

**ANNUAL REPORT FOR THE CALENDAR YEAR 2024**  
**DEER TRAILS METROPOLITAN DISTRICT**  
**CITY OF DAcono, COLORADO**

City of Dacono, Colorado  
*via Email*

County Clerk and Recorder  
Weld County, Colorado  
*via Email*

Office of the State Auditor,  
1525 Sherman Street, 7th Floor  
Denver, Colorado 80203  
*via E-Filing Portal*

Division of Local Government,  
1313 Sherman Street, Room 521  
Denver, Colorado 80203  
*via E-Filing Portal*

The following information and documents (attached as exhibits) are provided for calendar year 2024 pursuant to 32-1-207(3)(c)(I), C.R.S. and Section VII of the Service Plan of the Deer Trails Metropolitan District (the “**District**”) which was approved by the City Council of the City of Dacono and filed with the District Court and City Clerk:

**1. Boundary changes made or proposed to the District’s boundary as of December 31<sup>st</sup>.**

The District had no boundary changes in 2024.

**2. Intergovernmental Agreements entered into, proposed or terminated.**

The District has not terminated, entered into and or propose to enter into any Intergovernmental Agreements at this time.

**3. Access information to obtain a copy of the Rules and Regulations:**

The District has not adopted Rules and Regulations.

**4. Changes or proposed changes in the District’s policies.**

The District has not yet adopted any policies.

**5. Changes or proposed changes in the District’s operations.**

There are no changes or proposed changes in the District’s operations.

**6. Any changes in the financial status of the District including revenue projections or operating costs.**

There has been no change in the District's financial status.

**7. Proposed plans for 2025.**

Other than as required by statute and the Service Plan, the District has no proposed plans for 2025.

**8. Status of construction of public improvements.**

The District has not begun any construction on public improvements as of December 31, 2024.

**9. List of facilities or improvements constructed by the District that were conveyed to the City:**

The District has not begun any construction on public improvements as of December 31, 2024 therefore, no facilities or improvements have been constructed and conveyed to the City.

**10. Current annual budget of the District:**

Attached as Exhibit A is a copy of the District's Budget for the current fiscal year 2025.

**11. The current assessed valuation in the District.**

The District's current assessed valuation is \$2,801,150.

**12. Most recently filed audited financial statements of the District. To the extent audited financial statements are required by state law or most recently filed audit exemption:**

Attached as Exhibit B is a copy of the District's application for exemption from audit for fiscal year 2024.

The District's application for exemption from audit for fiscal year 2024 will be sent to the City upon completion.

**13. Notice of any uncured defaults:**

No notices of any uncured default were issued during fiscal year 2024.

**14. A summary of any litigation and notices of claim involving the District.**

To the best of our knowledge, the District is not involved in any litigation matters, nor has it received any notices for a claim.

**15. The District's inability to pay any financial obligations as they come due under any obligation which continues beyond a ninety-day period:**

To the best of our knowledge, the District has been able to pay its obligations as they come due during fiscal year 2024.

**16. A schedule of all fees, charges, and assessments imposed in 2024 and proposed to be imposed in 2024, and the revenues raised or proposed to be raised therefrom.**

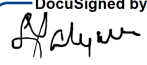
The District has not adopted any resolutions regarding fees or fee schedules and, therefore, has not and will not be raising any revenues therefrom.

**17. Certification that the District is in full compliance with this Service Plan.**

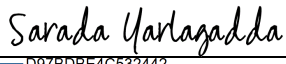
Attached as Exhibit C is the Certification required under the Service Plan.

Respectfully submitted the 24<sup>th</sup> day of April, 2025.

DEER TRAILS  
METROPOLITAN DISTRICT

By:    
998903AE1BF1474...  
President

ATTEST:

Signed by:    
D97BDBE4C532442...  
Secretary

**EXHIBIT A**

**2025 Budget**

**DEER TRAILS METROPOLITAN DISTRICT**  
**ANNUAL BUDGET**  
**FOR THE YEAR ENDING DECEMBER 31, 2025**



**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  
Deer Trails Metropolitan District  
Weld County, Colorado

Management is responsible for the accompanying budget of revenues, expenditures, and fund balances of Deer Trails Metropolitan District (District), for the year ending December 31, 2025, including the estimate of comparative information for the year ending December 31, 2024, and the actual comparative information for the year ending December 31, 2023, in the format required by Colorado Revised Statutes (C.R.S.) 29-1-105. 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 budget 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 accompanying budget.

The actual comparative information for the year ending December 31, 2023 is presented for comparative purposes as required by Colorado Revised Statutes (C.R.S.) 29-1-105. Such information is taken from the Application for Exemption from Audit of the District for the year ended December 31, 2023. Schilling & Company, Inc. compiled the Application for Exemption from Audit for the year ended December 31, 2023, whose report was dated February 16, 2024.

The budget is presented in accordance with the requirements of Colorado Revised Statutes (C.R.S.) 29-1-105, and is not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

We are not independent with respect to Deer Trails Metropolitan District.

*SCHILLING & COMPANY, INC.*

Highlands Ranch, Colorado  
December 3, 2024

**DEER TRAILS METROPOLITAN DISTRICT  
PROPERTY TAX SUMMARY INFORMATION  
2025 BUDGET AS ADOPTED  
WITH 2023 ACTUAL AND 2024 ESTIMATED  
For the Years Ended and Ending December 31,**

|                                | <b>ACTUAL<br/>2023</b> | <b>ESTIMATE<br/>2024</b> | <b>ADOPTED<br/>BUDGET<br/>2025</b> |
|--------------------------------|------------------------|--------------------------|------------------------------------|
| <b>ASSESSED VALUATION</b>      |                        |                          |                                    |
| Weld County                    |                        |                          |                                    |
| Residential                    | \$ 18,990              | \$ 21,740                | \$ 21,740                          |
| Oil and Gas                    | 2,792,850              | 3,887,020                | 2,640,090                          |
| State Assessed                 | 973,490                | 96,250                   | 109,270                            |
| Agricultural                   | 30,270                 | 30,050                   | 30,050                             |
| Certified Assessed Value       | <u>\$ 3,815,600</u>    | <u>\$ 4,035,060</u>      | <u>\$ 2,801,150</u>                |
| <b>MILL LEVY</b>               |                        |                          |                                    |
| General Fund                   | 25.037                 | 25.515                   | 25.764                             |
| Refunds and abatements         | 0.000                  | 1.494                    | 0.000                              |
| Total mill levy                | <u>25.037</u>          | <u>27.009</u>            | <u>25.764</u>                      |
| <b>PROPERTY TAXES</b>          |                        |                          |                                    |
| General operating expenditures | \$ 95,531              | \$ 102,955               | \$ 72,169                          |
| Refunds and abatements         | -                      | 6,028                    | -                                  |
| Levied property taxes          | 95,531                 | 108,983                  | 72,169                             |
| Adjustments to actual/rounding | (6,030)                | -                        | -                                  |
| Actual/budgeted property taxes | <u>\$ 89,501</u>       | <u>\$ 108,983</u>        | <u>\$ 72,169</u>                   |
| <b>BUDGETED PROPERTY TAXES</b> |                        |                          |                                    |
| General Fund                   | \$ 89,501              | \$ 108,983               | \$ 72,169                          |
|                                | <u>\$ 89,501</u>       | <u>\$ 108,983</u>        | <u>\$ 72,169</u>                   |

This financial information should be read only in connection with the accompanying accountant's compilation report and the summary of significant assumptions.

