

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

**NAME OF GOVERNMENT
ADDRESS**

| |
|--|
| Jackson Creek Commercial Metropolitan District No. 3 |
| c/o Spencer Fane LLP |
| 1700 Lincoln Street, Suite 2000 |
| Denver, CO 80203 |
| Brenden Desmond |
| 303-839-3800 |
| bdesmond@spencerfane.com |

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

**CONTACT PERSON
PHONE
EMAIL**

PART 1 - CERTIFICATION OF PREPARER

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

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

| |
|---------------------------------|
| Becky Johnson |
| Paralegal |
| Spencer Fane LLP |
| 1700 Lincoln Street, Suite 2000 |
| 303-839-3800 |

| PREPARER (SIGNATURE REQUIRED) | DATE PREPARED |
|-------------------------------|------------------|
| <i>Becky Johnson</i> | 3/20/2024 |

| | | |
|--|--|--|
| Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types | GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small> | PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small> |
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 space to provide any necessary explanations |
|-------|---|-------------------------|---|
| 2-1 | Taxes: Property (report mills levied in Question 10-6) | \$ - | Please use this space to provide any necessary explanations |
| 2-2 | Specific ownership | \$ - | |
| 2-3 | Sales and use | \$ - | |
| 2-4 | Other (specify): | \$ - | |
| 2-5 | Licenses and permits | \$ - | |
| 2-6 | Intergovernmental: Grants | \$ - | |
| 2-7 | Conservation Trust Funds (Lottery) | \$ - | |
| 2-8 | Highway Users Tax Funds (HUTF) | \$ - | |
| 2-9 | Other (specify): | \$ - | |
| 2-10 | Charges for services | \$ - | |
| 2-11 | Fines and forfeits | \$ - | |
| 2-12 | Special assessments | \$ - | |
| 2-13 | Investment income | \$ - | |
| 2-14 | Charges for utility services | \$ - | |
| 2-15 | Debt proceeds (should agree with line 4-4, column 2) | \$ - | |
| 2-16 | Lease proceeds | \$ - | |
| 2-17 | Developer Advances received (should agree with line 4-4) | \$ - | |
| 2-18 | Proceeds from sale of capital 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 REVENUE | \$ - | |

PART 3 - EXPENDITURES/EXPENSES

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

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

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

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

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 Schedule. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| 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 & SBITA** Liabilities [GASB 87 & 96] | \$ - | \$ - | \$ - | \$ - |
| | Developer Advances | \$ - | \$ - | \$ - | \$ - |
| | Other (specify): | \$ - | \$ - | \$ - | \$ - |
| | TOTAL | \$ - | \$ - | \$ - | \$ - |

**Subscription Based Information Technology Arrangements

*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes.

Yes No

| | | | |
|-----|---|-------------------------------------|-------------------------------------|
| 4-5 | Does the entity have any authorized, but unissued, debt? If yes: How much? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Date the debt was authorized: | \$ 1,400,000.00 | 11/3/2020 |
| 4-6 | Does the entity intend to issue debt within the next calendar year? If yes: How much? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-7 | Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-8 | Does the entity have any lease agreements? If yes: What is being leased? What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation? What are the annual lease payments? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed

PART 5 - CASH AND INVESTMENTS

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 seq., C.R.S.? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

Please answer the following questions by marking in the appropriate boxes.

Yes No

- 6-1 Does the entity have capital assets? Yes No
- 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: Yes No

6-3 Complete the following capital & right-to-use assets table:

| | Balance - beginning of the year* | Additions (Must be included in Part 3) | Deletions | Year-End Balance |
|--|----------------------------------|--|-------------|------------------|
| Land | \$ - | \$ - | \$ - | \$ - |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Leased & SBITA Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

*must tie to prior year ending balance

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

PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes No

- 7-1 Does the entity have an "old hire" firefighters' pension plan? Yes No
- 7-2 Does the entity have a volunteer firefighters' pension plan? Yes No

If yes: Who administers the plan?

Indicate the contributions from:

| | |
|----------------------------------|-------------|
| Tax (property, SO, sales, etc.): | \$ - |
| State contribution amount: | \$ - |
| Other (gifts, donations, etc.): | \$ - |
| TOTAL | \$ - |

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1? \$ -

Part 7 - Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes No N/A

- 8-1 Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, **MUST** explain: Yes No N/A

- 8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, **MUST** explain: Yes No N/A

If yes: Please indicate the amount budgeted for each fund for the year reported:

| Governmental/Proprietary Fund Name | Total Appropriations By Fund |
|------------------------------------|------------------------------|
| General | \$ - |
| | \$ - |
| | |
| | |

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, **MUST** explain:

PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.

Yes No

10-1 Is this application for a newly formed governmental entity?

If yes: **Date of formation:**

10-2 Has the entity changed its name in the past or current year?

If yes: **Please list the NEW name & PRIOR name:**

10-3 Is the entity a metropolitan district?

Please indicate what services the entity provides:

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:**

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

Total mills

Yes No N/A

10-7 **NEW 2023!** If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.

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

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 MAJORITY of the members of the governing body must sign below.

RESOLUTION APPROVING THE EXEMPTION FROM AUDIT
FOR FISCAL YEAR 2023 FOR THE
JACKSON CREEK COMMERCIAL METROPOLITAN DISTRICT NOS. 1-7

(revenues or expenditures did not exceed \$100,000)
(Pursuant to Section 29-1-604, C.R.S.)

