s | ervices | | \$ - | |
| 2-15 | Debt proceeds | | (should agree with line 4-4, column 2) | \$ - | |
| 2-16 | Lease proceeds | | | \$ - | |
| 2-17 | Developer Advances | received | (should agree with line 4-4) | \$ - | |
| 2-18 | Proceeds from sale | of capital asset | S | \$ | |
| 2-19 | Fire and police pens | sion | | \$ - | |
| 2-20 | Donations | | | \$ - | |
| 2-21 | Other (specify): | | | \$ | |
| 2-22 | | | | \$ | |
| 2-23 | | | | \$ - | |
| 2-24 | | (add lir | nes 2-1 through 2-23) TOTAL REVENUE | \$ 69 | 6 |

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.

| 0.00000 | interest payments on long-term debt. Financial information will not include fund | equity inform | | 100 | Please use this |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------|
| Line# | Description | | Round to nearest Dollar | The second second | space to provide |
| 3-1 | Administrative | - | \$ | | any necessary |
| 3-2 | Salaries | | Ψ | _ | explanations |
| 3-3 | Payroll taxes | - | \$ | - | |
| 3-4 | Contract services | - | 1 | 686 | E TOTAL AND I |
| 3-5 | Employee benefits | - | Ψ | | |
| 3-6 | Insurance | - | Ψ | | |
| 3-7 | Accounting and legal fees | _ | Ψ | - | |
| 3-8 | Repair and maintenance | | Ψ | - | |
| 3-9 | Supplies | | Ψ | - | |
| 3-10 | Utilities and telephone | | Ψ | - | |
| 3-11 | Fire/Police | L | \$ | - | |
| 3-12 | Streets and highways | | \$ | - | |
| 3-13 | Public health | | \$ | - | |
| 3-14 | Capital outlay | | \$ | - | |
| 3-15 | Utility operations | | \$ | - | |
| 3-16 | Culture and recreation | Γ | \$ | - | |
| 3-17 | Debt service principal (should agr | ee 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 | | ree to line 7-2) | \$ | - | |
| 3-22 | and the second control of the contro | | \$ | - | |
| 3-23 | Other (specify): | 1 | | | |
| 3-24 | Treasurer's Fees | r | \$ | 10 | |
| 3-25 | and the second section of the section of t | T T | \$ | - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/E | XPENSES | | 696 | |
| 0-20 | (add miles of amough of 21) To the Extra End of the | | ministration between the control of the state of the stat | | |

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

| | PART 4 - DEBT OUTSTANDING | | , AND RE | TIRED | | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------|----------------|-------------------|--|--|
| | Please answer the following questions by marking the | appropriate boxes. | 146 | Yes | No | | |
| 4-1 | Does the entity have outstanding debt? | ahadula | | | ✓ | | |
| 4-2 | If Yes, please attach a copy of the entity's Debt Repayment Solar the debt repayment as hadred attached 2 if no. MUST explain | Is the debt repayment schedule attached? If no, MUST explain: | | | | | |
| 4-2 | is the dept repayment schedule attached? If no, wost explai | Ш. | | | | | |
| | | | | | | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUS | | ' _ | | | | |
| 4-0 | is the entity current in its debt service payments. If no, mos | охрішії. | |] | | | |
| | | | | | | | |
| 4-4 | | | | | | | |
| | Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive | Outstanding at | Issued during | Retired during | Outstanding at | | |
| | numbers) | end of prior year* | year | year | year-end | | |
| | | ф | ¢ | C | C | | |
| | General obligation bonds | \$ - | \$ - \$ - | \$ - | \$ - | | |
| | Revenue bonds | \$ - | \$ - | \$ - | \$ - | | |
| | Notes/Loans | A | Φ. | \$ - | \$ - | | |
| | Lease Liabilities | | \$ - | \$ - | \$ - | | |
| | Developer Advances | Ψ | | A | Φ. | | |
| | Other (specify): | \$ - \$ - | \$ - \$ - | \$ - | \$ - | | |
| | TOTAL | *must tie to prior ye | T | Φ - | Φ - | | |
| | Please answer the following questions by marking the appropriate boxes | | ar ending balance | Yes | No | | |
| 4-5 | Does the entity have any authorized, but unissued, debt? | | | ✓ | | | |
| If yes: | How much? | \$ | 20,000,000 | | | | |
| 100 9 10000 | Date the debt was authorized: | 11/2/2 | 2004 | | | | |
| 4-6 | Does the entity intend to issue debt within the next calendar | year? | | | ✓ | | |
| If yes: | How much? | \$ | - | | | | |
| 4-7 | Does the entity have debt that has been refinanced that it is s | till responsible f | or? | | ✓ | | |
| If yes: | What is the amount outstanding? | \$ | - | | | | |
| 4-8 | Does the entity have any lease agreements? | | | | V | | |
| If yes: | What is being leased? | | | | | | |
| | What is the original date of the lease? | | | | | | |
| | Number of years of lease? | | | П | | | |
| | Is the lease subject to annual appropriation? | ¢ | | | | | |
| | What are the annual lease payments? Please use this space to provide any | evolanations or | comments: | | | | |
| | . Flease use this space to provide any | explanations of, | comments. | | To September 1981 | | |
| | | | | | | | |
| | DARTE CACILAND | INIVECTM | ENTC | | | | |
| | PART 5 - CASH AND | INAESIM | ENIO | | | | |
| | Please provide the entity's cash deposit and investment balances. | THE PARTY OF | | 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): | | | | | |
| | | | | \$ - | | | |
| | | | | \$ - | | | |
| 5-3 | | | | \$ - | | | |
| | | | | \$ - | | | |
| | Total Investments | | | | \$ - | | |
| | Total Cash and Investments | | | | \$ - | | |
| | Please answer the following questions by marking in the approp | | Yes | No | N/A | | |
| 5-4 | Are the entity's Investments legal in accordance with Section | 24-75-601, et. | | | V | | |
| | seq., C.R.S.? | s. | ш | | | | |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protect | tion Act) public | | | V | | |
| | depository (Section 11-10.5-101, et seq. C.R.S.)? | | Ц | | ŭ | | |