**DEER TRAILS METROPOLITAN DISTRICT  
GENERAL FUND  
2025 BUDGET AS ADOPTED  
WITH 2023 ACTUAL AND 2024 ESTIMATED  
For the Years Ended and Ending December 31,**

|                                       | <b>ACTUAL<br/>2023</b>     | <b>ESTIMATED<br/>2024</b>  | <b>ADOPTED<br/>BUDGET<br/>2025</b> |
|---------------------------------------|----------------------------|----------------------------|------------------------------------|
| <b>BEGINNING FUND BALANCE</b>         | <u>\$ 1,131,539</u>        | <u>\$ 1,265,233</u>        | <u>\$ 1,433,166</u>                |
| <b>REVENUE</b>                        |                            |                            |                                    |
| Property tax                          | 89,501                     | 108,983                    | 72,169                             |
| Specific ownership tax                | 4,063                      | 3,908                      | 2,887                              |
| Interest income                       | 57,208                     | 70,901                     | 65,000                             |
| Total revenue                         | <u>150,772</u>             | <u>183,792</u>             | <u>140,056</u>                     |
| Total funds available                 | <u>1,282,311</u>           | <u>1,449,025</u>           | <u>1,573,222</u>                   |
| <b>EXPENDITURES</b>                   |                            |                            |                                    |
| General Government                    |                            |                            |                                    |
| Legal                                 | 9,250                      | 6,126                      | 16,000                             |
| Accounting                            | 3,492                      | 5,011                      | 5,200                              |
| Insurance                             | 2,571                      | 2,671                      | 3,000                              |
| Bank charges                          | 38                         | 138                        | 150                                |
| Election                              | 100                        | -                          | 5,000                              |
| Treasurer's Fees (1.5%)               | 1,344                      | 1,635                      | 1,083                              |
| Dues and subscriptions                | 283                        | 278                        | 500                                |
| Contingency                           | -                          | -                          | 10,000                             |
| Total expenditures                    | <u>17,078</u>              | <u>15,859</u>              | <u>40,933</u>                      |
| <b>ENDING FUND BALANCE</b>            | <u><u>\$ 1,265,233</u></u> | <u><u>\$ 1,433,166</u></u> | <u><u>\$ 1,532,289</u></u>         |
| <b>RESTRICTED - EMERGENCY RESERVE</b> | <u><u>\$ 4,524</u></u>     | <u><u>\$ 5,514</u></u>     | <u><u>\$ 4,202</u></u>             |

This financial information should be read only in connection with the accompanying accountant's compilation report and the summary of significant assumptions.

**DEER TRAILS METROPOLITAN DISTRICT  
2025 BUDGET  
SUMMARY OF SIGNIFICANT ASSUMPTIONS**

Disclosures contained in this summary as presented by management, are those that are believed to be significant as of the date of the compilation report and are not intended to be all-inclusive. The disclosures are intended to describe assumptions used during the preparation of the 2025 annual budget. Actual results may differ from the prospective results contained in the budget.

**SERVICES PROVIDED**

The Deer Trails Metropolitan District (the "District"), was organized in Weld County. Through its Service Plan, the District is authorized to finance certain streets, street lighting, traffic and safety controls, sewer improvements, landscaping, and park and recreation improvements.

**BASIS OF ACCOUNTING**

The District prepares its budget on the modified accrual basis of accounting.

**REVENUE**

***Property Tax***

The District is imposing a mill levy of 25.764 mills for general operations on an assessed valuation of \$2,801,150 for the budget year 2025 for operations and maintenance expenditures, which is expected to yield \$72,169 in property tax revenue.

***Specific Ownership Taxes***

Specific ownership taxes are set by the State and collected by the County Treasurer, primarily on vehicle licensing within the County as a whole. The specific ownership taxes are allocated by the County Treasurer to all taxing entities within the County. The forecast assumes that the District's share will be equal to approximately 4% of the property taxes collected.

***Net Investment Income***

Net investment earnings on the District's available funds have been estimated based on historical net investment earnings.

**EXPENDITURES**

***Administrative Expenditures***

Administrative expenditures have been provided based on estimates of the District's Board of Directors and consultants and include the services necessary to maintain the District's administrative viability such as legal, accounting, insurance, and other administrative expenses.

**DEBT AND LEASES**

The District has no outstanding bonds or leases.

This information is an integral part of the accompanying budget.

**DEER TRAILS METROPOLITAN DISTRICT  
2025 BUDGET  
SUMMARY OF SIGNIFICANT ASSUMPTIONS**

**RESTRICTED FUND BALANCE**

The District has provided for an emergency reserve fund of at least 3% of fiscal year spending for 2025, as defined under TABOR.

This information is an integral part of the accompanying budget.

**EXHIBIT B**

**2024 Application for Exemption from Audit**



**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  
Deer Trails Metropolitan District  
Weld County, Colorado

Management is responsible for the accompanying financial statements and other financial information of Deer Trails Metropolitan District as of and for the year ended December 31, 2024, included in the accompanying prescribed form (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.

We are not independent with respect to Deer Trails Metropolitan District.

*SCHILLING & COMPANY, INC.*

Highlands Ranch, Colorado  
February 10, 2025

## APPLICATION FOR EXEMPTION FROM AUDIT

### LONG FORM

NAME OF GOVERNMENT  
ADDRESS

Deer Trails Metropolitan District  
PO Box 631579  
Highlands Ranch, Colorado 80163

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

CONTACT PERSON  
PHONE  
EMAIL

Neil Schilling  
720-348-1086  
NeilSchilling@SchillingCPAs.com

## 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:  
TITLE  
FIRM NAME (if applicable)  
ADDRESS  
PHONE  
RELATIONSHIP TO ENTITY

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

PREPARER (SIGNATURE REQUIRED)

**DATE PREPARED**  
(No exemption shall be granted prior to the close  
of said fiscal year)

**See Accountant's Compilation Report**

**2/10/2025**

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                      | NO                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If Yes, date filed:

See Accountant's Compilation Report.

