SHORT FORM

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

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

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

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

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

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

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PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

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APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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Has the	preparer signed the application?						
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?							
Has the	application been PERSONALLY reviewed and approved by the governing body?						
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?						
Will this	s application be submitted electronically?						
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here						
or							
	If yes, have you included a resolution?						
	Does the resolution state that the governing body $\underline{\sf PERSONALLY}$ reviewed and approved the resolution in an open public meeting?						
	Has the resolution been signed by a $\underline{MAJORITY}$ of the governing body? (See sample resolution.)						
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)						
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?						

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

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MAIL: Office of the State Auditor

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

Denver, CO 80203

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

IMPORTANT!

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Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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

In that event, AN AUDIT SHALL BE REQUIRED.

SHORT FORM

NAME OF GOVERNMENT ADDRESS	Mulberry Metropolitan District No. 1 C/O Pinnacle Consulting Group, Inc.	For the Year Ended 12/31/22
	550 W Eisenhower Blvd	or fiscal year ended:
	Loveland, CO 80537	
CONTACT PERSON	Brendan Campbell	
PHONE	970-669-3611	
EMAIL	Brendanc@pcgi.com	

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:	Brendan Campbell
TITLE	District Accountant
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.
ADDRESS	550 W Eisenhower Blvd
PHONE	970-669-3611
DATE PREPARED	3/7/2023

PREPARER (SIGNATURE REQUIRED)

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL	PROPRIETARY					
(MODIFIED ACCRUAL BASIS)	(CASH OR BUDGETARY BASIS)					
7						

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

	equipment, and process	io iromi dobt or	Description				Please use this
Line#	_				Round to nearest Do	llar	
2-1	Taxes:	Property	(report mills levied in Ques	tion 10-6)	\$	-	space to provide
2-2		Specific ow	nership		\$	-	any necessary
2-3		Sales and u	ise		\$	-	explanations
2-4		Other (spec	cify): Interest		\$	-	
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 service	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 ag	ree with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	s received		(should agree with line 4-4)	\$	95,434	
2-18	Proceeds from sale	of capital as	sets		\$	-	
2-19	Fire and police pens	sion			\$	-	
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-	
2-24		(ad	d lines 2-1 through 2-23)	TOTAL REVENUE	\$	95,434	

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	Please use this		
3-1	Administrative		\$ 29,923	space to provide		
3-2	Salaries		\$ -	any necessary		
3-3	Payroll taxes		\$ -	explanations		
3-4	Contract services		\$ -			
3-5	Employee benefits		\$ -			
3-6	Insurance		\$ 3,606			
3-7	Accounting and legal fees		\$ 46,472	1		
3-8	Repair and maintenance		\$ -	1		
3-9	Supplies		\$ -			
3-10	Utilities and telephone		\$ -			
3-11	Fire/Police		\$ -			
3-12	Streets and highways		\$ -			
3-13	Public health		\$ -			
3-14	Capital outlay		\$ -			
3-15	Utility operations		\$ -			
3-16	Culture and recreation		\$ -			
3-17	Debt service principal	(should agree with Part 4)	\$ -			
3-18	Debt service interest		\$ -			
3-19	Repayment of Developer Advance Principal (s	hould agree with line 4-4)	\$ -			
3-20	Repayment of Developer Advance Interest		\$ -			
3-21	Contribution to pension plan	(should agree to line 7-2)	\$ -			
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$ -			
3-23	Other (specify):]		
3-24	Treasurer Fees		\$ -]		
3-25	Contingency		\$ -			
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDI	TURES/EXPENSES	\$ 80,002			

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

	PART 4 - DEBT OUTSTANDING	G. ISSU	ED). A	ND RE	ETIRE	D		
	Please answer the following questions by marking the			,		Yes			No
4-1									NO
7.	If Yes, please attach a copy of the entity's Debt Repayment Schedule.								
4-2	Is the debt repayment schedule attached? If no, MUST explai								V
	Developer advance paid as funds are available								
4-3	Is the entity current in its debt service payments? If no, MUS	Γ eynlain·				' п			
40	to the thing current in the debt of the payment in the moot explain								
4-4									
4-4	Please complete the following debt schedule, if applicable:	Outstandin	a at	Issi	ed during	Retired o	lurina	Outs	tanding at
	(please only include principal amounts)(enter all amount as positive	end of prior	•		year	yea			ear-end
	numbers)					·			
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease Liabilities	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	95,435	\$	-	\$	95,435
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	_	\$	95.435	\$		\$	95,435
		*must tie to p	rior ve	_	ling balance	· ·		. +	
	Please answer the following questions by marking the appropriate boxes		, e	ar orre	an ig Balanie	Yes	S		No
4-5	Does the entity have any authorized, but unissued, debt?					V			
If yes:	How much?	\$		41,25	50,000.00				
	Date the debt was authorized:	į	5/18/2	2022					
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 s	till respons	ible f	or?		' П			V
If yes:	What is the amount outstanding?	\$				1			_
4-8	Does the entity have any lease agreements?					' п			V
If yes:	What is being leased?					1			
,	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	explanation	is or	com	ments:				

