## **APPLICATION FOR EXEMPTION FROM AUDIT**

## SHORT FORM

NAME OF GOVERNMENT **ADDRESS** 

Silver Peak Metropolitan District No 7

For the Year Ended 12/31/24 or fiscal year ended:

CONTACT PERSON

PHONE EMAIL

304 Inverness Way South Suite 490 Englewood, CO 80112 Diane Wheeler 303-689-0833 Diane@simmonswheeler.com

## PART 1 - CERTIFICATION OF PREPARER

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

NAME:

TITLE

FIRM NAME (if applicable)

**ADDRESS** PHONE

Diane Wheeler District Accountant

PREPARER (SIGNATURE REQUIRED)

Simmons & Wheeler, P.C.

304 Inverness Way South, Suite 490 Englewood, CO 80112

303-689-0833

DATE PREPARED

(No exemption shall be granted prior to the

close of said fiscal year)

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

GOVERNMENTAL

PROPRIETARY

Ø

### PART 2 - REVENUES All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information. Please use this space to provide 2-1 Taxes: Property (report mills levied in guestion 10-7) any necessary explanations 2-2 Specific ownership 2-3 Sales and use 2-4 Other (specify): Licenses and permits 2-6 Intergovernmental: 2-7 Conservation Trust Funds (Lottery) 2-8 Highway Users Tax Funds (HUTF) 2-9 Other (specify): 2-10 Charges for services 2-11 Fines and forfeits 2-12 Special assessments 2-13 Investment income 2-14 Charges for utility services 2-15 (should agree to table 4-4, column 'Issued during year Debt proceeds 2-16 Lease proceeds 2-17 Developer Advances received (should agree to table 4-4, column 'Issued during year 2-18 Proceeds from sale of capital assets 2-19 Fire and police pension 2-20 Donations 2-21 Other (specify): 2-22 2-23 2-24 2-25 TOTAL REVENUES \$ (add lines 2-1 through 2-25)

2-26

### PART 3 - EXPENDITURES/EXPENSES All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information. Line # space to provide 3-1 Administrative 3-2 Salaries 3-3 Payroll taxes 3-4 Contract services **Employee benefits** 3-6 Insurance 3-7 Accounting and legal fees 3-8 Repair and maintenance 3-9 Supplies 3-10 Utilities and telephone 3-11 Fire/Police Streets and highways 3-12 3-13 Public health 3-14 Capital outlay 3-15 Utility operations Culture and recreation 3-16 3-17 Debt service principal (should agree to table 4-4, column 'Retired during year' 3-18 Debt service interest Repayment of Developer Advance (should agree to table 4-4 3-19 column 'Retired during year') Principal 3-20 Repayment of Developer Advance Interest 3-21 Contribution to pension plan 3-22 Contribution to Fire & Police Pension Assoc. 3-23 Other (specify): 3-24 3-25 3-26 3-27 (add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES \$ 3-28

If TOTAL REVENUES (Line 2-26) or TOTAL EXPENDITURES (Line 3-28) are GREATER than \$100,000 - STOP. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM"

	Please answer the following questions by marking	the appro	priate box	es.		Y	es	N	0
1	Does the entity have outstanding debt? (If 'No' is checked, skip to question 4-5)						1		
2		is checked, please attach a copy of the entity's debt repayment schedule) debt repayment schedule attached? If no, MUST explain below:				]	1	•	
3	Is the entity current in its debt service payments? If no, MI	JST expla	ain below	r:			1	2	
						1			
4	Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amounts as positive numbers)		anding at prior year		d during year		l during ear	Outstar	iding at -end
4	(please only include principal amounts) (enter all amounts as positive numbers)								
4	(please only include principal amounts)	end of	prior year*		year	ye	ear	year	-end
4	(please only include principal amounts) (enter all amounts as positive numbers) General obligation bonds	end of	prior year*	\$	year -	уe \$	ear -	year \$	-end
4	(please only include principal amounts) (enter all amounts as positive numbers) General obligation bonds Revenue bonds	end of	prior year* - -	S	year - -	\$ \$	ear -	year \$ \$	-end
4	(please only include principal amounts) (enter all amounts as positive numbers) General obligation bonds Revenue bonds Notes/Loans	\$ \$ \$	prior year* - -	\$ \$ \$	year - -	\$ \$ \$	ear	year \$ \$	-end - -
4	(please only include principal amounts) (enter all amounts as positive numbers)  General obligation bonds  Revenue bonds  Notes/Loans  Lease & SBITA** Liabilities [GASB 87 & 96]	\$ \$ \$ \$ \$	prior year*	\$ \$ \$ \$	year	\$ \$ \$ \$	ear	year \$ \$ \$	-end - - -

	Please answer the following questions by r	narking the appropri	ate boxes.	Yes	No
4-5	Does the entity have any authorized but unissued		0		
	How much?	\$	585,000,000.00		
	Date the debt was authorized:		5/8/2018		
¥EW 4-6	Is the authorized but unissued debt further limited Plan?	by the entity's mos	Ø		
If yes:	How much?	\$	59,000,000.00		
	Date of the most recent Service Plan:		4/3/2018		
4-7	Does the entity intend to issue debt within the nex	t calendar year?			<b>a</b>
If yes:	How much?	\$			
4-8	Does the entity have debt that has been refinanced	that it is still resp	onsible for?		
If yes:	What is the amount outstanding?	\$			
4-9	Does the entity have any lease agreements?				
If yes:	What is being leased?				
	What is the original date of the lease?				
	Number of years of lease?				
	Is the lease subject to annual appropriation?				<b>2</b>
	What are the annual lease payments?	\$	-		