## 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.

|                                 |                                                                                                                                         | Governmental Funds<br>(Modified Accrual Basis) |       |       | Proprietary/Fiduciary Funds<br>(Cash or Budgetary Basis)                                                                                |       |       |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------|-------|-----------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| Line #                          | Description                                                                                                                             | General Fund                                   | Fund* | Fund* | Description                                                                                                                             | Fund* | Fund* |
| Assets                          |                                                                                                                                         |                                                |       |       | Assets                                                                                                                                  |       |       |
| 1-1                             | Cash & Cash Equivalents                                                                                                                 | \$ 1,433,925                                   | \$ -  | \$ -  | Cash & Cash Equivalents                                                                                                                 | \$ -  | \$ -  |
| 1-2                             | Investments                                                                                                                             | \$ -                                           | \$ -  | \$ -  | Investments                                                                                                                             | \$ -  | \$ -  |
| 1-3                             | Receivables                                                                                                                             | \$ -                                           | \$ -  | \$ -  | Receivables                                                                                                                             | \$ -  | \$ -  |
| 1-4                             | Due from Other Entities or Funds                                                                                                        | \$ 323                                         | \$ -  | \$ -  | Due from Other Entities or Funds                                                                                                        | \$ -  | \$ -  |
| 1-5                             | Property Tax Receivable                                                                                                                 | \$ 72,169                                      | \$ -  | \$ -  | Other Current Assets [specify...]                                                                                                       | \$ -  | \$ -  |
|                                 | All Other Assets                                                                                                                        |                                                |       |       |                                                                                                                                         | \$ -  | \$ -  |
| 1-6                             | Lease Receivable (as Lessor)                                                                                                            | \$ -                                           | \$ -  | \$ -  | Total Current Assets                                                                                                                    | \$ -  | \$ -  |
| 1-7                             | Prepaid Expenditures                                                                                                                    | \$ 2,771                                       | \$ -  | \$ -  | 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                                                                                               | \$ 1,509,188                                   | \$ -  | \$ -  | (add lines 1-1 through 1-10) TOTAL ASSETS                                                                                               | \$ -  | \$ -  |
| Deferred Outflows of Resources: |                                                                                                                                         |                                                |       |       | Deferred Outflows of Resources                                                                                                          |       |       |
| 1-12                            | [specify...]                                                                                                                            | \$ -                                           | \$ -  | \$ -  | [specify...]                                                                                                                            | \$ -  | \$ -  |
| 1-13                            | [specify...]                                                                                                                            | \$ -                                           | \$ -  | \$ -  | [specify...]                                                                                                                            | \$ -  | \$ -  |
| 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                                                                                                      | \$ 1,509,188                                   | \$ -  | \$ -  | TOTAL ASSETS AND DEFERRED OUTFLOWS                                                                                                      | \$ -  | \$ -  |
| Liabilities                     |                                                                                                                                         |                                                |       |       | Liabilities                                                                                                                             |       |       |
| 1-16                            | Accounts Payable                                                                                                                        | \$ 3,461                                       | \$ -  | \$ -  | 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                                                                                 | \$ 3,461                                       | \$ -  | \$ -  | (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                                                                                         | \$ 3,461                                       | \$ -  | \$ -  | (add lines 1-22 through 1-26) TOTAL LIABILITIES                                                                                         | \$ -  | \$ -  |
| Deferred Inflows of Resources:  |                                                                                                                                         |                                                |       |       | Deferred Inflows of Resources                                                                                                           |       |       |
| 1-28                            | Deferred Property Taxes                                                                                                                 | \$ 72,169                                      | \$ -  | \$ -  | Pension/OPEB Related                                                                                                                    | \$ -  | \$ -  |
| 1-29                            | Lease related (as lessor)                                                                                                               | \$ -                                           | \$ -  | \$ -  | Other [specify...]                                                                                                                      | \$ -  | \$ -  |
| 1-30                            | (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS                                                                                    | \$ 72,169                                      | \$ -  | \$ -  | (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS                                                                                    | \$ -  | \$ -  |
| Fund Balance                    |                                                                                                                                         |                                                |       |       | Net Position                                                                                                                            |       |       |
| 1-31                            | Nonspendable Prepaid                                                                                                                    | \$ 2,771                                       | \$ -  | \$ -  | Net Investment in Capital and Right-to Use Assets                                                                                       | \$ -  | \$ -  |
| 1-32                            | Nonspendable Inventory                                                                                                                  | \$ -                                           | \$ -  | \$ -  |                                                                                                                                         |       |       |
| 1-33                            | Restricted: Emergency Reserve                                                                                                           | \$ 5,481                                       | \$ -  | \$ -  | Emergency Reserves                                                                                                                      | \$ -  | \$ -  |
| 1-34                            | Committed [specify...]                                                                                                                  | \$ -                                           | \$ -  | \$ -  | Other Designations/Reserves                                                                                                             | \$ -  | \$ -  |
| 1-35                            | Assigned [specify...]                                                                                                                   | \$ -                                           | \$ -  | \$ -  | Restricted                                                                                                                              | \$ -  | \$ -  |
| 1-36                            | Unassigned:                                                                                                                             | \$ 1,425,306                                   | \$ -  | \$ -  | Undesignated/Unreserved/Unrestricted                                                                                                    | \$ -  | \$ -  |
| 1-37                            | Add lines 1-31 through 1-36<br>This total should be the same as line 3-36<br>TOTAL FUND BALANCE                                         | \$ 1,433,558                                   | \$ -  | \$ -  | Add lines 1-31 through 1-36<br>This total should be the same as line 3-36<br>TOTAL NET POSITION                                         | \$ -  | \$ -  |
| 1-38                            | Add lines 1-27, 1-30 and 1-37<br>This total should be the same as line 1-15<br>TOTAL LIABILITIES, DEFERRED INFLOWS,<br>AND FUND BALANCE | \$ 1,509,188                                   | \$ -  | \$ -  | Add lines 1-27, 1-30 and 1-37<br>This total should be the same as line 1-15<br>TOTAL LIABILITIES, DEFERRED INFLOWS,<br>AND NET POSITION | \$ -  | \$ -  |

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

See Accountant's Compilation Report.

## PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

|                         |                                                                       | Governmental Funds |       |       |                                                                       |       | Proprietary/Fiduciary Funds |  |  |
|-------------------------|-----------------------------------------------------------------------|--------------------|-------|-------|-----------------------------------------------------------------------|-------|-----------------------------|--|--|
| Line #                  | Description                                                           | General Fund       | Fund* | Fund* | Description                                                           | Fund* | Fund*                       |  |  |
| Tax Revenue             |                                                                       |                    |       |       | Tax Revenue                                                           |       |                             |  |  |
| 2-1                     | Property [include mills levied in question 10-7]                      | \$ 108,354         | \$ -  | \$ -  | Property [include mills levied in question 10-7]                      | \$ -  | \$ -                        |  |  |
| 2-2                     | Specific Ownership                                                    | \$ 3,945           | \$ -  | \$ -  | Specific Ownership                                                    | \$ -  | \$ -                        |  |  |
| 2-3                     | Sales and Use Tax                                                     | \$ -               | \$ -  | \$ -  | Sales and Use Tax                                                     | \$ -  | \$ -                        |  |  |
| 2-4                     | Other Tax Revenue [specify...]                                        | \$ -               | \$ -  | \$ -  | Other Tax Revenue [specify...]                                        | \$ -  | \$ -                        |  |  |
| 2-5                     |                                                                       | \$ -               | \$ -  | \$ -  |                                                                       | \$ -  | \$ -                        |  |  |
| 2-6                     |                                                                       | \$ -               | \$ -  | \$ -  |                                                                       | \$ -  | \$ -                        |  |  |
| 2-7                     |                                                                       | \$ -               | \$ -  | \$ -  |                                                                       | \$ -  | \$ -                        |  |  |
| 2-8                     | Add lines 2-1 through 2-7<br>TOTAL TAX REVENUE                        | \$ 112,299         | \$ -  | \$ -  | Add lines 2-1 through 2-7<br>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                                            | \$ 70,388          | \$ -  | \$ -  | 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<br>TOTAL REVENUES                          | \$ 182,687         | \$ -  | \$ -  | Add lines 2-9 through 2-23<br>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<br>TOTAL OTHER FINANCING SOURCES          | \$ -               | \$ -  | \$ -  | Add lines 2-25 through 2-28<br>TOTAL OTHER FINANCING SOURCES          | \$ -  | \$ -                        |  |  |
| 2-30                    | Add lines 2-24 and 2-29<br>TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ 182,687         | \$ -  | \$ -  | Add lines 2-24 and 2-29<br>TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ -  | \$ -                        |  |  |
| 2-31                    |                                                                       |                    |       |       | GRAND TOTALS (ALL FUNDS)                                              |       |                             |  |  |
|                         |                                                                       |                    |       |       | \$ 182,687                                                            |       |                             |  |  |

**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

See Accountant's Compilation Report.

# PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES

| Line # | Description                                                                                                                        | Governmental Funds |       |       | Description                                                                                                   | Proprietary/Fiduciary Funds |        |
|--------|------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------|-------|---------------------------------------------------------------------------------------------------------------|-----------------------------|--------|
|        |                                                                                                                                    | General Fund       | Fund* | Fund* |                                                                                                               | Fund*                       | Fund*  |
|        | Expenditures                                                                                                                       |                    |       |       | Expenses                                                                                                      |                             |        |
| 3-1    | General Government                                                                                                                 | \$ 14,362          | \$ -  | \$ -  | General Operating & Administrative                                                                            | \$ -                        | \$ -   |
| 3-2    | Judicial                                                                                                                           | \$ -               | \$ -  | \$ -  | Salaries                                                                                                      | \$ -                        | \$ -   |
| 3-3    | Law Enforcement                                                                                                                    | \$ -               | \$ -  | \$ -  | Payroll Taxes                                                                                                 | \$ -                        | \$ -   |
| 3-4    | Fire                                                                                                                               | \$ -               | \$ -  | \$ -  | Contract Services                                                                                             | \$ -                        | \$ -   |
| 3-5    | Highways & Streets                                                                                                                 | \$ -               | \$ -  | \$ -  | Employee Benefits                                                                                             | \$ -                        | \$ -   |
| 3-6    | Solid Waste                                                                                                                        | \$ -               | \$ -  | \$ -  | Insurance                                                                                                     | \$ -                        | \$ -   |
| 3-7    | Contributions to Fire & Police Pension Assoc.                                                                                      | \$ -               | \$ -  | \$ -  | Accounting and Legal Fees                                                                                     | \$ -                        | \$ -   |
| 3-8    | Health                                                                                                                             | \$ -               | \$ -  | \$ -  | Repair and Maintenance                                                                                        | \$ -                        | \$ -   |
| 3-9    | Culture and Recreation                                                                                                             | \$ -               | \$ -  | \$ -  | Supplies                                                                                                      | \$ -                        | \$ -   |
| 3-10   | Transfers to other districts                                                                                                       | \$ -               | \$ -  | \$ -  | Utilities                                                                                                     | \$ -                        | \$ -   |
| 3-11   | Other [specify...]                                                                                                                 | \$ -               | \$ -  | \$ -  | Contributions to Fire & Police Pension Assoc.                                                                 | \$ -                        | \$ -   |
| 3-12   |                                                                                                                                    | \$ -               | \$ -  | \$ -  | Other [specify...]                                                                                            | \$ -                        | \$ -   |
| 3-13   |                                                                                                                                    | \$ -               | \$ -  | \$ -  |                                                                                                               | \$ -                        | \$ -   |
| 3-14   | Capital Outlay                                                                                                                     | \$ -               | \$ -  | \$ -  | Capital Outlay                                                                                                | \$ -                        | \$ -   |
|        | Debt Service                                                                                                                       |                    |       |       | Debt Service                                                                                                  |                             |        |
| 3-15   | Principal (should match amount in 4-4)                                                                                             | \$ -               | \$ -  | \$ -  | Principal (should match amount in 4-4)                                                                        | \$ -                        | \$ -   |
| 3-16   | Interest                                                                                                                           | \$ -               | \$ -  | \$ -  | Interest                                                                                                      | \$ -                        | \$ -   |
| 3-17   | Bond Issuance Costs                                                                                                                | \$ -               | \$ -  | \$ -  | Bond Issuance Costs                                                                                           | \$ -                        | \$ -   |
| 3-18   | Developer Principal Repayments                                                                                                     | \$ -               | \$ -  | \$ -  | Developer Principal Repayments                                                                                | \$ -                        | \$ -   |
| 3-19   | Developer Interest Repayments                                                                                                      | \$ -               | \$ -  | \$ -  | Developer Interest Repayments                                                                                 | \$ -                        | \$ -   |
| 3-20   | All Other [specify...]                                                                                                             | \$ -               | \$ -  | \$ -  | All Other [specify...]                                                                                        | \$ -                        | \$ -   |
| 3-21   |                                                                                                                                    | \$ -               | \$ -  | \$ -  |                                                                                                               | \$ -                        | \$ -   |
| 3-22   |                                                                                                                                    | \$ -               | \$ -  | \$ -  |                                                                                                               | \$ -                        | \$ -   |
| 3-23   |                                                                                                                                    | \$ -               | \$ -  | \$ -  |                                                                                                               | \$ -                        | \$ -   |
| 3-24   | Add lines 3-1 through 3-23<br>TOTAL EXPENDITURES                                                                                   | \$ 14,362          | \$ -  | \$ -  | Add lines 3-1 through 3-23<br>TOTAL EXPENSES                                                                  | \$ -                        | \$ -   |
| 3-25   |                                                                                                                                    |                    |       |       | GRAND TOTAL (ALL FUNDS)                                                                                       | \$                          | 14,362 |
| 3-26   | Interfund Transfers (In)                                                                                                           | \$ -               | \$ -  | \$ -  | Net Interfund Transfers (In) Out                                                                              | \$ -                        | \$ -   |
| 3-27   | Interfund Transfers Out                                                                                                            | \$ -               | \$ -  | \$ -  | Other [specify...][enter negative for expense]                                                                | \$ -                        | \$ -   |
| 3-28   | Other Expenditures (Revenues)                                                                                                      | \$ -               | \$ -  | \$ -  | Depreciation/Amortization                                                                                     | \$ -                        | \$ -   |
| 3-29   |                                                                                                                                    | \$ -               | \$ -  | \$ -  | Other Financing Sources (from line 2-28)                                                                      | \$ -                        | \$ -   |
| 3-30   |                                                                                                                                    | \$ -               | \$ -  | \$ -  | Capital Outlay (from line 3-14)                                                                               | \$ -                        | \$ -   |
| 3-31   |                                                                                                                                    | \$ -               | \$ -  | \$ -  | Debt Principal (from line 3-15, 3-18)                                                                         | \$ -                        | \$ -   |
| 3-32   | (Add lines 3-26 through 3-31)<br>TOTAL TRANSFERS AND OTHER EXPENDITURES                                                            | \$ -               | \$ -  | \$ -  | (Add lines 3-27, 3-30, and 3-31, subtract lines 3-28 and 3-29) TOTAL GAAP RECONCILING ITEMS                   | \$ -                        | \$ -   |
| 3-33   | Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures<br>Line 2-30, less line 3-24, less line 3-32 | \$ 168,325         | \$ -  | \$ -  | Net Increase (Decrease) in Net Position<br>Line 2-30, less line 3-24, plus line 3-32, less line 3-26          | \$ -                        | \$ -   |
| 3-34   | Fund Balance, January 1 from December 31 prior year report                                                                         | \$ 1,265,233       | \$ -  | \$ -  | Net Position, January 1 from December 31 prior year report                                                    | \$ -                        | \$ -   |
| 3-35   | Prior Period Adjustment (MUST explain)                                                                                             | \$ -               | \$ -  | \$ -  | Prior Period Adjustment (MUST explain)                                                                        | \$ -                        | \$ -   |
| 3-36   | Fund Balance, December 31<br>Sum of Lines 3-33, 3-34, and 3-35<br>This total should be the same as line 1-37.                      | \$ 1,433,558       | \$ -  | \$ -  | Net Position, December 31<br>Sum of Lines 3-33, 3-34, and 3-35<br>This total should be the same as line 1-37. | \$ -                        | \$ -   |