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		 Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ 2,174	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ 2,174
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -	
5-3			\$ -	
3-3			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ 2,174
	Please answer the following questions by marking in the appropriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?			V
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?			✓
If no. M	UST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	CHT	-TO-U	ISE A	991	TC.			
	Please answer the following questions by marking in the appropriate box		-10-0	SE A	JOOL	EIO Ye	es	1	No
6-1	Does the entity have capital assets?							·	7
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in ac	cordance	with Sec	ction				
6-3	Complete the following capital & right-to-use assets table:	begini	alance - ning of the year*	Additions be inclu- Part	ded in	Delet	ions		r-End ance
	Land	\$	-	\$	-	\$	-	\$	-
	Buildings Machinery and agricument	\$	-	\$	-	\$		\$	-
	Machinery and equipment Furniture and fixtures	\$	-	\$ \$	-	\$	-	\$	-
	Infrastructure	\$	-	\$	-	\$	-	\$	-
	Construction In Progress (CIP)	\$		\$	-	\$		\$	-
	Leased Right-to-Use Assets	\$		\$	-	\$		\$	
	Other (explain):	\$		\$	<u> </u>	\$		\$	
	Accumulated Depreciation/Amortization							Ψ	
	(Please enter a negative, or credit, balance)	\$	-	\$	-	\$	-	\$	_
	TOTAL	\$	-	\$	-	\$	-	\$	-
	Please use this space to provide any	explan	nations or	commer	nts:				
	PART 7 - PENSION	INF	ORMA	TION					
	Please answer the following questions by marking in the appropriate box					Ye	ve.		No
7-1	Does the entity have an "old hire" firefighters' pension plan?	63.				<u>'`</u>	73		
7-2	Does the entity have a volunteer firefighters' pension plan?							~	
If yes:	Who administers the plan?]			
,	Indicate the contributions from:					1			
	Tax (property, SO, sales, etc.):			\$		1			
	State contribution amount:			\$					
	Other (gifts, donations, etc.):			\$	-				
	TOTAL			\$	-				
	What is the monthly benefit paid for 20 years of service per re	etiree a	s of Jan						
	1?			\$	-				
	Please use this space to provide any	explan	nations or	commer	nts:				
	PART 8 - BUDGET	INFO	DRMA'	TION					
	Please answer the following questions by marking in the appropriate box	es.		Ye	s	N	0	N	I/A
8-1	Did the entity file a budget with the Department of Local Affai		the	[7]					1
	current year in accordance with Section 29-1-113 C.R.S.?								J
8-2	Did the entity pass an appropriations resolution, in accordance	ce with	Section					_	1
	29-1-108 C.R.S.? If no, MUST explain:			✓					J
	, ,			1					
If yes:	Please indicate the amount budgeted for each fund for the ye	ar repo	orted:	-					
	Governmental/Proprietary Fund Name	Tota	al Appropria	tions By F	und _	I			
	Governmental/Froprietary Fund Name General Fund	\$	a-Appropria		73,206				
		+			-,0				

	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	✓	
fue MI	reserve requirement. All governments should determine if they meet this requirement of TABOR.		
r no, wc	JST explain:		
	DART 40 OFNERAL INFORMATION		
	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: 5/18/2022		
10-2	Has the entity changed its name in the past or current year?	П	
	The the starty startiged to hame in the past of carrent year.		Ľ
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	✓	
	Please indicate what services the entity provides:		
	Operations & Maintenance, Convenant Enforcement, and Public Improvements		
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 are provided to Mulbery Metropolitan District numbers 2-6.		
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):		
	riease provide the following fillins levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

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

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

Policy - Requirements

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

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

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

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

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board Member	Print Board Member's Name	I <u>Patrick McMeekin</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.
1	Patrick McMeekin	Signed Date: 3/17/2023 18:55 August May Helper Constitution My term Expires: May 2023
Board	Print Board Member's Name	I <u>Landon Hoover</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 2	Landon Hoover	application for exemption from audit. Signed Date: 3/21/2023 063654 MDT My term Expires: May 2023
Board	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
Member 3		exemption from audit. Signed Date: My term Expires:
Board	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
Member 4		exemption from audit. Signed Date: My term Expires:
Description	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
		My term Expires:

SHORT FORM

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APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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C			\wedge I	- R	7 I

Has the	preparer signed the application?								
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?									
Has the	application been PERSONALLY reviewed and approved by the governing body?								
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?									
Will this	s application be submitted electronically?								
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here								
or									
	If yes, have you included a resolution?								
	Does the resolution state that the governing body $\underline{\sf PERSONALLY}$ reviewed and approved the resolution in an open public meeting?								
	Has the resolution been signed by a $\underline{MAJORITY}$ of the governing body? (See sample resolution.)								
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)								
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?								