| | PART 6 - CAPITAL AND RI | | JSE ASSI | | |
|-------------|-------------------------------------------------------------------------------------------------------|------------------|-------------------------|------|-----------------------------------------|
| | Please answer the following questions by marking in the appropriate box | es. | A STATE OF THE STATE OF | Yes | No |
| 6-1 | Does the entity have capital assets? | | | | |
| 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 | e with Section | | |
| | | | | | |
| 6-3 | Complete the following capital & right-to-use assets table: | Deletions | Year-End Balance | | |
| | Land | year* | Part 3) | \$ - | \$ - |
| | Buildings | \$ - | \$ - | \$ - | \$ - |
| | Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| | Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| | Infrastructure (OIP) | \$ - | \$ - \$ - | \$ - | \$ - |
| | Construction In Progress (CIP) | \$ - | A | \$ - | \$ - \$ - |
| | Leased Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| | Other (explain): | Φ - | Ψ - | Ψ - | |
| | Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| | TOTAL | \$ - | \$ - | \$ - | \$ - |
| MASS A | Please use this space to provide any | explanations o | r comments: | | |
| | | | | | |
| | PART 7 - PENSION | INFORMA | MOITA | | |
| | Please answer the following questions by marking in the appropriate box | | | Yes | No |
| 7-1 | Does the entity have an "old hire" firefighters' pension plan? | c 3. | | | V |
| 7-2 | Does the entity have a volunteer firefighters' pension plan? | | | | ~ |
| | Who administers the plan? | | | 1 | |
| , | Indicate the contributions from: | | | _ | |
| | Tax (property, SO, sales, etc.): | | \$ - | 1 | |
| | State contribution amount: | | \$ - | - | |
| | Other (gifts, donations, etc.): | | \$ - | - | |
| | TOTAL | | \$ - | 1 | |
| | What is the monthly benefit paid for 20 years of service per re | etiree as of Jan | | 1 | |
| | 1? | | \$ - | | |
| | Please use this space to provide any | explanations o | r comments: | | |
| | | | | | |
| F 1 10 1 11 | | NEORNA | TION | | 5 J 3 J 3 J 3 J 3 J 3 J 3 J 3 J 3 J 3 J |
| | PART 8 - BUDGET | | TION | | |
| | 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 Affai | rs for the | V | | |
| | current year in accordance with Section 29-1-113 C.R.S.? | | 7 | | |
| | | | | | |
| 8-2 | Did the entity pass an appropriations resolution, in accordance | ce with Section | l v | | |
| 6" | 29-1-108 C.R.S.? If no, MUST explain: | | | | |
| | | | | | |
| | | au uananta di | | | |
| If yes: | Please indicate the amount budgeted for each fund for the ye | ar reported: | | | |
| | Governmental/Proprietary Fund Name | Total Appropr | iations By Fund | | |
| D) | General Fund | \$ | 796 | | , |
| | | | | 1 | |
| | | | | 4 | |
| | | | | _ | |
| | | | | | |

| | 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. | V | |
| lf no, ML | JST explain: | | |
| | | | |
| | PART 10 - GENERAL INFORMATION | | |
| | Please answer the following questions by marking in the appropriate boxes. | Yes | No |
| 10-1 | Is this application for a newly formed governmental entity? | | V |
| 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: | | |
| | | V | П |
| 10-3 | Is the entity a metropolitan district? | | |
| | Please indicate what services the entity provides: Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control | | |
| 40.4 | Does the entity have an agreement with another government to provide services? | V | |
| 10-4 If yes: | List the name of the other governmental entity and the services provided: | | |
| ii yes. | All services provided by Turion Metropolitan District No. 1. | | |
| 10-5 | Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during | | ✓ |
| If yes: | Date Filed: | | |
| , | | | |
| 10-6 | Does the entity have a certified Mill Levy? | V | |
| If yes: | | | |
| , | Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | |
| | Bond Redemption mills | | 50.000 |
| | General/Other mills | | 15.000 |
| | Total mills | | 65.000 |
| 400 | Please use this space to provide any explanations or comments: | | |

| PART 11 - GOVERNING BODY APPROVAL | | | | | |
|-----------------------------------|----------------------------------------------------------------------------------------------------|-----|----|--|--|
| | Please answer the following question by marking in the appropriate box | YES | NO | | |
| 12-1 | If you plan to submit this form electronically, have you read the new Electronic Signature Policy? | 7 | | | |

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.

- 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 complete and sign in the column below. |
|----------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| | Print Board Member's Name | I Robert Eck, II , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Board Member 1 | Robert Eck, II | exemption from audit. Signed Robert Eck Date: 3/10/2023 + 6:02:07 PST My term Expires: May 2023 |
| Board Member 2 | Print Board Member's Name | I <u>Brad Lenz</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| | Brad Lenz | exemption from audit. Signed |
| | Print Board Member's Name | I <u>Donald Guerra</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Board Member 3 | Donald Guerra | exemption from audit. Signed Date: 3/13/2023 084:505:35 MDT My term Expires: May 2023 |
| 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: |
| | Print Board Member's Name | I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Board Member 5 | | exemption from audit. Signed Date: My term Expires: |
| | Print Board Member's Name | I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Board Member 6 | | exemption from audit. Signed Date: My term Expires: |
| Board Member 7 | Print Board Member's Name | I |
| 15-75-23 | | My term Expires: |

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

| NAME OF GOVERNMENT | Turion Metropolitan District No. 4 | | For the Year Ended |
|---------------------------------------------------|------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADDRESS | C/O Pinnacle Consulting Group, Inc | • | 12/31/22 |
| | 550 W Eisenhower Blvd | | or fiscal year ended: |
| | Loveland, CO 80537 | b: | 1 |
| CONTACT PERSON | Amanda Castle | | |
| PHONE | 970-669-3611 | | |
| EMAIL | AmandaC@pcgi.com | | |
| | PART 1 - CERTIFICATION | ON OF PREPARER | A MANAGEMENT OF THE PARTY OF TH |
| I certify that I am skilled in governy knowledge. | ernmental accounting and that the inform | ation in the application is comple | ete and accurate, to the best of |
| NAME: | Amanda Castle | | |
| TITLE | District Accountant | | |
| FIRM NAME (if applicable) | Pinnacle Consulting Group, Inc. | | |
| ADDRESS | 550 W Eisenhower Blvd, Loveland, CC | 80537 | |
| PHONE | 970-669-3611 | | |
| DATE PREPARED | 2/22/2023 | | |
| PREPARER (SIGNATUR | RE REQUIRED) | 清美国大学 | |
| Amanda | Caroli | | |
| Please indicate whether the follo | wing financial information is recorded | GOVERNMENTAL | PROPRIETARY |