IF GRAND TOTAL EXPENDITURES FOR ALL FUNDS (Line 3-25) ARE 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

See Accountant's Compilation Report.

## PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

| Please answer the following questions by marking the appropriate boxes.                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                        |                            | Yes                      | No                                  | Please use this space to provide any explanations or comments |                                                                                                                                                   |                                      |                    |                        |                            |                          |      |      |      |      |               |      |      |      |      |             |      |      |      |      |                                            |      |      |      |      |                    |      |      |      |      |                  |      |      |      |      |              |      |      |      |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|----------------------------|--------------------------|-------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------|------------------------|----------------------------|--------------------------|------|------|------|------|---------------|------|------|------|------|-------------|------|------|------|------|--------------------------------------------|------|------|------|------|--------------------|------|------|------|------|------------------|------|------|------|------|--------------|------|------|------|------|
| 4-1                                                                                                                                               | Does the entity have outstanding debt?<br><i>(If 'No' is checked, skip to question 4-5)</i><br><i>(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                        |                            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                                               |                                                                                                                                                   |                                      |                    |                        |                            |                          |      |      |      |      |               |      |      |      |      |             |      |      |      |      |                                            |      |      |      |      |                    |      |      |      |      |                  |      |      |      |      |              |      |      |      |      |
| 4-2                                                                                                                                               | Is the debt repayment schedule attached? If no, <b>MUST</b> explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                        |                            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                               |                                                                                                                                                   |                                      |                    |                        |                            |                          |      |      |      |      |               |      |      |      |      |             |      |      |      |      |                                            |      |      |      |      |                    |      |      |      |      |                  |      |      |      |      |              |      |      |      |      |
| 4-3                                                                                                                                               | Is the entity current in its debt service payments? If no, <b>MUST</b> explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                        |                            | <input type="checkbox"/> | <input type="checkbox"/>            |                                                               |                                                                                                                                                   |                                      |                    |                        |                            |                          |      |      |      |      |               |      |      |      |      |             |      |      |      |      |                                            |      |      |      |      |                    |      |      |      |      |                  |      |      |      |      |              |      |      |      |      |
| 4-4                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4a7ebb; color: white;"> <th style="width: 35%;">Please complete the following debt schedule, if applicable:<br/>(please only include principal amounts)<br/>(enter all amounts as positive numbers)</th> <th style="width: 10%;">Outstanding at<br/>end of prior year*</th> <th style="width: 10%;">Issued during year</th> <th style="width: 10%;">Retired during<br/>year</th> <th style="width: 10%;">Outstanding at<br/>year-end</th> </tr> </thead> <tbody> <tr> <td>General obligation bonds</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Revenue bonds</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Notes/Loans</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Lease &amp; SBITA** Liabilities (GASB 87 &amp; 96)</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Developer Advances</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td>Other (specify):</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> <tr style="background-color: #003366; color: white;"> <td><b>TOTAL</b></td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> </tbody> </table> |                    |                        |                            |                          |                                     |                                                               | Please complete the following debt schedule, if applicable:<br>(please only include principal amounts)<br>(enter all amounts as positive numbers) | Outstanding at<br>end of prior year* | Issued during year | Retired during<br>year | Outstanding at<br>year-end | General obligation bonds | \$ - | \$ - | \$ - | \$ - | Revenue bonds | \$ - | \$ - | \$ - | \$ - | Notes/Loans | \$ - | \$ - | \$ - | \$ - | Lease & SBITA** Liabilities (GASB 87 & 96) | \$ - | \$ - | \$ - | \$ - | Developer Advances | \$ - | \$ - | \$ - | \$ - | Other (specify): | \$ - | \$ - | \$ - | \$ - | <b>TOTAL</b> | \$ - | \$ - | \$ - | \$ - |
| Please complete the following debt schedule, if applicable:<br>(please only include principal amounts)<br>(enter all amounts as positive numbers) | Outstanding at<br>end of prior year*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Issued during year | Retired during<br>year | Outstanding at<br>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

| Please answer the following questions by marking the appropriate boxes. |                                                                                                               |               |  |  | Yes                                 | No                                  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------|--|--|-------------------------------------|-------------------------------------|
| 4-5                                                                     | Does the entity have any authorized but unissued debt as of its fiscal year-end [Section 29-1-605(2) C.R.S.]? |               |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes:                                                                 | How much?                                                                                                     | \$ 84,000,000 |  |  |                                     |                                     |
|                                                                         | Date the debt was authorized:                                                                                 | 11/4/2014     |  |  |                                     |                                     |
| <b>NEW</b> 4-6                                                          | Is the authorized but unissued debt further limited by the entity's most recent Service Plan?                 |               |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| If yes:                                                                 | How much?                                                                                                     | \$ 12,000,000 |  |  |                                     |                                     |
|                                                                         | Date of the most recent Service Plan:                                                                         | 3/25/2002     |  |  |                                     |                                     |
| 4-7                                                                     | Does the entity intend to issue debt within the next calendar year?                                           |               |  |  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes:                                                                 | How much?                                                                                                     | \$ -          |  |  |                                     |                                     |
| 4-8                                                                     | Does the entity have debt that has been refinanced that it is still responsible for?                          |               |  |  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| If yes:                                                                 | What is the amount outstanding?                                                                               | \$ -          |  |  |                                     |                                     |
| 4-9                                                                     | Does the entity have any lease agreements?                                                                    |               |  |  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 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?                                                                 |               |  |  | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                                                                         | What are the annual lease payments?                                                                           | \$ -          |  |  |                                     |                                     |

