

NAME OF GOVERNMENT
ADDRESS

| |
|--|
| Airways Business Center Metro District |
| 8390 East Crescent Parkway |
| Suite 300 |
| Greenwood Village, CO 80111 |
| Jason Carroll |
| 303-779-5710 |
| jason.carroll@claconnect.com |

For the Year Ended
12/31/2024
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL

CERTIFICATION OF PREPARER

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

| | |
|----------------------------|--|
| NAME: | Jason Carroll |
| TITLE: | Accountant for the District |
| FIRM NAME (if applicable): | CliftonLarsonAllen LLP |
| ADDRESS: | 8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111 |
| PHONE: | 303-779-5710 |
| RELATIONSHIP TO ENTITY: | CPA Firm providing accounting services to the District |

| | |
|---|---|
| PREPARER (SIGNATURE REQUIRED) | DATE PREPARED (No exemption shall be granted prior to the close of said fiscal year) |
| See accompanying Accountants Compilation Report | 2/12/2024 |

| | | | |
|--|---------------------------------|---|---------------------|
| Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | If Yes, date filed: |
|--|---------------------------------|---|---------------------|

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Please indicate the name of the fund (i.e., General Fund, Debt Service Fund, etc.)

NOTE: Attach additional sheets as necessary.

| Line # | Description | Governmental Funds (Modified Accrual Basis) | | | Description | Proprietary/Fiduciary Funds (Cash or Budgetary Basis) | |
|--|---|--|-------|-------|---|--|-------|
| | | General Fund* | Fund* | Fund* | | Fund* | Fund* |
| Assets | | | | | | | |
| 1-1 | Cash & Cash Equivalents | \$ 5,713 | \$ - | \$ - | Cash & Cash Equivalents | \$ - | \$ - |
| 1-2 | Investments | \$ 753,692 | \$ - | \$ - | Investments | \$ - | \$ - |
| 1-3 | Receivables | \$ 284 | \$ - | \$ - | Receivables | \$ - | \$ - |
| 1-4 | Due from Other Entities or Funds | \$ - | \$ - | \$ - | Due from Other Entities or Funds | \$ - | \$ - |
| 1-5 | Property Tax Receivable | \$ 74,643 | \$ - | \$ - | Other Current Assets [specify...] | \$ - | \$ - |
| All Other Assets | | | | | | | |
| 1-6 | Lease Receivable (as Lessor) | \$ - | \$ - | \$ - | Total Current Assets | \$ - | \$ - |
| 1-7 | Prepaid Insurance | \$ 4,221 | \$ - | \$ - | Capital & Right to Use Assets, net (from Part 6-4) | \$ - | \$ - |
| 1-8 | | \$ - | \$ - | \$ - | Other Long Term Assets [specify...] | \$ - | \$ - |
| 1-9 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-10 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-11 | (add lines 1-1 through 1-10) TOTAL ASSETS | \$ 838,553 | \$ - | \$ - | (add lines 1-1 through 1-10) TOTAL ASSETS | \$ - | \$ - |
| Deferred Outflows of Resources: | | | | | | | |
| 1-12 | Deferred Property Tax [specify...] | \$ - | \$ - | \$ - | Deferred Outflows of Resources [specify...] | \$ - | \$ - |