FILING METHODS

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

Denver, CO 80203

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

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In that event, AN AUDIT SHALL BE REQUIRED.

SHORT FORM

NAME OF GOVERNMENT ADDRESS	Mulberry Metropolitan District No. 3 C/O Pinnacle Consulting Group, Inc.	For the Year Ended 12/31/22
	550 W Eisenhower Blvd	or fiscal year ended:
	Loveland, CO 80537	
CONTACT PERSON	Brendan Campbell	
PHONE	970-669-3611	
EMAIL	Brendanc@pcgi.com	

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:	Brendan Campbell
TITLE	District Accountant
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.
ADDRESS	550 W Eisenhower Blvd
PHONE	970-669-3611
DATE PREPARED	3/7/2023

PREPARER (SIGNATURE REQUIRED)

Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)	
using Governmental or Proprietary fund types	✓		

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#		Description		Round to nearest Dollar	Please use this
2-1	Taxes: Proper	ty (report mills levied in Question 10-6)		\$ -	space to provide
2-2	Specifi	c ownership		\$ -	any necessary
2-3	Sales a	nd use		\$ -	explanations
2-4	Other (specify): Interest		-	
2-5	Licenses and permits			-	
2-6	Intergovernmental:	Grants		-	
2-7		Conservation Trust Funds (Lottery)	y)	-	7
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, co	olumn 2)	_ T	
2-16	Lease proceeds			-	
2-17	Developer Advances receive	ed (should agree with I	line 4-4)	-	
2-18	Proceeds from sale of capit	al assets		-	
2-19	Fire and police pension			-	
2-20	Donations			-	
2-21	Other (specify):			-	
2-22				-	
2-23				-	
2-24		(add lines 2-1 through 2-23) TOTAL REVI	/ENUE	-	

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

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

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit - <u>LONG FORM</u>".

Please answer the following questions by marking the appropriate boxes. 4-1 Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule. 4-2 Is the debt repayment schedule attached? If no. MUST explain: 4-3 Is the entity current in its debt service payments? If no, MUST explain: 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) General obligation bonds Revenue bonds Notes/Loans Lease Liabilities Developer Advances Developer Advances Developer Advance Interest TOTAL **Total** Please answer the following questions by marking the appropriate boxes. Please answer the following questions by marking the appropriate boxes. Yes No 4-5 Does the entity have any authorized: 4-6 Does the entity have debt that has been refinanced that it is still responsible for? **Total** **Total** Please answer the following questions by marking the appropriate boxes. Yes No 4-7 Does the entity have debt that has been refinanced that it is still responsible for?
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Developer Advance Interest Developer Advance Interest TOTAL Please answer the following questions by marking the appropriate boxes. Please answer the following questions by marking the appropriate boxes. Please answer the following questions by marking the appropriate boxes. Yes No 4-5 Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: 5/18/2022 4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? - Does the entity have debt that has been refinanced that it is still responsible for?
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If yes: How much? 4-7 Does the entity have debt that has been refinanced that it is still responsible for?
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?
4-8 Does the entity have any lease agreements?
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 explanations or comments:
PART 5 - CASH AND INVESTMENTS
FANT 3 - CASH AND INVESTIGIENTS
Please provide the entity's cash deposit and investment balances. Amount Total