## PART 5 - CASH AND INVESTMENTS

| Please provide the entity's cash deposit and investment balances. |                                                                                   |  |  | Amount       | Total        | Please use this space to provide any explanations or comments |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|--|--------------|--------------|---------------------------------------------------------------|
| 5-1                                                               | YEAR-END Total of ALL Checking and Savings accounts                               |  |  | \$ 24,249    |              |                                                               |
| 5-2                                                               | Certificates of deposit                                                           |  |  | \$ -         |              |                                                               |
|                                                                   | <b>TOTAL CASH DEPOSITS</b>                                                        |  |  |              | \$ 24,249    |                                                               |
| 5-3                                                               | Investments (if investment is a mutual fund, please list underlying investments): |  |  |              |              |                                                               |
|                                                                   | Colotrust                                                                         |  |  | \$ 1,409,676 |              |                                                               |
|                                                                   |                                                                                   |  |  | \$ -         |              |                                                               |
|                                                                   |                                                                                   |  |  | \$ -         |              |                                                               |
|                                                                   |                                                                                   |  |  | \$ -         |              |                                                               |
|                                                                   | <b>TOTAL INVESTMENTS</b>                                                          |  |  |              | \$ 1,409,676 |                                                               |
|                                                                   | <b>TOTAL CASH AND INVESTMENTS</b>                                                 |  |  |              | \$ 1,433,925 |                                                               |

| Please answer the following questions by marking in the appropriate box. |                                                                                                                                                               |  |  | 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"/> |
| 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, <b>MUST</b> explain: |  |  |     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|                                                                          |                                                                                                                                                               |  |  |     |                                     |                          |

See Accountant's Compilation Report.

## PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

| Please answer the following questions by marking in the appropriate box.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                      | No                                           | Please use this space to provide any explanations or comments |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------|---------------------------------------------------------------|-----------|------------------|------|------|------|------|------|-----------|------|------|------|------|-------------------------|------|------|------|------|------------------------|------|------|------|------|----------------|------|------|------|------|--------------------------------|------|------|------|------|------------------------------------|------|------|------|------|-------------------|------|------|------|------|-------------------------------------------------------|------|------|------|------|-------------------------------------------------------------------------------------|------|------|------|------|-----------------------------------------------------------------|------|------|------|------|--------------|------|------|------|------|--|--|
| 6-1                                                                                 | Does the entity have capitalized assets?<br><i>(If 'No' is checked, skip the rest of Part 6)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" 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, <b>MUST</b> explain:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/>                     |                                                               |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                              |                                                               |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                              |                                                               |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |
| 6-3                                                                                 | <div style="background-color: #808080; color: white; padding: 5px; text-align: center;">Complete the following Capital &amp; Right-To-Use Assets table for GOVERNMENTAL FUNDS:</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #808080; color: white;"> <th></th> <th style="text-align: center;">Balance - beginning of the year<sup>*</sup></th> <th style="text-align: center;">Additions<sup>^</sup></th> <th style="text-align: center;">Deletions</th> <th style="text-align: center;">Year-End Balance</th> </tr> </thead> <tbody> <tr><td>Land</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Buildings</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Machinery and equipment</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Furniture and fixtures</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Infrastructure</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Construction In Progress (CIP)</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Leased &amp; SBITA Right-to-Use Assets</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Intangible Assets</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Other (explain): Water rights and distribution system</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Accumulated Depreciation (Enter a negative, or credit, balance)</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr style="background-color: #003366; color: white;"> <td style="text-align: right;"><b>TOTAL</b></td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> </tbody> </table> |                          | Balance - beginning of the year <sup>*</sup> | Additions <sup>^</sup>                                        | 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): Water rights and distribution system | \$ - | \$ - | \$ - | \$ - | Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - | Accumulated Depreciation (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - | <b>TOTAL</b> | \$ - | \$ - | \$ - | \$ - |  |  |
|                                                                                     | Balance - beginning of the year <sup>*</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Additions <sup>^</sup>   | 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): Water rights and distribution system                               | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ -                     | \$ -                                         | \$ -                                                          |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |
| Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance) | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ -                     | \$ -                                         | \$ -                                                          |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |
| Accumulated Depreciation (Enter a negative, or credit, balance)                     | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ -                     | \$ -                                         | \$ -                                                          |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |
| <b>TOTAL</b>                                                                        | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ -                     | \$ -                                         | \$ -                                                          |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |
| 6-4                                                                                 | <div style="background-color: #808080; color: white; padding: 5px; text-align: center;">Complete the following Capital &amp; Right-To-Use Assets table for PROPRIETARY FUNDS:</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #808080; color: white;"> <th></th> <th style="text-align: center;">Balance - beginning of the year<sup>*</sup></th> <th style="text-align: center;">Additions<sup>^</sup></th> <th style="text-align: center;">Deletions</th> <th style="text-align: center;">Year-End Balance</th> </tr> </thead> <tbody> <tr><td>Land</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Buildings</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Machinery and equipment</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Furniture and fixtures</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Infrastructure</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Construction In Progress (CIP)</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Leased &amp; SBITA Right-to-Use Assets</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Intangible Assets</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Other (explain):</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr><td>Accumulated Depreciation (Enter a negative, or credit, balance)</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td><td style="text-align: right;">\$ -</td></tr> <tr style="background-color: #003366; color: white;"> <td style="text-align: right;"><b>TOTAL</b></td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> <td style="text-align: right;">\$ -</td> </tr> </tbody> </table>                                       |                          | Balance - beginning of the year <sup>*</sup> | Additions <sup>^</sup>                                        | 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) | \$ - | \$ - | \$ - | \$ - | <b>TOTAL</b> | \$ - | \$ - | \$ - | \$ - |  |  |
|                                                                                     | Balance - beginning of the year <sup>*</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Additions <sup>^</sup>   | 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)                     | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ -                     | \$ -                                         | \$ -                                                          |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |
| <b>TOTAL</b>                                                                        | \$ -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$ -                     | \$ -                                         | \$ -                                                          |           |                  |      |      |      |      |      |           |      |      |      |      |                         |      |      |      |      |                        |      |      |      |      |                |      |      |      |      |                                |      |      |      |      |                                    |      |      |      |      |                   |      |      |      |      |                                                       |      |      |      |      |                                                                                     |      |      |      |      |                                                                 |      |      |      |      |              |      |      |      |      |  |  |

<sup>\*</sup> Must agree to prior year-end balance  
<sup>^</sup> 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

| Please answer the following questions by marking in the appropriate box. |                                                                                   | Yes                      | No                                  | Please use this space to provide any explanations or comments |
|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------|-------------------------------------|---------------------------------------------------------------|
| 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.):                                                   | \$ -                     |                                     |                                                               |
| <b>TOTAL</b>                                                             |                                                                                   | \$ -                     |                                     |                                                               |
|                                                                          | What is the monthly benefit paid for 20 years of service per retiree as of Jan 1? | \$ -                     |                                     |                                                               |

See Accountant's Compilation Report.