| 1-13 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-14 | (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS | \$ - | \$ - | \$ - | (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS | \$ - | \$ - |
| 1-15 | TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ 838,553 | \$ - | \$ - | TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ - | \$ - |
| Liabilities | | | | | | | |
| 1-16 | Accounts Payable | \$ 10,214 | \$ - | \$ - | Accounts Payable | \$ - | \$ - |
| 1-17 | Accrued Payroll and Related Liabilities | \$ - | \$ - | \$ - | Accrued Payroll and Related Liabilities | \$ - | \$ - |
| 1-18 | Unearned Revenue | \$ - | \$ - | \$ - | Accrued Interest Payable | \$ - | \$ - |
| 1-19 | Due to Other Entities or Funds | \$ - | \$ - | \$ - | Due to Other Entities or Funds | \$ - | \$ - |
| 1-20 | All Other Current Liabilities | \$ - | \$ - | \$ - | All Other Current Liabilities | \$ - | \$ - |
| 1-21 | (add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES | \$ 10,214 | \$ - | \$ - | (add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES | \$ - | \$ - |
| 1-22 | All Other Liabilities [specify...] | \$ - | \$ - | \$ - | Proprietary Debt Outstanding (from Part 4-4) | \$ - | \$ - |
| 1-23 | | \$ - | \$ - | \$ - | Other Liabilities [specify...] | \$ - | \$ - |
| 1-24 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-25 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-26 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-27 | (add lines 1-22 through 1-26) TOTAL LIABILITIES | \$ 10,214 | \$ - | \$ - | (add lines 1-22 through 1-26) TOTAL LIABILITIES | \$ - | \$ - |
| Deferred Inflows of Resources: | | | | | | | |
| 1-28 | Deferred Property Taxes | \$ 74,643 | \$ - | \$ - | Pension/OPEB Related | \$ - | \$ - |
| 1-29 | Lease related (as lessor) | \$ - | \$ - | \$ - | Other [specify...] | \$ - | \$ - |
| 1-30 | (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS | \$ 74,643 | \$ - | \$ - | (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS | \$ - | \$ - |
| Fund Balance | | | | | | | |
| 1-31 | Nonspendable Prepaid | \$ 4,221 | \$ - | \$ - | Net Position | | |
| 1-32 | Nonspendable Inventory | \$ - | \$ - | \$ - | Net Investment in Capital and Right-to Use Assets | \$ - | \$ - |
| 1-33 | Restricted [TABOR] | \$ 3,818 | \$ - | \$ - | Emergency Reserves | \$ - | \$ - |
| 1-34 | Committed [specify...] | \$ - | \$ - | \$ - | Other Designations/Reserves | \$ - | \$ - |
| 1-35 | Assigned [specify...] | \$ - | \$ - | \$ - | Restricted | \$ - | \$ - |
| 1-36 | Unassigned: | \$ 745,657 | \$ - | \$ - | Undesignated/Unreserved/Unrestricted | \$ - | \$ - |
| 1-37 | Add lines 1-31 through 1-36 This total should be the same as line 3-36 TOTAL FUND BALANCE | \$ 753,696 | \$ - | \$ - | Add lines 1-31 through 1-36 This total should be the same as line 3-36 TOTAL NET POSITION | \$ - | \$ - |
| 1-38 | Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE | \$ 838,553 | \$ - | \$ - | Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION | \$ - | \$ - |