(MODIFIED ACCRUAL BASIS)

1

(CASH OR BUDGETARY BASIS)

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

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 information. | | | | | |
|-------|------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|-------------|-------------------------------|--|
| Line# | Description | | Round to nearest Dollar | Salar Marie | Please use this | |
| 3-1 | Administrative | _ | \$ | | space to provide | |
| 3-2 | Salaries | | \$ | - 1 | any necessary explanations | |
| 3-3 | Payroll taxes | | \$ | | explanations | |
| 3-4 | Contract services | | \$ | 1 | | |
| 3-5 | Employee benefits | | Ψ | | | |
| 3-6 | Insurance | | Ψ | | | |
| 3-7 | Accounting and legal fees | | Ψ | | | |
| 3-8 | Repair and maintenance | | Ψ | - | | |
| 3-9 | Supplies | | \$ | - | | |
| 3-10 | Utilities and telephone | | Ψ | | | |
| 3-11 | Fire/Police | | Ψ | - | | |
| 3-12 | Streets and highways | | \$ | | | |
| 3-13 | Public health | | Ψ | - | | |
| 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 | Contribution to Fire & Police Pension Assoc. | (should agree to line 7-2) | \$ | - | | |
| 3-23 | Other (specify): | | | | | |
| 3-24 | Treasurer's Fees | | Ψ | - | | |
| 3-25 | | | \$ | | | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDIT | TURES/EXPENSES | \$ | 1 | | |

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

| | PART 4 - DEBT OUTSTANDING | | , AND RI | ETIRED | |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|----------------|----------------|
| | Please answer the following questions by marking the | appropriate boxes. | | Yes | No |
| 4-1 | Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S | chadula | | | ✓ |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explai | | | | |
| | To the debt repayment solleddie attached. If he, moe'r explai | | | | |
| | | | | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUS | | | | |
| | | | | | |
| | | | | | |
| 4-4 | Please complete the following debt schedule, if applicable: | Outstanding at | Issued during | Retired during | Outstanding at |
| | (please only include principal amounts)(enter all amount as positive | end of prior year* | year | year | year-end |
| | numbers) | | | | |
| | General obligation bonds | \$ - | \$ - | \$ - | \$ - |
| | Revenue bonds | \$ - | \$ - | \$ - | \$ - |
| | Notes/Loans | \$ - | \$ - | \$ - | \$ - |
| | Lease Liabilities | \$ - | \$ - | \$ - | \$ - |
| | Developer Advances | \$ - | \$ - | \$ - | \$ - \$ - |
| | Other (specify): | \$ - | \$ - \$ - | \$ - | \$ - \$ - |
| | TOTAL | *must tie to prior ye | | | Φ - |
| | Please answer the following questions by marking the appropriate boxes | | al eliding balance | Yes | No |
| 4-5 | Does the entity have any authorized, but unissued, debt? | | | | |
| If yes: | How much? | \$ | 20,000,000 | | |
| | Date the debt was authorized: | 11/2/2 | 2004 | | |
| 4-6 | Does the entity intend to issue debt within the next calendar | year? | | 1 | ✓ |
| If yes: | How much? | \$ | - | J _ | |
| 4-7 | Does the entity have debt that has been refinanced that it is s | | or? | 1 | V |
| If yes: | What is the amount outstanding? | \$ | - | l 🛮 | 7 |
| 4-8 If yes: | Does the entity have any lease agreements? What is being leased? | | | | |
| ii yes. | 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? Please use this space to provide any | Syplanations of | - | | |
| | Please use this space to provide any | explanations of | comments. | | |
| | | | | | |
| W. VR | PART 5 - CASH AND | INVESTM | ENTS | Mark Mark | |
| | | HAVEOIN | LIVIO | Amount | Total |
| 5-1 | Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts | | | \$ - | Total |
| 5-2 | Certificates of deposit | | | \$ - | 1 |
| 0 2 | Total Cash Deposits | | | - T | \$ - |
| | Investments (if investment is a mutual fund, please list underlying | investments): | | | |
| | | | | Ι Φ | 1 |
| | | | **** | \$ - | - |
| 5-3 | | | | \$ - | - |
| | | | | \$ - | 1 |
| | Total Investments | | | | \$ - |
| | Total Cash and Investments | EVENTE IN | | | \$ - |
| | Please answer the following questions by marking in the approp | riate boxes | Yes | No | N/A |
| 5-4 | Are the entity's Investments legal in accordance with Section | 24-75-601, et. | | | V |
| | seq., C.R.S.? | 4 | _ | | |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protect | tion Act) public | | | V |
| | depository (Section 11-10.5-101, et seq. C.R.S.)? | | _ | _ | _ |