## PART 8 - BUDGET INFORMATION

| Please answer the following question by marking in the appropriate box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                         |                                     |                          |                          | Please use this space to provide any explanations or comments |                                    |                              |              |           |  |      |  |      |  |      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------|------------------------------------|------------------------------|--------------|-----------|--|------|--|------|--|------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 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, <b>MUST</b> 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, <b>MUST</b> 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<br>(Please make sure each individual fund's appropriation agrees to how the budget was adopted.<br>Do not combine funds)                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                         |                                     |                          |                          |                                                               |                                    |                              |              |           |  |      |  |      |  |      |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #808080; color: white;"> <th style="width: 60%;">Governmental/Proprietary Fund Name</th> <th style="width: 40%;">Total Appropriations By Fund</th> </tr> </thead> <tbody> <tr> <td>General Fund</td> <td style="text-align: right;">\$ 35,635</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ -</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ -</td> </tr> </tbody> </table> |                                                                                                                                                         |                                     |                          |                          |                                                               | Governmental/Proprietary Fund Name | Total Appropriations By Fund | General Fund | \$ 35,635 |  | \$ - |  | \$ - |  | \$ - |  |
| Governmental/Proprietary Fund Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Total Appropriations By Fund                                                                                                                            |                                     |                          |                          |                                                               |                                    |                              |              |           |  |      |  |      |  |      |  |
| General Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$ 35,635                                                                                                                                               |                                     |                          |                          |                                                               |                                    |                              |              |           |  |      |  |      |  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ -                                                                                                                                                    |                                     |                          |                          |                                                               |                                    |                              |              |           |  |      |  |      |  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ -                                                                                                                                                    |                                     |                          |                          |                                                               |                                    |                              |              |           |  |      |  |      |  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ -                                                                                                                                                    |                                     |                          |                          |                                                               |                                    |                              |              |           |  |      |  |      |  |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ -                                                                                                                                                    |                                     |                          |                          |                                                               |                                    |                              |              |           |  |      |  |      |  |      |  |

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

| Please answer the following question by marking in the appropriate box.                                                                                                                                                                 |                                                                                                              |                                     | Please use this space to provide any explanations or comments |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------|--|
|                                                                                                                                                                                                                                         | 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"/>                                      |  |
| <i>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.</i> |                                                                                                              |                                     |                                                               |  |

## PART 10 - GENERAL INFORMATION

| Please answer the following questions by marking in the appropriate box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                        |                                     | Please use this space to provide any explanations or comments |  |                       |  |   |                     |  |        |                    |  |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------|--|-----------------------|--|---|---------------------|--|--------|--------------------|--|---------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes                                                                                                                                                                                                                                    | No                                  |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| 10-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Is this application for a newly formed governmental entity?                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                           |  |                       |  |   |                     |  |        |                    |  |               |
| If yes: Date of formation: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        |                                     |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| 10-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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: <span style="border: 1px solid black; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span><br>Please list the PRIOR name: <span style="border: 1px solid black; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        |                                     |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| 10-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Is the entity a metropolitan district?                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                      |  |                       |  |   |                     |  |        |                    |  |               |
| 10-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Please indicate what services the entity provides:                                                                                                                                                                                     |                                     |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| <span style="border: 1px solid black; padding: 2px; display: block;">Financing certain street, traffic safety controls, water, sanitary sewer, storm drainage, and park &amp; recreation public improvements</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                     |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| 10-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Does the entity have an agreement with another government to provide services?                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/>                           |  |                       |  |   |                     |  |        |                    |  |               |
| If yes: List the name of the other governmental entity and the services provided:<br><span style="border: 1px solid black; display: block; height: 20px; margin-top: 5px;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        |                                     |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| 10-6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> 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 checked="" type="checkbox"/>                           |  |                       |  |   |                     |  |        |                    |  |               |
| If yes: Date filed: <span style="border: 1px solid black; display: inline-block; width: 250px; height: 1.2em; vertical-align: middle;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        |                                     |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| 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):<br><table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 40%; text-align: right;">Bond redemption mills</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> <td style="width: 40%; text-align: right;">-</td> </tr> <tr> <td style="text-align: right;">General/other mills</td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;">25.764</td> </tr> <tr style="background-color: #005596; color: white;"> <td style="text-align: right;"><b>Total mills</b></td> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: right;"><b>25.764</b></td> </tr> </table> |                                                                                                                                                                                                                                        |                                     |                                                               |  | Bond redemption mills |  | - | General/other mills |  | 25.764 | <b>Total mills</b> |  | <b>25.764</b> |
| Bond redemption mills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        | -                                   |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| General/other mills                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        | 25.764                              |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| <b>Total mills</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        | <b>25.764</b>                       |                                                               |  |                       |  |   |                     |  |        |                    |  |               |
| 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 <b>NO</b> , please explain. | <input checked="" type="checkbox"/> | <input type="checkbox"/>                                      |  |                       |  |   |                     |  |        |                    |  |               |
| <span style="border: 1px solid black; display: block; height: 20px; margin-top: 5px;"></span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        |                                     |                                                               |  |                       |  |   |                     |  |        |                    |  |               |

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

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| OSA USE ONLY                    |    |           |                           |    |           |                              |    |            |  |
|---------------------------------|----|-----------|---------------------------|----|-----------|------------------------------|----|------------|--|
| <b>Entity Wide:</b>             |    |           | <b>General Fund</b>       |    |           | <b>Governmental Funds</b>    |    |            |  |
| Unrestricted Cash & Investments | \$ | 1,433,925 | Unrestricted Fund Balance | \$ | 1,425,306 | Total Tax Revenue            | \$ | 112,299    |  |
| Current Liabilities             | \$ | 3,461     | Total Fund Balance        | \$ | 1,433,558 | Revenue Paying Debt Service  | \$ | -          |  |
| Deferred Inflow                 | \$ | 72,169    | PY Fund Balance           | \$ | 1,265,233 | Total Revenue                | \$ | 182,687    |  |
|                                 |    |           | Total Revenue             | \$ | 182,687   | Total Debt Service Principal | \$ | -          |  |
|                                 |    |           | Total Expenditures        | \$ | 14,362    | Total Debt Service Interest  | \$ | -          |  |
|                                 |    |           |                           |    |           | Total Assets                 | \$ | 1,509,188  |  |
|                                 |    |           | Interfund In              | \$ | -         | Total Liabilities            | \$ | 3,461      |  |
|                                 |    |           | Interfund Out             | \$ | -         |                              |    |            |  |
| <b>Governmental</b>             |    |           | <b>Proprietary</b>        |    |           | <b>Enterprise Funds</b>      |    |            |  |
| Total Cash & Investments        | \$ | 1,433,925 | - Current Assets          | \$ |           | - Net Position               | \$ | -          |  |
| Transfers In                    | \$ |           | - Deferred Outflow        | \$ |           | - PY Net Position            | \$ | -          |  |
| Transfers Out                   | \$ |           | Current Liabilities       | \$ |           | - <b>Government-Wide</b>     |    |            |  |
| Property Tax                    | \$ | 108,354   | - Deferred Inflow         | \$ |           | - Total Outstanding Debt     | \$ | -          |  |
| Debt Service Principal          | \$ |           | Cash & Investments        | \$ |           | - Authorized but Unissued    | \$ | 84,000,000 |  |
| Total Expenditures              | \$ | 14,362    | - Principal Expense       | \$ |           | - Year Authorized            |    | 11/4/2014  |  |
| Total Developer Advances        | \$ |           | - Total Expenses          | \$ |           |                              |    |            |  |
| Total Developer Repayments      | \$ |           |                           |    |           |                              |    |            |  |

