

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT  
ADDRESS

Bear Ridge Metropolitan District
c/o Erb Law, LLC
3900 East Mexico Avenue, Suite 300
Denver, Colorado 80210

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

CONTACT PERSON  
PHONE  
EMAIL

Jeffrey Erb
303-626-7125
<a href="mailto:jerb@erblawllc.com">jerb@erblawllc.com</a>

### 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

Neil Schilling
Certified Public Accountant
Schilling & Company, Inc.
P.O. Box 631579, Highlands Ranch, CO 80163
720-348-1086

<b>PREPARER</b> <small>(SIGNATURE REQUIRED)</small>	<b>DATE PREPARED</b>
-----------------------------------------------------	----------------------

<b>SEE ACCOUNTANT'S COMPILATION REPORT</b>	<b>2/16/2024</b>
--------------------------------------------	------------------

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<b>GOVERNMENTAL</b> <small>(MODIFIED ACCRUAL BASIS)</small>	<b>PROPRIETARY</b> <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)	\$ -	
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	\$ -	
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, <b>MUST</b> explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>		
4-3	Is the entity current in its debt service payments? If no, <b>MUST</b> explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input 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):	\$ -	\$ -	\$ -	\$ -
	<b>TOTAL</b>	\$ -	\$ -	\$ -	\$ -

\*\*Subscription Based Information Technology Arrangements

\*Must agree to prior year-end balance

		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:		
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	\$ -	
	<b>Total Cash Deposits</b>		\$ -
	Investments (if investment is a mutual fund, please list underlying investments):		
		\$ -	
		\$ -	
5-3		\$ -	
		\$ -	
	<b>Total Investments</b>		\$ -
	<b>Total Cash and Investments</b>		\$ -

		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

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)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*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?  Yes       No

Indicate the contributions from:

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

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 Fund	\$ 5,000

## PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box

- |            |                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|
| <b>9-1</b> | Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?<br><small>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.</small> | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|

**If no, MUST explain:**

## PART 10 - GENERAL INFORMATION

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

- |                                                                                                |                                                              |                                            |                                     |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|-------------------------------------|
| <b>10-1</b>                                                                                    | Is this application for a newly formed governmental entity?  | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/>      |
| If yes: <b>Date of formation:</b> <input style="width: 450px;" type="text" value="5/26/2023"/> |                                                              |                                            |                                     |
| <b>10-2</b>                                                                                    | Has the entity changed its name in the past or current year? | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> |

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

- |             |                                                                                              |                                            |                                |
|-------------|----------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|
| <b>10-3</b> | Is the entity a metropolitan district?<br>Please indicate what services the entity provides: | Yes<br><input checked="" type="checkbox"/> | No<br><input type="checkbox"/> |
|-------------|----------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|

- |             |                                                                                                                                                             |                                 |                                           |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|
| <b>10-4</b> | Does the entity have an agreement with another government to provide services?<br>List the name of the other governmental entity and the services provided: | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|

- |             |                                                                                                                      |                                 |                                           |
|-------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|
| <b>10-5</b> | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during<br>Date Filed: | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
|-------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|

- |             |                                                                                                                                                   |                                 |                                           |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|
| <b>10-6</b> | Does the entity have a certified Mill Levy?<br>Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | Yes<br><input type="checkbox"/> | No<br><input checked="" type="checkbox"/> |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|

Bond Redemption mills	-	-	-
General/Other mills	-	-	-
Total mills	-	-	-

Yes	No	N/A
-----	----	-----

- |             |                                                                                                                                                                                                                                                       |                                 |                                |                                            |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|--------------------------------------------|
| <b>10-7</b> | <b>NEW 2023!</b> 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. | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> | N/A<br><input checked="" type="checkbox"/> |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|--------------------------------------------|

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

Response for 10-3 - Provide public improvements and services, including: water; storm sewer; sanitation and wastewater treatment; street improvements; traffic safety protection; parks and recreation; television relay and translation; mosquito control; solid waste disposal, collection and transportation.