| | PART 6 - CAPITAL AND RI | GHT-TO-U | ISE ASSE | ETS | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Please answer the following questions by marking in the appropriate box | es. | فللوثال والعوا | 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 | | |
| | é | | | | |
| 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 Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| | Other (explain): | \$ - | \$ - | \$ - | \$ - |
| | Accumulated Depreciation/Amortization | \$ - | \$ - | \$ - | |
| | (Please enter a negative, or credit, balance) | | | 2 | \$ - |
| | TOTAL | \$ - | \$ - | | \$ - |
| | Please use this space to provide any | explanations or | comments: | | |
| | | | | A STATE OF THE STATE OF | 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | PART 7 - PENSION | INFORMA | TION | | |
| | Please answer the following questions by marking in the appropriate box | es. | | Yes | No |
| 7-1 | Does the entity have an "old hire" firefighters' pension plan? | | | | V |
| 7-2 | Does the entity have a volunteer firefighters' pension plan? | | | | 7 |
| If yes: | | | | | |
| • | Indicate the contributions from: | | | | |
| | Tax (property, SO, sales, etc.): | | \$ - | 1 | |
| | State contribution amount: | | \$ - | | |
| | Other (gifts, donations, etc.): | | \$ - | 1 | |
| | TOTAL | | \$ - | | |
| | What is the monthly benefit paid for 20 years of service per re | tiree as of Jan | | , | |
| | 1? | | \$ - | | |
| | Please use this space to provide any | explanations or | comments: | | |
| Action of the State of the Stat | | | | | |
| | | | | | |
| | PART 8 - BUDGET I | NFORMA | TION | | |
| | 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 Affai | rs for the | | | |
| 0 1 | current year in accordance with Section 29-1-113 C.R.S.? | | 7 | | |
| | | |] | | |
| 8-2 | District Circumstations are abotion in accordan | as with Costion | J | | and the same of th |
| 0 2 | Did the entity pass an appropriations resolution, in accordance of 4.400 C.P. C.2.15 no. MUST explains | ce with Section | √ | | |
| | 29-1-108 C.R.S.? If no, MUST explain: | | 1 | | |
| | | | | | |
| If yes: | Please indicate the amount budgeted for each fund for the ye | ar reported: | J | | |
| , | 985 | | diana Py Fund | ı | |
| | Governmental/Proprietary Fund Name | Total Appropria | | ļ | |
| | General Fund | \$ | 101 | - | |
| | | | | - | |
| | | | | 1 | |
| | | | | 1 | |

| | 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, MU | JST explain: | | |
| | DART 40 CENERAL INFORMATION | | ARRIVE SALES |
| | 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? | | ~ |
| | | | |
| | | | |
| If yes: | Please list the NEW name & PRIOR name: | | |
| , | | | |
| 10-3 | Is the entity a metropolitan district? | V | |
| | Please indicate what services the entity provides: | - i | |
| | Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control | | |
| 10-4 | Does the entity have an agreement with another government to provide services? | ✓ | |
| If yes: | List the name of the other governmental entity and the services provided: | Î | |
| | All services provided by Turion Metropolitan District No. 1. | ' п | v |
| 10-5 | Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during | | |
| If yes: | Date Filed: | | |
| | Description of the last section of Mill Level 2 | l V | |
| 10-6 | Does the entity have a certified Mill Levy? | | |
| If yes: | Please provide the following mills levied for the year reported (do not report \$ amounts): | | |
| | Bond Redemption mills | | 1- |
| | General/Other mills | | 50.000 |
| | Total mills | | 50.000 |
| | Please use this space to provide any explanations or comments: | | |

| | 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 | |

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.

- 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 complete and sign in the column below. |
|----------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Board | Print Board Member's Name | I <u>Robert Eck, II</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Member 1 | Robert Eck, II | exemption from audit. Signed Signed Policy Eck Date: 3/10/2023 16:02:07 PST My term Expires: May 2023 |
| n in | Print Board Member's Name | I <u>Brad Lenz</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Board Member 2 | Brad Lenz | exemption from audit. Signed Date: 3/13/2023 084/20443 MDT My term Expires:May 2023 |
| Board Member 3 | Print Board Member's Name | I <u>Donald Guerra</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| | Donald Guerra | exemption from audit. Signed Date: 3/13/2023 08 50 55 MDT My term Expires: May 2023 |
| 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: |
| | Print Board Member's Name | I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Board Member 5 | | exemption from audit. Signed Date: My term Expires: |
| de la fe | Print Board Member's Name | I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Board Member 6 | | exemption from audit. Signed Date: My term Expires: |
| Board Member 7 | Print Board Member's Name | I |
| | | My term Expires: |

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

| NAME OF GOVERNMENT | Turion Metropolitan District No. 5 | Turion Metropolitan District No. 5 | | | | |
|-----------------------------------------------------|------------------------------------------|----------------------------------------------|------------------------------------------|--|--|--|
| ADDRESS | C/O Pinnacle Consulting Group, Inc | C/O Pinnacle Consulting Group, Inc. 12/31/22 | | | | |
| | 550 W Eisenhower Blvd | 550 W Eisenhower Blvd or fiscal year ended: | | | | |
| | Loveland, CO 80537 | | | | | |
| CONTACT PERSON | Amanda Castle | | | | | |
| PHONE | 970-669-3611 | | | | | |
| EMAIL | AmandaC@pcgi.com | | | | | |
| | PART 1 - CERTIFICATION | ON OF PREPARER | | | | |
| I certify that I am skilled in gov my knowledge. | ernmental accounting and that the inform | nation in the application is comple | ete and accurate, to the best of | | | |
| NAME: | Amanda Castle | | | | | |
| TITLE | District Accountant | | | | | |
| FIRM NAME (if applicable) | Pinnacle Consulting Group, Inc. | | | | | |
| ADDRESS | 550 W Eisenhower Blvd, Loveland, CC | 80537 | | | | |
| PHONE | 970-669-3611 | | | | | |
| DATE PREPARED | 2/22/2023 | | | | | |
| PREPARER (SIGNATURE REQUIRED) | | | | | | |
| Amanda Casta | | | | | | |
| | owing financial information is recorded | GOVERNMENTAL (MODIFIED ACCRUAL BASIS) | PROPRIETARY (CASH OR BUDGETARY BASIS) | | | |

1

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 ow | nership | \$ - | any necessary |
| 2-3 | Sales and us | se | \$ - | explanations |
| 2-4 | Other (spec | fy): | \$ - | |
| 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) | \$ - | |
| 2-16 | Lease proceeds | | \$ - | |
| 2-17 | Developer Advances received | (should agree with line 4-4) | \$ - | |
| 2-18 | Proceeds from sale of capital ass | sets | \$ - | |
| 2-19 | Fire and police pension | | \$ - | |
| 2-20 | Donations | | \$ - | |
| 2-21 | Other (specify): | | \$ - | |
| 2-22 | | | \$ | |
| 2-23 | | | \$ | |
| 2-24 | (add | l lines 2-1 through 2-23) TOTAL REVENUE | \$ | 1 |