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -]
5-3			\$ -	
			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	Please answer the following questions by marking in the appropriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et.			abla
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	\checkmark
If no. MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GH	IT-TO-U	SE	ASSE	ETS			
	Please answer the following questions by marking in the appropriate box						'es		No
6-1	Does the entity have capital assets?								V
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	s in	accordance	with S	ection				
6-3			Balance -		ons (Must			Ye	ar-End
	Complete the following capital & right-to-use assets table:		ginning of the year*	P	luded in art 3)		etions	Ва	alance
	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)					<u> </u>		\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
	Please use this space to provide any	exp	anations or	comm	ents:				
	PART 7 - PENSION	IN	FORMA	TIO	N				
	Please answer the following questions by marking in the appropriate box					٧	'es		No
7-1	Does the entity have an "old hire" firefighters' pension plan?						_		√
7-2	Does the entity have a volunteer firefighters' pension plan?						1		<u></u>
If yes:	Who administers the plan?]			
,	Indicate the contributions from:					I			
				•		1			
	Tax (property, SO, sales, etc.):			\$	-				
	State contribution amount: \$ -								
	Other (gifts, donations, etc.): \$ - TOTAL \$ -								
	Ť								
	What is the monthly benefit paid for 20 years of service per retiree as of Jan								
	1?			· .					
	Please use this space to provide any	exp	anations or	comm	ents:				
	PART 8 - BUDGET I	N	-ORMA	1101	V				
	Please answer the following questions by marking in the appropriate box	es.			Yes	ı	No		N/A
8-1	Did the entity file a budget with the Department of Local Affai	rs fo	or the	ſ	√]		1	ſ	
	current year in accordance with Section 29-1-113 C.R.S.?				<u> </u>	L	J	l	
8-2	Did the entity pass an appropriations resolution, in accordance	20.14	ith Section						
	29-1-108 C.R.S.? If no, MUST explain:	CC W	itii Section	[✓]	[
	29-1-100 C.N.S.: II 110, WOST Explain.								
If year	Please indicate the amount budgeted for each fund for the ye	Or "	norted.						
ii yes.	riease indicate the amount budgeted for each fund for the ye	ai it	eported.						
	Governmental/Proprietary Fund Name	Ţ	otal Appropria	tions B	y Fund				
	General Fund	\$			50,000]			
						1			
						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, Ml	JST explain:		
	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?	7	П
10-1		Ŭ.	
If yes:	Date of formation: 5/18/2022		
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:		
	Operations & Maintenance, Convenant Enforcement, and Public Improvements		_
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 are provided by Mulbery Metropolitan District number 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 <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Rond Redemption mills		

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

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

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

Policy - Requirements

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

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

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

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

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board Member	Print Board Member's Name	I <u>Patrick McMeekin</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.
1	Patrick McMeekin	Date: 3/17/2023 18:55 Example May 2023
Board	Print Board Member's Name	I <u>Landon Hoover</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Member 2	Landon Hoover	application for exemption from audit. Signed Date: 3/21/2023 06:36:54: MDT My term Expires: May 2023
Board	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
Member 3		exemption from audit. Signed Date: My term Expires:
December	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 4		exemption from audit. Signed Date: My term Expires:
Description	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
		My term Expires:

SHORT FORM

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

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

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

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

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

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

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

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

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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Has the	preparer signed the application?
Has the	entity corrected all Prior Year Deficiencies as communicated by the OSA?
Has the	application been PERSONALLY reviewed and approved by the governing body?
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
Will this	s application be submitted electronically?
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here
or	
	If yes, have you included a resolution?
	Does the resolution state that the governing body $\underline{\sf PERSONALLY}$ reviewed and approved the resolution in an open public meeting?
	Has the resolution been signed by a $\underline{MAJORITY}$ of the governing body? (See sample resolution.)
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

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

Denver, CO 80203

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

IMPORTANT!

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

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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

In that event, AN AUDIT SHALL BE REQUIRED.

SHORT FORM

NAME OF GOVERNMENT	Mulberry 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	
CONTACT PERSON	Brendan Campbell	
PHONE	970-669-3611	
FMAII	Brendanc@ncgi.com	

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:	Brendan Campbell
TITLE	District Accountant
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.
ADDRESS	550 W Eisenhower Blvd
PHONE	970-669-3611
DATE PREPARED	3/7/2023

PREPARER (SIGNATURE REQUIRED)

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)

(CASH OR BUDGETARY BASIS)

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#		Description		Round to nearest Dollar	Please use this
2-1	Taxes: Proper	ty (report mills levied in Question 10-6)		\$ -	space to provide
2-2	Specifi	c ownership		\$ -	any necessary
2-3	Sales a	nd use		\$ -	explanations
2-4	Other (specify): Interest		-	
2-5	Licenses and permits			-	
2-6	Intergovernmental:	Grants		-	
2-7		Conservation Trust Funds (Lottery)	y)	-	7
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, co	olumn 2)	_ T	
2-16	Lease proceeds			-	
2-17	Developer Advances receive	ed (should agree with I	line 4-4)	-	
2-18	Proceeds from sale of capit	al assets		-	
2-19	Fire and police pension			-	
2-20	Donations			-	
2-21	Other (specify):			-	
2-22				-	
2-23				-	
2-24		(add lines 2-1 through 2-23) TOTAL REVI	/ENUE	-	

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

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

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit - <u>LONG FORM</u>".