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## 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?

☒

☐

### 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.

Below is the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenues and expenditures of more than \$100,000 but not more than \$750,000 must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

| Print or type the names of <b>ALL</b> members of the governing body below.<br>A <b>MAJORITY</b> of the members of the governing body must sign below. |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Board Member 1</b>                                                                                                                                 | Board Member's Name: | Srinivasa Yarlagadda<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                         I, Srinivasa Yarlagadda, 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.<br/><br/>                         My term expires: May 2027                     </div> <div style="width: 45%; text-align: right;"> <br/>                         Signature _____<br/>                         Date <b>Mar 21, 2025</b> </div> </div>                                       |
| <b>Board Member 2</b>                                                                                                                                 | Board Member's Name: | Sarada Yarlagadda<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                         I, Sarada Yarlagadda, 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.<br/><br/>                         My term expires: May 2027                     </div> <div style="width: 45%; text-align: right;"> <br/>                         Signature <u>Sarada Yarlagadda (Mar 21, 2025 10:06 MDT)</u><br/>                         Date <b>Mar 21, 2025</b> </div> </div> |
| <b>Board Member 3</b>                                                                                                                                 | Board Member's Name: | VACANT<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                         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.<br/><br/>                         My term expires:                     </div> <div style="width: 45%; text-align: right;">                         Signature _____<br/>                         Date _____                     </div> </div>                                                                                     |
| <b>Board Member 4</b>                                                                                                                                 | Board Member's Name: | VACANT<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                         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.<br/><br/>                         My term expires:                     </div> <div style="width: 45%; text-align: right;">                         Signature _____<br/>                         Date _____                     </div> </div>                                                                                     |
| <b>Board Member 5</b>                                                                                                                                 | Board Member's Name: | VACANT<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">                         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.<br/><br/>                         My term expires:                     </div> <div style="width: 45%; text-align: right;">                         Signature _____<br/>                         Date _____                     </div> </div>                                                                                     |

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|                           |                                                                                                                                                                                                                                 |                                                                            |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <div>Board Member 6</div> | <div>Board Member's Name:</div> <div>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.</div> <div>My term expires:</div> | <div>NOT APPLICABLE</div> <div>Signature _____</div> <div>Date _____</div> |
| <div>Board Member 7</div> | <div>Board Member's Name:</div> <div>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.</div> <div>My term expires:</div> | <div>NOT APPLICABLE</div> <div>Signature _____</div> <div>Date _____</div> |

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# Deer Trails Metropolitan District - 12-31-2024 Exemption from Audit

Final Audit Report

2025-03-21

|                 |                                                  |
|-----------------|--------------------------------------------------|
| Created:        | 2025-03-08                                       |
| By:             | Neil Schilling (neilschilling@schillingcpas.com) |
| Status:         | Signed                                           |
| Transaction ID: | CBJCHBCAABAxBjIJGzsv-CgbKKbaQdXdRcMVcwvXtjb      |

## "Deer Trails Metropolitan District - 12-31-2024 Exemption from Audit" History

-  Document created by Neil Schilling (neilschilling@schillingcpas.com)  
2025-03-08 - 10:26:01 PM GMT- IP address: 71.229.143.61
-  Document emailed to Srinivasa Yarlagadda (srini.yarlagadda@yahoo.com) for signature  
2025-03-08 - 10:28:21 PM GMT
-  Document emailed to Sarada Yarlagadda (sarada.yarlagadda@yahoo.com) for signature  
2025-03-08 - 10:28:21 PM GMT
-  Email viewed by Sarada Yarlagadda (sarada.yarlagadda@yahoo.com)  
2025-03-09 - 5:14:43 AM GMT- IP address: 146.75.203.0
-  Email viewed by Srinivasa Yarlagadda (srini.yarlagadda@yahoo.com)  
2025-03-09 - 5:14:43 AM GMT- IP address: 146.75.203.0
-  New document URL requested by Srinivasa Yarlagadda (srini.yarlagadda@yahoo.com)  
2025-03-21 - 3:32:58 PM GMT- IP address: 24.9.183.17
-  Email viewed by Srinivasa Yarlagadda (srini.yarlagadda@yahoo.com)  
2025-03-21 - 3:49:27 PM GMT- IP address: 69.147.89.254
-  Document e-signed by Srinivasa Yarlagadda (srini.yarlagadda@yahoo.com)  
Signature Date: 2025-03-21 - 3:50:13 PM GMT - Time Source: server- IP address: 24.9.183.17
-  New document URL requested by Sarada Yarlagadda (sarada.yarlagadda@yahoo.com)  
2025-03-21 - 3:50:44 PM GMT- IP address: 24.9.183.17
-  Email viewed by Sarada Yarlagadda (sarada.yarlagadda@yahoo.com)  
2025-03-21 - 3:51:07 PM GMT- IP address: 69.147.89.254



Document e-signed by Sarada Yarlagadda (sarada.yarlagadda@yahoo.com)

Signature Date: 2025-03-21 - 4:06:26 PM GMT - Time Source: server- IP address: 24.9.183.17



Agreement completed.

2025-03-21 - 4:06:26 PM GMT



**Adobe Acrobat Sign**

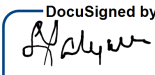
## **EXHIBIT C**

### **Certification of Compliance with Service Plan**

The Board of Directors of Deer Trails Metropolitan District (the “**District**”) hereby certifies that, pursuant to Section VII of the District’s Service Plan, the District is in full compliance with its Service Plan.

IN WITNESS WHEREOF, I, Srinivasa Yarlagadda, President of Deer Trails Metropolitan District in the City of Dacono, Weld County, Colorado, certify the above information as of the date of this report.

DEER TRAILS  
METROPOLITAN DISTRICT

By:    
998903AE1BF1474...  
President