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 inclu | ide tund equity inform | | |
|-------------------------|---------------------------------------------------------------------------|--------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Line# | Description | | Round to nearest Dollar | Please use this |
| 3-1 | Administrative | | \$ - | space to provide |
| 3-2 | Salaries | | \$ - | any necessary explanations |
| 3-3 | Payroll taxes | | \$ - | explanations |
| 3-4 | Contract services | | \$ | 1 Waste State |
| 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 | 241 | \$ - | |
| 3-11 | Fire/Police | | \$ - | |
| 3-12 | Streets and highways | | \$ - | |
| 3-13 | Public health | | \$ - | |
| 3-14 | Capital outlay | | \$ - | |
| 3-15 | Utility operations | | \$ - | |
| 3-16 | Culture and recreation | | \$ - | |
| 3-17 | Debt service principal (sh | ould agree with Part 4) | \$ - | |
| 3-18 | Debt service interest | | \$ - | |
| 3-19 | Repayment of Developer Advance Principal (sho | uld agree with line 4-4) | \$ - | |
| 3-20 | Repayment of Developer Advance Interest | | \$ - | |
| 3-21 | Contribution to pension plan (s | hould agree to line 7-2) | \$ - | |
| 3-22 | Contribution to Fire & Police Pension Assoc. (s | hould agree to line 7-2) | \$ - | |
| 3-23 | Other (specify): | | | |
| 3-24 | Treasurer's Fees | | \$ - | |
| 3-25 | | | \$ - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITU | JRES/EXPENSES | \$ | 1 |
| ALC: NO PERSON NAMED IN | | | | A STATE OF THE PARTY OF THE PAR |

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

| | PART 4 - DEBT OUTSTANDING | | | , AND R | ETIR | RED | | |
|-------------|-------------------------------------------------------------------------------------------------------------------------------|----------|----------------|-------------------|----------------|-----------|--------|-----------|
| 4.4 | Please answer the following questions by marking the Does the entity have outstanding debt? | appropri | iate boxes. | in the same | | Yes | | No ⁄ |
| 4-1 | If Yes, please attach a copy of the entity's Debt Repayment Schedule. | | | | | _ | Ľ | <u> </u> |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explain: | | | | _ [| | | |
| | | | | | | | | |
| | | | | J _ | _ | _ | _ | |
| 4-3 | Is the entity current in its debt service payments? If no, MUS | T expla | in: | | ן נ | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4-4 | Please complete the following debt schedule, if applicable: | Outst | anding at | Issued during | Retire | ed during | Outsta | inding at |
| | (please only include principal amounts)(enter all amount as positive | | prior year* | year | | year | yea | r-end |
| | numbers) | | | | | | | |
| | General obligation bonds | \$ | - | \$ - | \$ | | \$ | |
| | Revenue bonds | \$ | | \$ - | \$ | | \$ | |
| | Notes/Loans | \$ | - | \$ - | \$ | | \$ | |
| | Lease Liabilities | \$ | | \$ - | \$ | | \$ | |
| | Developer Advances | \$ | - | \$ - | \$ | - | \$ | - |
| | Other (specify): TOTAL | \$ | | \$ - | \$ | | \$ | |
| | TOTAL | 1 | ie to prior ve | ar ending balance | | | Ψ | |
| September 1 | Please answer the following questions by marking the appropriate boxes | | ie to prior ye | ar ending balance | | Yes | | No |
| 4-5 | Does the entity have any authorized, but unissued, debt? | | | | _ | V | | |
| If yes: | How much? | \$ | | 20,000,000 | | | | |
| | Date the debt was authorized: | | 11/2/2 | 2004 | | | 10 | |
| 4-6 | Does the entity intend to issue debt within the next calendar | year? | | | _ | | 1 | √ |
| If yes: | How much? | \$ - | | | | _ | | |
| 4-7 | Does the entity have debt that has been refinanced that it is | | | | 7 | | | ✓ |
| If yes: | What is the amount outstanding? | \$ | | _ |] | | 1 | -1 |
| 4-8 | Does the entity have any lease agreements? What is being leased? | <u></u> | | | 7 | | d | √ |
| If yes: | What is the original date of the lease? | | | | 1 | | | |
| | Number of years of lease? | | | |] | | | |
| | Is the lease subject to annual appropriation? | | | | _ | | | |
| | What are the annual lease payments? | \$ | | - | | | | |
| | . Please use this space to provide any | explan | ations or | comments: | | | | |
| | | | | | | | | |
| | | IND | EOTI | ENITO | - 1-2 | 7.7.1 | N. 7 1 | 315 3 |
| | PART 5 - CASH AND | INV | ESIM | ENIS | | | | |
| | Please provide the entity's cash deposit and investment balances. | | | | | nount | Т | otal |
| 5-1 | YEAR-END Total of ALL Checking and Savings Accounts | | | | \$ | - | | |
| 5-2 | Certificates of deposit | | | | \$ | | Φ. | |
| | Total Cash Deposits | investo | nanta): | | 0 | | \$ | |
| | Investments (if investment is a mutual fund, please list underlying | mvesti | nems). | | | | | |
| | | | | | \$ | - | | |
| 5-3 | | | | | \$ | | | |
| 0-0 | | | | | \$ | | | |
| | | - | | | \$ | | Φ. | |
| | Total Investments | | | | | | \$ | = |
| | Total Cash and Investments | viata ba | 100 | Yes | Total State of | No | | N/A |
| 5-4 | Please answer the following questions by marking in the appropriate the entity's Investments legal in accordance with Section | | | | | | | |
| 5-4 | seq., C.R.S.? | 47-10- | 551, GL | | | | ~ | 1 |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protect | tion Ac | t) nublic | m* | - | _ | | - |
| 3- 3 | depository (Section 11-10.5-101, et seq. C.R.S.)? | HOII AU | t, public | | | | [~ | 1 |