Please answer the following questions by marking the appropriate boxes. 4-1 Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule. 4-2 Is the debt repayment schedule attached? If no. MUST explain: 4-3 Is the entity current in its debt service payments? If no, MUST explain: 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) General obligation bonds Revenue bonds Notes/Loans Lease Liabilities Developer Advances Developer Advances Developer Advance Interest TOTAL **Total** Please answer the following questions by marking the appropriate boxes. Please answer the following questions by marking the appropriate boxes. Yes No 4-5 Does the entity have any authorized: 4-6 Does the entity have debt that has been refinanced that it is still responsible for? **Total** **Total** Please answer the following questions by marking the appropriate boxes. Yes No 4-7 Does the entity have debt that has been refinanced that it is still responsible for?
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If yes: How much? 4-7 Does the entity have debt that has been refinanced that it is still responsible for?
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?
4-8 Does the entity have any lease agreements?
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 explanations or comments:
PART 5 - CASH AND INVESTMENTS
FANT 3 - CASH AND INVESTIGIENTS
Please provide the entity's cash deposit and investment balances. Amount Total

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -]
5-3			\$ -	
			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	Please answer the following questions by marking in the appropriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et.			abla
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	\checkmark
If no. MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GH	IT-TO-U	SE	ASSE	ETS			
	Please answer the following questions by marking in the appropriate box						'es		No
6-1	Does the entity have capital assets?								V
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	s in	accordance	with S	ection				
6-3			Balance -		ons (Must			Ye	ar-End
	Complete the following capital & right-to-use assets table:		ginning of the year*	P	luded in art 3)		etions	Ва	alance
	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)					<u> </u>		\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
	Please use this space to provide any	exp	anations or	comm	ents:				
	PART 7 - PENSION	IN	FORMA	TIO	N				
	Please answer the following questions by marking in the appropriate box					٧	'es		No
7-1	Does the entity have an "old hire" firefighters' pension plan?						_		√
7-2	Does the entity have a volunteer firefighters' pension plan?						1		<u></u>
If yes:	Who administers the plan?]			
,	Indicate the contributions from:					I			
				•		1			
	Tax (property, SO, sales, etc.):			\$	-				
	State contribution amount:			\$	-				
	Other (gifts, donations, etc.):			\$	-				
	TOTAL \$ -								
	What is the monthly benefit paid for 20 years of service per retiree as of Jan								
	1?			· .					
	Please use this space to provide any	exp	anations or	comm	ents:				
	PART 8 - BUDGET I	N	-ORMA	1101	V				
	Please answer the following questions by marking in the appropriate box	es.			Yes	ı	No		N/A
8-1	Did the entity file a budget with the Department of Local Affai	rs fo	or the	ſ	√]		1	ſ	
	current year in accordance with Section 29-1-113 C.R.S.?				<u> </u>	L	J	l	
8-2	Did the entity pass an appropriations resolution, in accordance	20.14	ith Section						
	29-1-108 C.R.S.? If no, MUST explain:	CC W	itii Section	[✓]	[
	29-1-100 C.N.S.: II 110, WOST Explain.								
If year	Please indicate the amount budgeted for each fund for the ye	Or "	norted.						
ii yes.	riease indicate the amount budgeted for each fund for the ye	ai it	eported.						
	Governmental/Proprietary Fund Name	Ţ	otal Appropria	tions B	y Fund				
	General Fund	\$			50,000]			
						1			
						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, Ml	JST explain:		
	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?	7	П
10-1		Ŭ.	
If yes:	Date of formation: 5/18/2022		
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:		
	Operations & Maintenance, Convenant Enforcement, and Public Improvements		_
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 are provided by Mulbery Metropolitan District number 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 <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Rond Redemption mills		

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

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

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

Policy - Requirements

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

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

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

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

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board	Print Board Member's Name	I <u>Patrick McMeekin</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.
Member 1	Patrick McMeekin	Signed 3/17/2023 Salvight Marty-Lip DT Date: May 2023 May 2023
	Print Board Member's Name	I <u>Landon Hoover</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this
Board Member 2	Landon Hoover	application for exemption from audit. Signed Date: 3/21/2023 06:36:3540: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 Member 3		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 4		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

SHORT FORM

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

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

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

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

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

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

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

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

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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Has the	preparer signed the application?					
Has the	entity corrected all Prior Year Deficiencies as communicated by the OSA?					
Has the	application been PERSONALLY reviewed and approved by the governing body?					
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?						
Will this	s application be submitted electronically?					
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here					
or						
	If yes, have you included a resolution?					
	Does the resolution state that the governing body $\underline{\sf PERSONALLY}$ reviewed and approved the resolution in an open public meeting?					
	Has the resolution been signed by a $\underline{MAJORITY}$ of the governing body? (See sample resolution.)					
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)					
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?					

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

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

Denver, CO 80203

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

IMPORTANT!

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

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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

In that event, AN AUDIT SHALL BE REQUIRED.