WHEREAS, the Board of Directors of the Jackson Creek Commercial Metropolitan District Nos. 1-7 (collectively, the "District") wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

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

WHEREAS, neither revenues nor expenditures for the District exceeded \$100,000 for fiscal year 2022; and

WHEREAS, an application for exemption from audit for the District has been prepared by a person skilled in governmental accounting; and

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

NOW THEREFORE, be it resolved by the Board of Directors of the Jackson Creek Commercial Metropolitan District Nos. 1-7 that the application for exemption from audit for the District for the fiscal year ended December 31, 2023, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the District; that those members of the Board have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of the application for exemption from audit of the District for fiscal year ended December 31, 2023.

ADOPTED this 20th day of March 2024.

JACKSON CREEK COMMERCIAL
METROPOLITAN DISTRICT NOS. 1-7

By: Robert C Oldach
President

ATTEST: *Gabe Godwin*
Secretary

| Board Member Name | Term Expires | Signature |
|-------------------|--------------|------------------------|
| Gabriel Godwin | May 2025 | <i>Gabe Godwin</i> |
| Robert Oldach | May 2025 | <i>Robert C Oldach</i> |
| Brett Behnke | May 2023 | <i>Brett Behnke</i> |



SIGNATURE CERTIFICATE




REFERENCE NUMBER
BAD54C24-B630-488D-A9E3-2A439273FADD

| TRANSACTION DETAILS | DOCUMENT DETAILS |
|---|--|
| <p>Reference Number BAD54C24-B630-488D-A9E3-2A439273FADD</p> <p>Transaction Type Signature Request</p> <p>Sent At 03/21/2024 15:47 EDT</p> <p>Executed At 03/28/2024 12:07 EDT</p> <p>Identity Method email</p> <p>Distribution Method email</p> <p>Signed Checksum d8b9d4792004c2e9c1b50e39d1a122fa24d3c565a286606d3c23d3ac558f9d26</p> <p>Signer Sequencing Disabled</p> <p>Document Passcode Disabled</p> | <p>Document Name jackson audit docs</p> <p>Filename jackson_audit_docs.pdf</p> <p>Pages 94 pages</p> <p>Content Type application/pdf</p> <p>File Size 4.64 MB</p> <p>Original Checksum 5c509cc60c95c2c2061f402e79c97f808dad814b1d7cea210934e614b861d1d</p> |

SIGNERS

| SIGNER | E-SIGNATURE | EVENTS |
|--|---|--|
| <p>Name Gabriel M. Godwin</p> <p>Email ggodwin@csigc.com</p> <p>Components 13</p> | <p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum 566bdb36d2ab7c070a11cba571a679027ce900bd9a6ea626131b7eda4afd68ce</p> <p>IP Address 23.24.143.109</p> <p>Device Microsoft Edge via Windows</p> <p>Drawn Signature </p> <p>Signature Reference ID 25B4A486</p> <p>Signature Biometric Count 3</p> | <p>Viewed At 03/28/2024 10:52 EDT</p> <p>Identity Authenticated At 03/28/2024 10:53 EDT</p> <p>Signed At 03/28/2024 12:07 EDT</p> |
| <p>Name Robert C. Oldach</p> <p>Email roldach@csigc.com</p> <p>Components 15</p> | <p>Status signed</p> <p>Multi-factor Digital Fingerprint Checksum cc8b64f646593e80fed7557c32a409224d655a7628d20848205151c9efe065cb</p> <p>IP Address 70.180.30.68</p> <p>Device Chrome via Windows</p> <p>Typed Signature </p> <p>Signature Reference ID 0A2E5FB0</p> | <p>Viewed At 03/28/2024 01:08 EDT</p> <p>Identity Authenticated At 03/28/2024 01:10 EDT</p> <p>Signed At 03/28/2024 01:10 EDT</p> |

| SIGNER | E-SIGNATURE | EVENTS |
|-----------------------------------|--|--|
| Name Brett Behnke | Status signed | Viewed At 03/22/2024 10:36 EDT |
| Email bbehnke@csigc.com | Multi-factor Digital Fingerprint Checksum b69c492aaeb6a7e99a87cbde939e534093a50ca0c3d155e96eb84670b0ff057b | Identity Authenticated At 03/22/2024 10:41 EDT |
| Components 14 | IP Address 98.43.152.77 | Signed At 03/22/2024 10:41 EDT |
| | Device Chrome via Windows | |
| | Typed Signature  | |
| | Signature Reference ID 6F291E71 | |

AUDITS

| TIMESTAMP | AUDIT |
|----------------------|---|
| 03/21/2024 15:47 EDT | Becky Johnson (bjohnson@spencerfane.com) created document 'jackson_audit_docs.pdf' on Chrome via Windows from 71.218.104.164. |
| 03/21/2024 15:48 EDT | Gabriel M. Godwin (ggodwin@csigc.com) was emailed a link to sign. |
| 03/21/2024 15:48 EDT | Brett Behnke (bbehnke@csigc.com) was emailed a link to sign. |
| 03/21/2024 15:48 EDT | Robert C. Oldach (roldach@csigc.com) was emailed a link to sign. |
| 03/22/2024 10:36 EDT | Brett Behnke (bbehnke@csigc.com) viewed the document on Chrome via Windows from 98.43.152.77. |
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