| | PART 6 - CAPITAL AND RI | GH ['] | T-TO-U | SE A | SSI | ETS | | | 4.2 |
|---------|--------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------|------------------------------|--------|-------------|-----|-------|------------------|
| | Please answer the following questions by marking in the appropriate box | es. | | | 4 | Ye | S | | No |
| 6-1 | Does the entity have capital assets? | | | | | | | | ✓ |
| 6-2 | Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain: | s in a | ccordance | with Se | ction | 1 | | | |
| | | | | | | | | | |
| 6-3 | Complete the following capital & right-to-use assets table: | | Balance - nning of the year* | Addition be inclu Part | ded in | Deleti | ons | | ar-End llance |
| | Land | \$ | = | \$ | - | \$ | - | \$ | |
| | Buildings | \$ | - | \$ | | \$ | | \$ | |
| | Machinery and equipment Furniture and fixtures | \$ | | \$ | | \$ | | \$ | |
| | Infrastructure | \$ | | \$ | | \$ | | \$ | |
| | Construction In Progress (CIP) | \$ | | \$ | | \$ | | \$ | |
| | Leased Right-to-Use Assets | \$ | | \$ | _ | \$ | _ | \$ | - |
| | Other (explain): | \$ | _ | \$ | _ | \$ | | \$ | - |
| | Accumulated Depreciation/Amortization | | | | | | | T | |
| | (Please enter a negative, or credit, balance) | \$ | = | \$ | - | \$ | - | \$ | - |
| | TOTAL | \$ | _ | \$ | - | \$ | - | \$ | - |
| | Please use this space to provide any | expla | inations or | comme | nts: | | | 12.33 | |
| | | | | | | | | | |
| | PART 7 - PENSION | INF | ORMA | TION | | | | | |
| | Please answer the following questions by marking in the appropriate box | es. | | | | Yes | S | | No |
| 7-1 | Does the entity have an "old hire" firefighters' pension plan? | | | | | | | | V |
| 7-2 | Does the entity have a volunteer fire fighters' pension plan? | | | | | . \square | | | ✓ |
| 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 1? | etiree | as of Jan | \$ | - | | | | |
| | Please use this space to provide any | expla | nations or | comme | nts: | | | | The same |
| | | | | | | | | | |
| | DART & BURGET | NIE | OPMA: | TION | | | | | |
| | PART 8 - BUDGET I | | OKIVIA | | | | | | |
| | Please answer the following questions by marking in the appropriate box | es. | . 41a a | Ye | S | No |) | | N/A |
| 8-1 | Did the entity file a budget with the Department of Local Affai current year in accordance with Section 29-1-113 C.R.S.? | rs tor | tne | V | | | | | |
| | current year in accordance with Section 29-1-113 C.N.S.? | | | | | | | | |
| 8-2 | | | | l. | | | | | |
| 0-2 | Did the entity pass an appropriations resolution, in accordance | ce wit | th Section | 1 | | | | | |
| | 29-1-108 C.R.S.? If no, MUST explain: | | | | | | | | |
| | | | | | | | | | |
| If yes: | Please indicate the amount budgeted for each fund for the ye | ar rep | orted: | Ŀ | | | | | |
| ii yoo. | 2 ** | | | | | ı | | | |
| | Governmental/Proprietary Fund Name | | tal Appropria | tions By I | | | | | |
| | General Fund | \$ | | | 101 | | | | |
| | | | | | | | | | |
| | | | | | | - | | | |
| | | | | | | J | | | |

| | PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB | UK) | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|
| | 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)]? | V | П |
| | Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency | | Ш |
| 6 no MI | reserve requirement. All governments should determine if they meet this requirement of TABOR. JST explain: | | |
| ii iio, ivic | 551 explain. | | |
| 13 | PART 10 - GENERAL INFORMATION | | |
| | Please answer the following questions by marking in the appropriate boxes. | Yes | No |
| | Is this application for a newly formed governmental entity? | | |
| 10-1 | | _ | _ |
| 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: | | |
| , | | | |
| 10-3 | Is the entity a metropolitan district? | ✓ | |
| | Please indicate what services the entity provides: | | |
| | Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control | | _ |
| 10-4 | Does the entity have an agreement with another government to provide services? | ✓ | |
| If yes: | List the name of the other governmental entity and the services provided: | | |
| | All services provided by Turion Metropolitan District No. 1. | | V |
| 10-5 | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during | ш | |
| If yes: | Date Filed: | | |
| | | V | |
| 10-6 | Does the entity have a certified Mill Levy? | | L |
| If yes: | Please provide the following $\underline{\text{mills}}$ levied for the year reported (do not report $\$$ amounts): | | |
| | Bond Redemption mills | | - |
| | General/Other mills | | 50.000 |
| | Total mills | | 50.000 |
| | Please use this space to provide any explanations or comments: | | |

| M. | 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 | |

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.

- 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 complete and sign in the column below. |
|----------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Board Member 1 | Print Board Member's Name Robert Eck, II | I Robert 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 Robert Eck Date: 3/10/2023 16 20 20 07 PST My term Expires:May 2023 |
| Board Member 2 | Print Board Member's Name Brad Lenz | IBrad 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 <u>Donald Guerra</u> , 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: 3/13/2023 08:x500:x55 MDT My term Expires: May 2023 |
| 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 |

using Governmental or Proprietary fund types

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

| NAME OF GOVERNMENT | Turion Metropolitan District No. 6 | For the Year Ended | | | | |
|-------------------------------------|-------------------------------------------|------------------------------------------|------------------------------------------|--|--|--|
| ADDRESS | C/O Pinnacle Consulting Group, Inc | 12/31/22 | | | | |
| | 550 W Eisenhower Blvd | | or fiscal year ended: | | | |
| | Loveland, CO 80537 | | 1 | | | |
| CONTACT PERSON | Amanda Castle | | | | | |
| PHONE | 970-669-3611 | | | | | |
| EMAIL | AmandaC@pcgi.com | | | | | |
| | PART 1 - CERTIFICATION | ON OF PREPARER | | | | |
| I certify that I am skilled in gove | rnmental accounting and that the inform | nation in the application is comple | ete and accurate, to the best of | | | |
| my knowledge. | | | | | | |
| NAME: | Amanda Castle | | | | | |
| TITLE | District / lood and the | | | | | |
| FIRM NAME (if applicable) | | | | | | |
| ADDRESS | 550 W Eisenhower Blvd, Loveland, CO 80537 | | | | | |
| PHONE | 970-669-3611 | | | | | |
| DATE PREPARED | 2/22/2023 | | | | | |
| PREPARER (SIGNATURE REQUIRED) | | | | | | |
| Amanda aste | | | | | | |
| Please indicate whether the follow | ving financial information is recorded | GOVERNMENTAL (MODIFIED ACCRUAL BASIS) | PROPRIETARY (CASH OR BUDGETARY BASIS) | | | |