SHORT FORM

NAME OF GOVERNMENT	Mulberry Metropolitan District No. 5	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	Brendan Campbell	
PHONE	970-669-3611	
EMAIL	Brendanc@pcgi.com	

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:	Brendan Campbell
TITLE	District Accountant
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.
ADDRESS	550 W Eisenhower Blvd
PHONE	970-669-3611
DATE PREPARED	3/7/2023

PREPARER (SIGNATURE REQUIRED)

Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types	✓	

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#		Description		Round to nearest Dollar	Please use this
2-1	Taxes: Proper	ty (report mills levied in Question 10-6)		\$ -	space to provide
2-2	Specifi	c ownership		\$ -	any necessary
2-3	Sales a	nd use		\$ -	explanations
2-4	Other (specify): Interest		-	
2-5	Licenses and permits			-	
2-6	Intergovernmental:	Grants		-	
2-7		Conservation Trust Funds (Lottery)	y)	-	7
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, co	olumn 2)	_ T	
2-16	Lease proceeds			-	
2-17	Developer Advances receive	ed (should agree with I	line 4-4)	-	
2-18	Proceeds from sale of capit	al assets		-	
2-19	Fire and police pension			-	
2-20	Donations			-	
2-21	Other (specify):			-	
2-22				-	
2-23				-	
2-24		(add lines 2-1 through 2-23) TOTAL REVI	/ENUE	-	

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

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

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit - <u>LONG FORM</u>".

Please answer the following questions by marking the appropriate boxes. 4-1 Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule. 4-2 Is the debt repayment schedule attached? If no. MUST explain: 4-3 Is the entity current in its debt service payments? If no, MUST explain: 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) General obligation bonds Revenue bonds Notes/Loans Lease Liabilities Developer Advances Developer Advances Developer Advance Interest TOTAL **Total** Please answer the following questions by marking the appropriate boxes. Please answer the following questions by marking the appropriate boxes. Yes No 4-5 Does the entity have any authorized: 4-6 Does the entity have debt that has been refinanced that it is still responsible for? **Total** **Total** Please answer the following questions by marking the appropriate boxes. Yes No 4-7 Does the entity have debt that has been refinanced that it is still responsible for?
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Developer Advance Interest Developer Advance Interest TOTAL Please answer the following questions by marking the appropriate boxes. Please answer the following questions by marking the appropriate boxes. Please answer the following questions by marking the appropriate boxes. Yes No 4-5 Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: 5/18/2022 4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? - Does the entity have debt that has been refinanced that it is still responsible for?
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If yes: How much? 4-7 Does the entity have debt that has been refinanced that it is still responsible for?
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?
4-8 Does the entity have any lease agreements?
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 explanations or comments:
PART 5 - CASH AND INVESTMENTS
FANT 3 - CASH AND INVESTIGIENTS
Please provide the entity's cash deposit and investment balances. Amount Total

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -]
5-3			\$ -	
			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	Please answer the following questions by marking in the appropriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et.			abla
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	\checkmark
If no. MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GH	IT-TO-U	SE	ASSE	ETS			
	Please answer the following questions by marking in the appropriate box						'es		No
6-1	Does the entity have capital assets?								V
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	s in	accordance	with S	ection				
6-3			Balance -		ons (Must			Ye	ar-End
	Complete the following capital & right-to-use assets table:		ginning of the year*	P	luded in art 3)		etions	Ва	alance
	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)					<u> </u>		\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
	Please use this space to provide any	exp	anations or	comm	ents:				
	PART 7 - PENSION	IN	FORMA	TIO	N				
	Please answer the following questions by marking in the appropriate box					٧	'es		No
7-1	Does the entity have an "old hire" firefighters' pension plan?						_		√
7-2	Does the entity have a volunteer firefighters' pension plan?						1		<u></u>
If yes:	Who administers the plan?]			
,	Indicate the contributions from:					I			
				•		1			
	Tax (property, SO, sales, etc.):			\$	-				
	State contribution amount:			\$	-				
	Other (gifts, donations, etc.):			\$	-				
	TOTAL			\$	-				
	What is the monthly benefit paid for 20 years of service per retiree as of Jan								
	1?			· .					
	Please use this space to provide any	exp	anations or	comm	ents:				
	PART 8 - BUDGET I	N	-ORMA	1101	V				
	Please answer the following questions by marking in the appropriate box	es.			Yes	ı	No		N/A
8-1	Did the entity file a budget with the Department of Local Affai	rs fo	or the	ſ	√]		1	ſ	
	current year in accordance with Section 29-1-113 C.R.S.?				<u> </u>	L	J	l	
8-2	Did the entity pass an appropriations resolution, in accordance	20.14	ith Section						
	29-1-108 C.R.S.? If no, MUST explain:	CC W	itii Section	[✓]	[
	29-1-100 C.N.S.: II 110, WOST Explain.								
If year	Please indicate the amount budgeted for each fund for the ye	Or "	norted.						
ii yes.	riease indicate the amount budgeted for each fund for the ye	ai it	eported.						
	Governmental/Proprietary Fund Name	Ţ	otal Appropria	tions B	y Fund				
	General Fund	\$			50,000]			
						1			
						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, Ml	JST explain:		
	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?	7	П
10-1		Ŭ.	
If yes:	Date of formation: 5/18/2022		
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:		
	Operations & Maintenance, Convenant Enforcement, and Public Improvements		_
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 are provided by Mulbery Metropolitan District number 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 <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Rond Redemption mills		