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

Need 4-6 needs answers

	Please provide the entity's cash deposit and investment balances.			Amount	Т	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	-		Bulletoki
-2	Certificates of deposit		\$	0.41	1	
	TOTAL CASH	DEPOSITS	-		\$	
-3	Investments (if investment is a mutual fund, please list underlying investments):					
			\$	-		
			\$	-	7	
			\$			
		100	\$	-		
	TOTAL INV	ESTMENTS			\$	
	TOTAL CASH AND INV	ESTMENTS			\$	
	Please answer the following questions by marking in the appropriate boxes.	Yes		No	200	N/A
5-4	Are the entity's investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	Ø		0		0
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.)?	Ø		•		0

Part 5 - If no, MUST use this space to provide any explanations
All cash and investments are held by Silver Peaks Metropolitan District No. 1

#### PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS Please answer the following questions by marking in the appropriate boxes. Does the entity have capital assets? 6-1 (If 'No' is checked, skip the rest of Part 6) 6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.,? If no, MUST explain: 6-3 Land \$ \$ \$ \$ Buildings \$ \$ \$ \$ Machinery and equipment \$ \$ \$ \$ \$ Furniture and fixtures \$ \$ \$ Infrastructure \$ \$ \$ \$ Construction In Progress (CIP) \$ S \$ \$ Leased & SBITA Right-to-Use Assets \$ \$ \$ \$ Other (explain): \$ \$ \$ \$ Accumulated Depreciation/Amortization \$ \$ \$ (Please enter a negative, or credit, balance) TOTAL \$ \$ \$ \$

\*Must agree to prior year-end balance

^Generally capital asset additions should be reported as capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

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

31	PART 7 - PENSION INFORMA	TIC	N		
	Please answer the following questions by marking in the appropriate bo	xes.		Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?		1	0	E .
7-2	Does the entity have a volunteer firefighters' pension plan?				<b>E</b>
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	Tax (property, SO, sales, etc.):	\$	-		
	State contribution amount:	\$	-		
	Other (gifts, donations, etc.):	\$	-		
	TOTAL	\$	7.5		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	-		
	Part 7 - Please use this space to provide any explanation	sore	comments		

	PART 8 - BUDG	ET INFORMA	TION		
	Please answer the following questions by marking in the appropriate boxes.			No	N/A
8-1			Ø	0	0
8-2	Did the entity pass an appropriations resolution, in ac Section 29-1-108 C.R.S.? If no, MUST explain:	cordance with	©.		
If yes:	Please indicate the amount appropriated for each func (Please make sure each individual fund's appropriation agr Do not combine funds)				
	Governmental/Proprietary Fund Name	Total Appropria	tions By Fund		
	General Fund	\$5,003.00			

# PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR) Please answer the following question by marking in the appropriate box. Yes No 9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR.

Part 9 - If no, MUST use this space to provide any explanations

need answer 10-4

	PART 10 - GENERAL INFORMATION		MINA
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		Ø
If yes:	Please list the NEW name:		
	Please list the PRIOR name:		
10-3	Is the entity a metropolitan district?	<b>2</b>	
10-4	Please indicate what services the entity provides:		
	Streets, Water and Parks and Recreation		
10-5	Does the entity have an agreement with another government to provide services?	0	Ø
If yes:	List the name of the other governmental entity and the services provided:		
10-6	Has the district filed a <i>Title 32</i> , <i>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.]		⊠
If yes:	Date filed:		
10-7	Does the entity have a certified mill levy?	<b>2</b>	
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond redemption mills		
	General/other mills		62.600
	Total mills		62.600
	Yes	No	N/A
10-8	If the entity is a Title 32 Special District formed after 7/1/2000, has the entity	0	0
	filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.		

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

100	PART 11 - GOVERNING BODY APPROVA		
866.1	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?	Ø	

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

### Policy - Requirements

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

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

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

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

	Print or type the names of <u>ALL</u> members of current governing body below.  A <u>MAJORITY</u> of the members of the governing body must sign below.					
	Board Member's Name:	David Duncan				
Board Member 1	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.  My term expires: May 2027	David Duncan Signature David Duncan (Mar 12, 2025 16:13 MDT) Date 03/12/2025				
	Board Member's Name:	John Covert				
Board Member 2	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.	John Covert Signature John Covert (Mar 10, 2023 22-05 MDT)				
	My term expires:May 2025	Date 10/03/2025				
	Board Member's Name:	Todd Johnson				
Board Member 3	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.	Signature Todd Johnson Mar 10, 2025 16:20 MDT)				
	My term expires:May 2027	Date 03/10/2025				
	Board Member's Name:	Vacant				
Board Member 4	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.	Signature				
	My term expires:	Date				
	Board Member's Name:	Vacant				
Board Member 5	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.	Signature				
	My term expires:	Date				
	Board Member's Name:	Five member board				
Board Member 6	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,	Signature				
	My term expires:	Date				
	Board Member's Name:	Five member board				
Board Member 7	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.	Signature				
	My term expires:	Date				

# Silver Peak 7 2024

Final Audit Report 2025-03-12

Created: 2025-03-10

By: Gavan Archibald (gavan@simmonswheeler.com)

Status: Signed

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- Document e-signed by John Covert (john.covert@cushwake.com)
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