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) | \$ | 1 space to provide |
| 2-2 | Taxes. | Specific owner | , , , | \$ - | any necessary |
| 2-2 | | Sales and use | anp | \$ - | explanations |
| | | | | \$ - | · · · · · · · · · · · · · · · · · · · |
| 2-4 | Licenses and nermit | Other (specify) | • | \$ - | |
| 2-5 | Licenses and permit | .5 | Grants | \$ - | |
| 2-6 | Intergovernmental: | | | \$ - | |
| 2-7 | | | Conservation Trust Funds (Lottery) | | |
| 2-8 | | | Highway Users Tax Funds (HUTF) | \$ - | |
| 2-9 | | | Other (specify): | \$ - | |
| 2-10 | Charges for services | 5 | | \$ - | |
| 2-11 | Fines and forfeits | | | \$ - | |
| 2-12 | · | | | \$ - | |
| 2-13 | | | | \$ - | |
| 2-14 | Charges for utility services | | | \$ - | |
| 2-15 | Debt proceeds | | (should agree with line 4-4, column 2) | \$ - | |
| 2-16 | Lease proceeds | | | \$ - | |
| 2-17 | Developer Advances | received | (should agree with line 4-4) | \$ - | |
| 2-18 | Proceeds from sale | | 6 | \$ - | |
| 2-19 | Fire and police pens | | | \$ - | |
| 2-20 | Donations | | | \$ - | |
| 2-21 | Other (specify): | | | \$ - | |
| 2-22 | | | | \$ - | |
| 2-23 | | | | \$ - | |
| 2-24 | | (add lir | es 2-1 through 2-23) TOTAL REVENUE | | 1 |

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 | runa equity inform | | | Diament Alain |
|-------|-----------------------------------------------------------------------------|------------------------|-------------------------|---|-----------------------------------|
| Line# | Description | | Round to nearest Dollar | | Please use this |
| 3-1 | Administrative | | \$ | | space to provide any necessary |
| 3-2 | Salaries |] | \$ | _ | explanations |
| 3-3 | Payroll taxes | 1 | \$ | | Explanations |
| 3-4 | Contract services | | \$ | 1 | |
| 3-5 | Employee benefits | | Ψ | | |
| 3-6 | Insurance | 1 | Ψ | | |
| 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 | | Ψ | | |
| 3-12 | Streets and highways | | \$ | | |
| 3-13 | Public health | | Ψ | - | |
| 3-14 | Capital outlay | | Ψ | | |
| 3-15 | Utility operations | | Ψ | - | |
| 3-16 | Culture and recreation | | \$ | | |
| 3-17 | Debt service principal (show | ıld agree with Part 4) | \$ | - | |
| 3-18 | Debt service interest | | \$ | - | |
| 3-19 | Repayment of Developer Advance Principal (should | d agree with line 4-4) | \$ | - | |
| 3-20 | Repayment of Developer Advance Interest | | \$ | - | |
| 3-21 | Contribution to pension plan (sho | uld agree to line 7-2) | \$ | - | |
| 3-22 | Contribution to Fire & Police Pension Assoc. (sho | uld agree to line 7-2) | \$ | - | |
| 3-23 | Other (specify): | | | | |
| 3-24 | Treasurer's Fees | | Ψ | - | |
| 3-25 | | | \$ | | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITUR | RES/EXPENSES | \$ | 1 | |

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

| | PART 4 - DEBT OUTSTANDING Please answer the following questions by marking the | | , AND RI | ETIRED Yes | No |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|------------------------|-------------------------|
| 4-1 | Does the entity have outstanding debt? | appropriate boxes. | Colore Con. A Color | les | ✓ |
| | If Yes, please attach a copy of the entity's Debt Repayment S | chedule. | | | |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explai | n: | | , 🗆 | |
| | | | | | |
| | | | ************************************** | | П |
| 4-3 | Is the entity current in its debt service payments? If no, MUS | l explain: | | 1 | Ш |
| | | | | | |
| 4-4 | Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) | Outstanding at end of prior year* | Issued during year | Retired during year | Outstanding at year-end |
| | General obligation bonds | \$ - | \$ - | \$ - | \$ - |
| | Revenue bonds | \$ - | \$ - | \$ - | \$ - |
| | Notes/Loans | \$ - | \$ - | \$ - | \$ - |
| | Lease Liabilities | \$ - | \$ - | \$ - | \$ - |
| | Developer Advances | \$ - | \$ - | \$ - | \$ - |
| | Other (specify): | \$ - | \$ - | \$ - | \$ - |
| | TOTAL | \$ - | \$ - | | \$ - |
| | | *must tie to prior ye | ar ending balance | V | N- |
| 4-5 | Please answer the following questions by marking the appropriate boxes Does the entity have any authorized, but unissued, debt? | | | Yes | No |
| If yes: | How much? | \$ | - | 1 | |
| ii yes. | Date the debt was authorized: | | | | |
| 4-6 | Does the entity intend to issue debt within the next calendar | vear? | | , | V |
| If yes: | How much? | \$ | |] | |
| 4-7 | Does the entity have debt that has been refinanced that it is s | still responsible f | or? | , – | ✓ |
| If yes: | What is the amount outstanding? | | | 1 | |
| 4-8 | Does the entity have any lease agreements? | L | | , D | 7 |
| If yes: | What is being leased? | | 4 |] | |
| , | What is the original date of the lease? | | | | |
| | Number of years of lease? | | | J \square | П |
| | Is the lease subject to annual appropriation? | \$ | | 1 | |
| | What are the annual lease payments? Please use this space to provide any | | comments: | | |
| | Tiease use title space to provide unit | explanations of | commonto. | | |
| 100000 | PART 5 - CASH AND | INVESTM | ENTS | | No. of the last |
| | | INVESTIM | ENIS | Amount | Total |
| 5-1 | Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts | 100000000000000000000000000000000000000 | | \$ - | I Otal |
| 5-2 | Certificates of deposit | | | \$ - | |
| 0.11 | Total Cash Deposits | 5 10 may 20 m | | , | \$ - |
| | Investments (if investment is a mutual fund, please list underlying | investments): | | | |
| | | | | | 7 |
| | | | | \$ - | - |
| 5-3 | | | | \$ - \$ - | - |
| | | ., | | \$ - | - |
| | Total Investments | | AL INCHAS | | \$ - |
| | Total Cash and Investments | GENERAL TO THE | THE PERSON NAMED IN | | \$ - |
| GB 2.12 | Please answer the following questions by marking in the approp | riate boxes | Yes | No | N/A |
| 5-4 | Are the entity's Investments legal in accordance with Section | | | | |
| - | seq., C.R.S.? | | | | V |
| 5-5 | Are the entity's deposits in an eligible (Public Deposit Protec depository (Section 11-10.5-101, et seq. C.R.S.)? | tion Act) public | | | V |