Please use this space to provide explanation of any item on this page

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

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| Line # | Description | Governmental Funds | | | Description | Proprietary/Fiduciary Funds | |
|--------------------------------|---|--------------------|-------|-------|---|-----------------------------|---------|
| | | General Fund* | Fund* | Fund* | | Fund* | Fund* |
| Tax Revenue | | | | | Tax Revenue | | |
| 2-1 | Property [include mills levied in question 10-7] | \$ 73,123 | \$ - | \$ - | Property [include mills levied in question 10-7] | \$ - | \$ - |
| 2-2 | Specific Ownership | \$ 4,399 | \$ - | \$ - | Specific Ownership | \$ - | \$ - |
| 2-3 | Sales and Use Tax | \$ - | \$ - | \$ - | Sales and Use Tax | \$ - | \$ - |
| 2-4 | Other Tax Revenue [Bill 24-233] | \$ 6,788 | \$ - | \$ - | Other Tax Revenue [specify...] | \$ - | \$ - |
| 2-5 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 2-6 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 2-7 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 2-8 | Add lines 2-1 through 2-7 TOTAL TAX REVENUE | \$ 84,311 | \$ - | \$ - | Add lines 2-1 through 2-7 TOTAL TAX REVENUE | \$ - | \$ - |
| 2-9 | Licenses and Permits | \$ - | \$ - | \$ - | Licenses and Permits | \$ - | \$ - |
| 2-10 | Highway Users Tax Funds (HUTF) | \$ - | \$ - | \$ - | Highway Users Tax Funds (HUTF) | \$ - | \$ - |
| 2-11 | Conservation Trust Funds (Lottery) | \$ - | \$ - | \$ - | Conservation Trust Funds (Lottery) | \$ - | \$ - |
| 2-12 | Community Development Block Grant | \$ - | \$ - | \$ - | Community Development Block Grant | \$ - | \$ - |
| 2-13 | Fire & Police Pension | \$ - | \$ - | \$ - | Fire & Police Pension | \$ - | \$ - |
| 2-14 | Grants | \$ - | \$ - | \$ - | Grants | \$ - | \$ - |
| 2-15 | Donations | \$ - | \$ - | \$ - | Donations | \$ - | \$ - |
| 2-16 | Charges for Sales and Services | \$ - | \$ - | \$ - | Charges for Sales and Services | \$ - | \$ - |
| 2-17 | Rental Income | \$ - | \$ - | \$ - | Rental Income | \$ - | \$ - |
| 2-18 | Fines and Forfeits | \$ - | \$ - | \$ - | Fines and Forfeits | \$ - | \$ - |
| 2-19 | Interest/Investment Income | \$ 42,983 | \$ - | \$ - | Interest/Investment Income | \$ - | \$ - |
| 2-20 | Tap Fees | \$ - | \$ - | \$ - | Tap Fees | \$ - | \$ - |
| 2-21 | Proceeds from Sale of Capital Assets | \$ - | \$ - | \$ - | Proceeds from Sale of Capital Assets | \$ - | \$ - |
| 2-22 | All Other [specify...] | \$ - | \$ - | \$ - | All Other [specify...] | \$ - | \$ - |
| 2-23 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 2-24 | Add lines 2-9 through 2-23 TOTAL REVENUES | \$ 127,294 | \$ - | \$ - | Add lines 2-9 through 2-23 TOTAL REVENUES | \$ - | \$ - |
| Other Financing Sources | | | | | Other Financing Sources | | |
| 2-25 | Debt Proceeds | \$ - | \$ - | \$ - | Debt Proceeds | \$ - | \$ - |
| 2-26 | Lease Proceeds | \$ - | \$ - | \$ - | Lease Proceeds | \$ - | \$ - |
| 2-27 | Developer Advances | \$ - | \$ - | \$ - | Developer Advances | \$ - | \$ - |
| 2-28 | Other [specify...] | \$ - | \$ - | \$ - | Other [specify...] | \$ - | \$ - |
| 2-29 | Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES | \$ - | \$ - | \$ - | Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES | \$ - | \$ - |
| 2-30 | Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ 127,294 | \$ - | \$ - | Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ - | \$ - |
| 2-31 | | | | | GRAND TOTALS (ALL FUNDS) | \$ | 127,294 |

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES FOR ALL FUNDS (LINE 2-31) ARE GREATER THAN \$750,000 - STOP.
 You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

Please use this space to provide explanation of any item on this page

PART 5 - CASH AND INVESTMENTS

| | Amount | Total |
|---|-------------------|-------|
| 5-1 YEAR-END Total of ALL Checking and Savings accounts | \$ 5,713 | |
| 5-2 Certificates of deposit | \$ - | |
| TOTAL CASH DEPOSITS | \$ 5,713 | |
| 5-3 Investments (if investment is a mutual fund, please list underlying investments): | | |
| Colostrust | \$ 753,692 | |
| | \$ - | |
| | \$ - | |
| | \$ - | |
| TOTAL INVESTMENTS | \$ 753,692 | |
| TOTAL CASH AND INVESTMENTS | \$ 759,405 | |