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

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

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

Policy - Requirements

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

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

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

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

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.						
	Print Board Member's Name	I <u>Patrick McMeekin</u> , attest I am a duly elected or						
Board		appointed board member, and that I have personally reviewed and approve this application for exemption from audit.						
Member 1	Patrick McMeekin	Signed Polythy My Date: 3/17/2023 18275 5 2057 PDT My term Expires: May 2023						
	Print Board Member's Name	I <u>Landon Hoover</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this						
Board Member 2	Landon Hoover	application for exemption from audit. Signed Date: Signed Sandan Habeten Arrisor/Belsontss. My term Expires: May 2023						
	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 exemption from audit.						
Member		Signed						
3		Date:						
		My term Expires:						
	Print Board Member's Name	I, attest I am a duly elected or appointed board						
Board Member 4		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						
3		Date:						
	Print Percel Memberle News	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		exemption from audit.						
Member 6		Signed						
6		Date:						
	B: (B 1 1 1 1 1 1 1 1 1	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		exemption from audit.						
Member 7		Signed						
		Date:						
		My term Expires:						

SHORT FORM

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

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

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

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

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

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

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

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

FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END.

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

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

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE

PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

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

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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C			\wedge I	- R	3 I

Has the	preparer signed the application?
Has the	entity corrected all Prior Year Deficiencies as communicated by the OSA?
Has the	application been PERSONALLY reviewed and approved by the governing body?
Did you	include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
Will this	s application be submitted electronically?
	If yes, have you read and understand the new Electronic Signature Policy? See new policy -> here
or	
	If yes, have you included a resolution?
	Does the resolution state that the governing body $\underline{\sf PERSONALLY}$ reviewed and approved the resolution in an open public meeting?
	Has the resolution been signed by a $\underline{MAJORITY}$ of the governing body? (See sample resolution.)
Will this	application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)
	If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the <u>MAJORITY</u> of the governing body?

FILING METHODS

NEW METHOD! Register and submit your Applications at our new portal!

WEB PORTAL: https://apps.leg.co.gov/osa/lg
MAIL: Office of the State Auditor

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

Denver, CO 80203

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

IMPORTANT!

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

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

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

In that event, AN AUDIT SHALL BE REQUIRED.

SHORT FORM

NAME OF GOVERNMENT	Mulberry 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	
CONTACT PERSON	Brendan Campbell	
PHONE	970-669-3611	
EMAIL	Brendanc@pcgi.com	

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:	Brendan Campbell
TITLE	District Accountant
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.
ADDRESS	550 W Eisenhower Blvd
PHONE	970-669-3611
DATE PREPARED	3/7/2023

PREPARER (SIGNATURE REQUIRED)

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL (MODIFIED ACCRUAL BASIS)

(CASH OR BUDGETARY BASIS)

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#		Description		Round to nearest Dollar	Please use this
2-1	Taxes: Proper	ty (report mills levied in Question 10-6)		\$ -	space to provide
2-2	Specifi	c ownership		\$ -	any necessary
2-3	Sales a	nd use		\$ -	explanations
2-4	Other (specify): Interest		-	
2-5	Licenses and permits			-	
2-6	Intergovernmental:	Grants		-	
2-7		Conservation Trust Funds (Lottery)	y)	-	7
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, co	olumn 2)	_ T	
2-16	Lease proceeds			-	
2-17	Developer Advances receive	ed (should agree with I	line 4-4)	-	
2-18	Proceeds from sale of capit	al assets		-	
2-19	Fire and police pension			-	
2-20	Donations			-	
2-21	Other (specify):			-	
2-22				-	
2-23				-	
2-24		(add lines 2-1 through 2-23) TOTAL REVI	/ENUE	-	

PART 3 - EXPENDITURES/EXPENSES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

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

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit - <u>LONG FORM</u>".