| | Please answer the following questions by marking in the appropriate box | | r-to-u | ISE ASSI | ETS Yes | No |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------|
| 6-1 | Does the entity have capital 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, MUST explain: | | | | | |
| 6-3 | Complete the following capital & right-to-use assets table: | begin | alance - ning 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 Right-to-Use Assets Other (explain): Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance) | \$ \$ \$ \$ \$ \$ | - - - - - - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - | \$ - \$ - \$ - \$ - \$ - \$ - \$ - |
| | TOTAL | \$ | - (form or | \$ - | \$ - | \$ - |
| | Please use this space to provide any | ехріаі | nations or | comments. | | |
| | PART 7 - PENSION Please answer the following questions by marking in the appropriate box | | ORMA | TION | Yes | No |
| 7-1 7-2 If yes: | 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 benefit paid for 20 years of service per real? Please use this space to provide any | etiree a | | \$ - \$ - \$ - \$ - | | V V |
| | Flease use tills space to provide any | GAPILI | nations of | comments. | | |
| | PART 8 - BUDGET I | es. | | TION Yes | No | N/A |
| 8-1 | Did the entity file a budget with the Department of Local Affai current year in accordance with Section 29-1-113 C.R.S.? | rs for | the | 7 | | |
| 8-2 | Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: | ce wit | h Section | ✓ | | |
| If yes: | : Please indicate the amount budgeted for each fund for the year reported: | | | | | |
| | Governmental/Proprietary Fund Name General Fund | Tot | al Appropria | tions By Fund 101 | | |

| | 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. | ✓ | |
| lf no, ML | JST explain: | | |
| | · · | | |
| | PART 10 - GENERAL INFORMATION | | |
| | Please answer the following questions by marking in the appropriate boxes. | Yes | No |
| 10-1 | Is this application for a newly formed governmental entity? | | 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: | | |
| 40.0 | I (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 7 | П |
| 10-3 | Is the entity a metropolitan district? | ŭ | |
| | Please indicate what services the entity provides: Streets, traffic & safety, water, sanitary sewer, storm drainage, parks & recreation, transportation, television relay, and mosquito control | | |
| 10-4 | Does the entity have an agreement with another government to provide services? | 7 | |
| If yes: | List the name of the other governmental entity and the services provided: | | |
| , | All services provided by Turion Metropolitan District No. 1. | | _ |
| 10-5 | Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during | | ✓ |
| If yes: | Date Filed: | | |
| | | | |
| 10-6 | Does the entity have a certified Mill Levy? | ✓ | |
| If yes: | Please provide the following mills levied for the year reported (do not report \$ amounts): | | |
| | Bond Redemption mills | | - |
| | General/Other mills | | 50.000 |
| | Total mills | | 50.000 |
| | Please use this space to provide any explanations or comments: | VIII TO THE REAL PROPERTY. | |

| | PART 11 - GOVERNING BODY APPROVAL | | ALL AL |
|------|----------------------------------------------------------------------------------------------------|----------|--------|
| | 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 | |

Policy - Requirements

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- 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.

- 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.

| factors. | Print the names of ALL members of current governing body below. | A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below. |
|----------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| West of | Print Board Member's Name | I Robert Eck, II , attest I am a duly elected or appointed board |
| Board Member 1 | | member, and that I have personally reviewed and approve this application for |
| | Robert Eck, II | exemption from audit. Signed Robert Eck Date: BSCB443C00C48C My term Expires: May 2023 |
| 18 50 5 | Print Board Member's Name | I Brad Lenz, attest I am a duly elected or appointed board |
| Board | | member, and that I have personally reviewed and approve this application for exemption from audit. |
| Member 2 | Brad Lenz | Signed Date: 3/13/2023 08/49/2006/#3 MDT My term Expires: May 2023 |
| | Print Board Member's Name | I <u>Donald Guerra</u> , attest I am a duly elected or appointed board |
| Board | | member, and that I have personally reviewed and approve this application for |
| Member | | exemption from audit. Signed |
| 3 | Donald Guerra | Date: 3/13/2023 08:50:35 MDT |
| | | My term Expires: May 2023 |
| | Print Board Member's Name | I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Board | | exemption from audit. |
| Member 4 | | Signed |
| | | Date: |
| | Print Board Member's Name | My term Expires:, attest I am a duly elected or appointed board |
| | Fillit board Melliber 5 Name | member, and that I have personally reviewed and approve this application for |
| Board Member | | exemption from audit. |
| 5 | | Signed Date: |
| | | My term Expires: |
| | Print Board Member's Name | I , attest I am a duly elected or appointed board |
| Board | | member, and that I have personally reviewed and approve this application for |
| Member | | exemption from audit. Signed |
| 6 | | Date: |
| Hall | | My term Expires: |
| E DE | Print Board Member's Name | I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for |
| Board | | exemption from audit. |
| Member 7 | | Signed |
| 7 | | Date: |
| | | My term Expires: |