Please use this space to provide any explanations or comments

| | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input 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.)? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

| | Yes | No |
|---|--------------------------|--------------------------|
| 6-1 Does the entity have capitalized assets? (If 'No' is checked, skip the rest of Part 6) | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: | <input type="checkbox"/> | <input type="checkbox"/> |

Please use this space to provide any explanations or comments

| Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS: | Balance - beginning of the year* | Additions* | Deletions | Year-End Balance |
|---|----------------------------------|-------------|-------------|------------------|
| Land | \$ 18,102 | \$ - | \$ - | \$ 18,102 |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Leased & SBITA Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| Intangible Assets | \$ - | \$ - | \$ - | \$ - |
| Other (explain): Public Art | \$ 11,691 | \$ - | \$ - | \$ 11,691 |
| Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ 29,793 | \$ - | \$ - | \$ 29,793 |

| Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS: | Balance - beginning of the year* | Additions* | Deletions | Year-End Balance |
|---|----------------------------------|-------------|-------------|------------------|
| Land | \$ - | \$ - | \$ - | \$ - |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Leased & SBITA Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| Intangible Assets | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

* Must agree to prior year-end balance
 ^ Generally capital asset additions should be reported as capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

PART 7 - PENSION INFORMATION

| | Yes | No |
|--|--------------------------|-------------------------------------|
| 7-1 Does the entity have an "old hire" firefighters' pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7-2 Does the entity have a volunteer firefighters' pension plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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?

Please use this space to provide any explanations or comments

PART 8 - BUDGET INFORMATION

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 8-1 Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If yes: Please indicate the amount appropriated for each fund separately for the year reported (Please make sure each individual fund's appropriation agrees to how the budget was adopted. Do not combine funds)

| Governmental/Proprietary Fund Name | Total Appropriations By Fund |
|------------------------------------|------------------------------|
| General Fund | \$ 200,000 |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |

Please use this space to provide any explanations or comments

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

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

Please use this space to provide any explanations or comments

Note: An election to exempt the entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR.

PART 10 - GENERAL INFORMATION

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| | | Yes | No | Please use this space to provide any explanations or comments |
|--|--|-------------------------------------|--------------------------|---|
| 10-1 | Is this application for a newly formed governmental entity? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes: Date of formation: <input type="text"/> | | | | |
| 10-2 | Has the entity changed its name in the past or current year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes: Please list the NEW name: <input type="text"/> | | | | |
| Please list the PRIOR name: <input type="text"/> | | | | |
| 10-3 | Is the entity a metropolitan district? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 10-4 | Please indicate what services the entity provides: | | | |
| <input type="text" value="See box to the right."/> | | | | |
| 10-5 | Does the entity have an agreement with another government to provide services? | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes: List the name of the other governmental entity and the services provided: <input type="text" value="n/a"/> | | | | |
| 10-6 | Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] | <input type="checkbox"/> | <input type="checkbox"/> | |
| If yes: Date filed: <input type="text" value="n/a"/> | | | | |
| 10-7 | Does the entity have a certified mill levy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| If yes: Please provide the number of <u>mills</u> levied for the year reported (do not report \$ amounts): | | | | |
| | | Bond redemption mills | - | |
| | | General/other mills | 3.000 | |
| | | Total mills | 3.000 | |
| | | Yes | No | N/A |
| 10-8 | If the entity is a Title 32 Special District formed 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="text" value="N/A"/> | | | | |