## 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

#### Policy - Requirements

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

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

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

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

Print the names of ALL members of current governing body below.		A MAJORITY of the members of the governing body must sign below.
Board Member 1	Print Board Member's Name  Brett Patrick	I, Brett Patrick, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Brett Patrick</u> Date: Mar 20, 2024 My term Expires: May 2027
Board Member 2	Print Board Member's Name  Tammy Patrick	I, Tammy Patrick, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Tammy Patrick</u> Date: Mar 20, 2024 My term Expires: May 2027
Board Member 3	Print Board Member's Name  Bobbie Patrick	I, Bobbie Patrick, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Bobbie Patrick</u> Date: Mar 20, 2024 My term Expires: May 2027
Board Member 4	Print Board Member's Name  Aaron Novak	I, Aaron Novak, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed <u>Aaron Novak</u> Date: Mar 20, 2024 My term Expires: May 2025
Board Member 5	Print Board Member's Name  Cavan Howard	I, Cavan Howard, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: May 2025
Board Member 6	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____

# Bear Ridge Metropolitan District - 12-31-2023 Exemption from Audit

Interim Agreement Report

2024-03-26

Created:	2024-03-20
By:	Neil Schilling (neilschilling@schillingcpas.com)
Status:	Out for Signature
Transaction ID:	CBJCHBCAABAAnnKZdVEqg0OIF5_wgsECxdL08PsXcrCq


## Agreement History

Agreement history is the list of the events that have impacted the status of the agreement prior to the final signature. A final audit report will be generated when the agreement is complete.

## "Bear Ridge Metropolitan District - 12-31-2023 Exemption from Audit" History

 Document created by Neil Schilling (neilschilling@schillingcpas.com)

2024-03-20 - 8:34:37 PM GMT- IP address: 71.229.143.61

 Document emailed to brett.patrick1@gmail.com for signature


2024-03-20 - 8:36:00 PM GMT

 Document emailed to tkpatrick1@gmail.com for signature

2024-03-20 - 8:36:00 PM GMT

 Document emailed to bobbiepatrick1@hotmail.com for signature


2024-03-20 - 8:36:00 PM GMT

 Document emailed to cavhow@gmail.com for signature

2024-03-20 - 8:36:00 PM GMT

 Document emailed to aaroonn8@yahoo.com for signature


2024-03-20 - 8:36:01 PM GMT

 Email viewed by tkpatrick1@gmail.com

2024-03-20 - 8:36:09 PM GMT- IP address: 172.226.137.13

 Email viewed by brett.patrick1@gmail.com


2024-03-20 - 8:44:29 PM GMT- IP address: 73.34.175.27

 Signer brett.patrick1@gmail.com entered name at signing as Brett Patrick

2024-03-20 - 8:45:02 PM GMT- IP address: 73.34.175.27

 Document e-signed by Brett Patrick (brett.patrick1@gmail.com)

Signature Date: 2024-03-20 - 8:45:04 PM GMT - Time Source: server- IP address: 73.34.175.27

 Email viewed by bobbiepatrick1@hotmail.com


2024-03-20 - 8:48:58 PM GMT- IP address: 104.28.48.215

 Signer tkpatrick1@gmail.com entered name at signing as Tammy Patrick

2024-03-20 - 8:49:14 PM GMT- IP address: 73.34.175.27

 Document e-signed by Tammy Patrick (tkpatrick1@gmail.com)

Signature Date: 2024-03-20 - 8:49:16 PM GMT - Time Source: server- IP address: 73.34.175.27

 Email viewed by aarroonn8@yahoo.com


2024-03-20 - 9:11:48 PM GMT- IP address: 69.147.89.196

 Signer aarroonn8@yahoo.com entered name at signing as Aaron Novak


2024-03-20 - 9:13:17 PM GMT- IP address: 172.59.227.240

 Document e-signed by Aaron Novak (aarroonn8@yahoo.com)

Signature Date: 2024-03-20 - 9:13:19 PM GMT - Time Source: server- IP address: 172.59.227.240

 Email viewed by cavhow@gmail.com

2024-03-20 - 9:16:29 PM GMT- IP address: 172.225.18.99

 Signer bobbiepatrick1@hotmail.com entered name at signing as Bobbie Patrick

2024-03-20 - 9:21:14 PM GMT- IP address: 73.3.148.240

 Document e-signed by Bobbie Patrick (bobbiepatrick1@hotmail.com)

Signature Date: 2024-03-20 - 9:21:16 PM GMT - Time Source: server- IP address: 73.3.148.240



**SCHILLING & COMPANY, INC.**

*Certified Public Accountants*

P.O. Box 631579  
HIGHLANDS RANCH, CO 80163

PHONE: 720.348.1086  
FAX: 720.348.2920

## **Accountant's Compilation Report**

Board of Directors  
Bear Ridge Metropolitan District  
Douglas County, Colorado

Management is responsible for the accompanying financial statements and other financial information of Bear Ridge Metropolitan District as of and for the year ended December 31, 2023, included in the accompanying prescribed form (the Application for Exemption from Audit). We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements and other financial information included in the accompanying prescribed form nor were we required to perform procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the State of Colorado's Office of the State Auditor, and is not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

*SCHILLING & COMPANY, INC.*

Highlands Ranch, Colorado  
February 16, 2024