Please answer the following questions by marking the appropriate boxes. 4-1 Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule. 4-2 Is the debt repayment schedule attached? If no. MUST explain: 4-3 Is the entity current in its debt service payments? If no, MUST explain: 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers) General obligation bonds Revenue bonds Notes/Loans Lease Liabilities Developer Advances Developer Advances Developer Advance Interest TOTAL **Total** Please answer the following questions by marking the appropriate boxes. Please answer the following questions by marking the appropriate boxes. Yes No 4-5 Does the entity have any authorized: 4-6 Does the entity have debt that has been refinanced that it is still responsible for? **Total** **Total** Please answer the following questions by marking the appropriate boxes. Yes No 4-7 Does the entity have debt that has been refinanced that it is still responsible for?
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If yes: How much? 4-7 Does the entity have debt that has been refinanced that it is still responsible for?
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?
4-8 Does the entity have any lease agreements?
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 explanations or comments:
PART 5 - CASH AND INVESTMENTS
FANT 3 - CASH AND INVESTIGIENTS
Please provide the entity's cash deposit and investment balances. Amount Total

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ -	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ -
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -]
5-3			\$ -	
			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ -
	Please answer the following questions by marking in the appropriate boxes	Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et.			abla
	seq., C.R.S.?			
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public			
	depository (Section 11-10.5-101, et seq. C.R.S.)?		Ш	\checkmark
If no. MI	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GH	IT-TO-U	SE	ASSE	ETS				
	Please answer the following questions by marking in the appropriate box						'es		No	
6-1	Does the entity have capital assets?								V	
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	s in	accordance	with S	ection					
6-3			Balance -		ons (Must			Ye	ar-End	
	Complete the following capital & right-to-use assets table:		ginning of the year*	P	luded in art 3)		etions	Ва	alance	
	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)					<u> </u>		\$	-	
	TOTAL	\$	-	\$	-	\$	-	\$	-	
	Please use this space to provide any	exp	anations or	comm	ents:					
	PART 7 - PENSION	IN	FORMA	TIO	N					
	Please answer the following questions by marking in the appropriate box					٧	'es		No	
7-1	Does the entity have an "old hire" firefighters' pension plan?						_		√	
7-2	Does the entity have a volunteer firefighters' pension plan?						1		<u></u>	
If yes:	Who administers the plan?]				
,	Indicate the contributions from:					I				
				•		1				
	Tax (property, SO, sales, etc.):			\$	-					
	State contribution amount:			\$	-					
	Other (gifts, donations, etc.): TOTAL			\$	-					
	What is the monthly henefit paid for 20 years of service per retired as of lan									
	What is the monthly benefit paid for 20 years of service per retiree as of Jan									
	1?			· .						
	Please use this space to provide any	exp	anations or	comm	ents:					
	PART 8 - BUDGET I	N	-ORMA	1101	V					
	Please answer the following questions by marking in the appropriate box	es.			Yes	ı	No		N/A	
8-1	Did the entity file a budget with the Department of Local Affai	rs fo	or the	ſ	√]		1	ſ		
	current year in accordance with Section 29-1-113 C.R.S.?				<u> </u>	L	J	l		
8-2	Did the entity pass an appropriations resolution, in accordance	20.14	ith Section							
	29-1-108 C.R.S.? If no, MUST explain:	CC W	itii Section	[✓]	[
	29-1-100 C.N.S.: II 110, WOST Explain.									
If year	Please indicate the amount budgeted for each fund for the ye	Or "	norted.							
ii yes.	riease indicate the amount budgeted for each fund for the ye	ai it	eported.							
	Governmental/Proprietary Fund Name	Ţ	otal Appropria	tions B	y Fund					
	General Fund	\$			50,000]				
						1				
						1				
						1				

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)									
	Please answer the following question by marking in the appropriate box	Yes	No						
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?								
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	✓							
If no, Ml	lf no, MUST explain:								
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?	7							
10-1									
If yes:	Date of formation: 5/18/2022								
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									
10-3									
	Please indicate what services the entity provides:								
40.4	Operations & Maintenance, Convenant Enforcement, and Public Improvements								
10-4	Does the entity have an agreement with another government to provide services?								
If yes:									
40.5	All services are provided by Mulbery Metropolitan District number 1		V						
10-5	Has the district filed a <i>Title 32</i> , <i>Article 1 Special District Notice of Inactive Status</i> during	Ш	V						
If yes:	Date Filed:								
10-6	Does the entity have a certified Mill Levy?								
If yes:	S:								
	Please provide the following mills levied for the year reported (do not report \$ amounts):								
	Rond Redemption mills								

Please use this space to provide any explanations or comments:

General/Other mills

Total mills

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

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

Policy - Requirements

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

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

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

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

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
	Print Board Member's Name	I Patrick McMeekin, attest I am a duly elected or
Board		appointed board member, and that I have personally reviewed and approve this
Member 1	Patrick McMeekin	application for exemption from audit. Signed Considered like Considered like
	Print Board Member's Name	I <u>Landon Hoover</u> , attest I am a duly elected or
Board Member 2	Landon Hoover	appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: 3/21/2023 06:36:54 MDT My term Expires: May 2023
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board Member 3		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 4		exemption from audit. Signed Date: My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board
Board Member 5		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
Board Member 6		member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I