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

OSA USE ONLY

| Entity Wide: | General Fund | Governmental Funds | Enterprise Funds |
|------------------------------------|--------------|--------------------------------------|---------------------------------------|
| Unrestricted Cash & Investments \$ | 759,405 | Unrestricted Fund Balance \$ 745,657 | Total Tax Revenue \$ 84,311 |
| Current Liabilities \$ | 10,214 | Total Fund Balance \$ 753,696 | Revenue Paying Debt Service \$ - |
| Deferred Inflow \$ | 74,643 | PY Fund Balance \$ 810,703 | Total Revenue \$ 127,294 |
| | | Total Revenue \$ 127,294 | Total Debt Service Principal \$ - |
| | | Total Expenditures \$ 184,300 | Total Debt Service Interest \$ - |
| | | Interfund In \$ - | Total Assets \$ 838,553 |
| | | Interfund Out \$ - | Total Liabilities \$ 10,214 |
| Governmental | | Proprietary | |
| Total Cash & Investments \$ | 759,405 | Current Assets \$ - | Net Position \$ - |
| Transfers In \$ | - | Deferred Outflow \$ - | PY Net Position \$ - |
| Transfers Out \$ | - | Current Liabilities \$ 73,123 | Government-Wide |
| Property Tax \$ | 73,123 | Deferred Inflow \$ - | Total Outstanding Debt \$ - |
| Debt Service Principal \$ | - | Cash & Investments \$ 184,300 | Authorized but Unissued \$ 12,752,500 |
| Total Expenditures \$ | 184,300 | Principal Expense \$ - | Year Authorized \$ 11/4/2023 |
| Total Developer Advances \$ | - | Total Expenses \$ - | |
| Total Developer Repayments \$ | - | | |

PART 11 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box. Yes No

11-1 If you plan to submit this form electronically, have you read the Electronic Signature Policy? Yes No

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

Policy - Requirements

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

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

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following two 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 or type the names of ALL members of the governing body below.
A MAJORITY of the members of the governing body must sign below.**

| | | |
|----------------|--|--|
| Board Member 1 | <p>Board Member's Name:</p> <p>I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.</p> <p>My term expires: <u>2027</u></p> | <p>Jill Petrykowsk</p> <p>DocuSigned by:</p>  <p>Signature _____</p> <p>Date <u>2/13/2025</u></p> |
| Board Member 2 | <p>Board Member's Name:</p> <p>I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.</p> <p>My term expires: _____</p> | <p>Signature _____</p> <p>Date _____</p> |
| Board Member 3 | <p>Board Member's Name:</p> <p>I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.</p> <p>My term expires: _____</p> | <p>Signature _____</p> <p>Date _____</p> |
| Board Member 4 | <p>Board Member's Name:</p> <p>I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.</p> <p>My term expires: _____</p> | <p>Signature _____</p> <p>Date _____</p> |
| Board Member 5 | <p>Board Member's Name:</p> <p>I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.</p> <p>My term expires: _____</p> | <p>Signature _____</p> <p>Date _____</p> |
| Board Member 6 | <p>Board Member's Name:</p> <p>I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.</p> <p>My term expires: _____</p> | <p>Signature _____</p> <p>Date _____</p> |
| Board Member 7 | <p>Board Member's Name:</p> <p>I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.</p> <p>My term expires: _____</p> | <p>Signature _____</p> <p>Date _____</p> |



CliftonLarsonAllen LLP
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Greenwood Village, CO 80111
phone 303-779-5710 **fax** 303-779-0348
claconnect.com

Accountant's Compilation Report

Board of Directors
Airways Business Center Metropolitan District
Adams County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Airways Business Center Metropolitan District as of and for the year ended December 31, 2024, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

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

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

We are not independent with respect to Airways Business Center Metropolitan District.

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

Greenwood Village, Colorado
February 12, 2024

Certificate Of Completion

| | |
|---|------------------------------------|
| Envelope Id: 4434AB91-BA31-48DF-A08C-BCA95BBAA862 | Status: Completed |
| Subject: Complete with Docusign: ABCMD 2024 Audit Exemption.pdf | |
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| | Minneapolis, MN 55402-1418 |
| | Sandy.Brandenburger@claconnect.com |
| | IP Address: 67.173.233.59 |

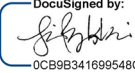
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Jill Petrykowski
 Jill.petrykowski@cbre.com
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Signature

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Status

Timestamp

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Enid Ruiz-Mattei
 Enid.Ruiz-Mattei@claconnect.com
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