APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM NAME OF GOVERNMENT Golden Overlook Metropolitan District For the Year Ended ADDRESS c/o Cockrel Ela Glesne Greher & Ruhland, P.C. 12/31/21 390 Union Blvd, Suite 400 or fiscal year ended: Denver, CO 80228 CONTACT PERSON Matthew P. Ruhland PHONE (303) 218-7200 EMAIL mruhland@cegrlaw.com FAX 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: Cathy Fromm TITLE Partner FIRM NAME (if applicable) Fromm & Company LLC ADDRESS 9227 E. Lincoln Avenue, Suite 200, Lone Tree, CO 80124 PHONE (970) 875-7047 DATE PREPARED 24-Mar-22 PREPARER (SIGNATURE REQUIRED) romm GOVERNMENTAL PROPRIETARY Please indicate whether the following financial information is recorded (MODIFIED ACCRUAL BASIS) (CASH OR BUDGETARY BASIS) using Governmental or Proprietary fund types

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	A March 1 1	The second second second second	Description	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ -	space to provide
2-2		Specific owr	iership	\$ -	any necessary
2-3		Sales and us	ie	\$ -	explanations
2-4		Other (speci	fy):	\$ -	The second second
2-5	Licenses and pe	ermits		\$ -	
2-6	Intergovernmen	tal:	Grants	\$ -	
2-7			Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	-
2-9			Other (specify):	\$ -	-
2-10	Charges for ser	vices		\$ -	-
2-11	Fines and forfei	ts		\$ -	-
2-12	Special assessr	nents		\$ -	-
2-13	Investment inco	me		\$ -	
2-14	Charges for util	ity services		\$ -	-
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	-
2-16	Lease proceeds			\$	-
2-17	Developer Adva	nces received	(should agree with line 4-4)		7
2-18	Proceeds from s	sale of capital ass		\$ -	
2-19	Fire and police		(and de	\$ -	
2-20	Donations			\$ -	-
2-21	Other (specify):			\$-	
2-22	(-[])/			<u>+</u> \$ -	-
2-23				\$	
2-24		(add	lines 2-1 through 2-23) TOTAL REVENUE		7
		lanc	INTEREST INTRACINE A ENOT	ψ 4,03	

PART 3 - EXPENDITURES/EXPENSES

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

Line#	Description		Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes	Γ	\$ -	explanations
3-4	Contract services	Γ	\$ -	
3-5	Employee benefits	T I I I I I I I I I I I I I I I I I I I	\$ -	
3-6	Insurance	Ē	\$ -	1
3-7	Accounting and legal fees	Let a let	\$ 4,057	1
3-8	Repair and maintenance	F	\$ -	1
3-9	Supplies	F	\$ -	
3-10	Utilities and telephone	T	\$ -	1
3-11	Fire/Police		\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health	-	\$ -	
3-14	Capital outlay	l l	\$ -	-
3-15	Utility operations	T T	\$ -	-
3-16	Culture and recreation	F	\$ -	1
3-17	Debt service principal	(should agree with Part 4)	\$ -	1
3-18	Debt service interest	t i i i i i i i i i i i i i i i i i i i	\$ -	-
3-19	Repayment of Developer Advance Principal	(should agree with line 4-4)	24 C	1
3-20	Repayment of Developer Advance Interest	(\$ -	-
3-21	Contribution to pension plan	(should agree to line 7-2)		-
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)		1
3-23	Other (specify):		\$ -	-
3-24	191 7 1 15	ŀ	\$ -	-
3-25	Transfer to Horseshoe Ridge Metropolitan District #1	- Operations	\$ -	-
3-26	(add lines 3-1 through 3-24) TOTAL EXP			
	. REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line ase use the "Application for Exemption from Audit - LONG		5100,000 - <u>STOP</u> . You may i	not use this

Please answer the following questions by marking the appropriate boxes. Yes No 4-1 Does the entity have outstanding dobt?		PART 4 - DEBT OUTSTANDIN	G, IS	SUED	. A	ND R	ETTE	RED	Colored a faite	15. NO 12
4-4 Does the entity have outstanding debt? Image: Constraint of the entity of the entity? Debt Repayment Schedule. 4-2 Is the debt repayment schedule attached 2 If no. MUST explain: Image: Constraint of the entity current in its debt service payments? If no. MUST explain: Image: Constraint of the entity current in its debt service payments? If no. MUST explain: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current in its debt schedule, if applicable: Image: Constraint of the entity current of the entity intend to issue debt within the next calendar year? Image: Constraint of the entity current of th		Please answer the following questions by marking the	appropr	iate boxes.						No
4-2 Is the debt repartment schedule attached? If no. MUST explain: Image: Complete the following debt schedule. if applicable: 4-3 Is the entity current in its debt service payments? If no. MUST explain: Image: Complete the following debt schedule. if applicable:	4-1	Does the entity have outstanding debt?					The second s		-	
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4-3 Is the entity current in its debt service payments? If no, MUST explain: Image: Complete the following debt schedule; if applicable: (please only include principal amounts)(enter all amount as positive independent of prior year Outstanding at end of prior year Retired during of year Outstanding at year 4-4 Please complete the following debt schedule; if applicable: (please only include principal amounts)(enter all amount as positive independent of prior year Outstanding at year Retired during of year Outstanding at year General obligation bonds \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	4-2	Is the debt repayment schedule attached? If no. MUST expla	in:				. 3			2
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Revenue bonds \$ - - \$ - - \$ - - \$ - \$ - \$ - > - \$ - <		General obligation bonds		and Total						La Martin
Notes/Loans \$ - > - > - > - > - > > - > > > > <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td></td<>								-		
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Developer Advances			and a state of the		and the second second		2	<u>-</u>		-
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TOTAL \$ 15,264 \$ 4,057 \$ - \$ 19,321 *must tie to prior year ending balance *must tie to prior year ending balance *Mo 4-5 Does the entity have any authorized, but unissued, debt? Yes No Date the debt was authorized: 11/4/2014 4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? 4-7 Does the entity have debt that has been refinanced that it is still responsible for? I If yes: What is the amount outstanding? \$ - 4-8 Does the entity have any lease agreements? If yes: If yes: What is being leased? If yes: If yes: What is the original date of the lease? If yes: What is the original date of the lease? If yes: If yes: If yes the lease subject to annual appropriation? I What are the annual lease payments? \$ - I I		· · · · · · · · · · · · · · · · · · ·	T	15,264		4,057		-	\$	19,321
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Number of years of lease? Is the lease subject to annual appropriation? What are the annual lease payments?	it yes:									
Is the lease subject to annual appropriation?				en en la la compañía de la compañía						
What are the annual lease payments? \$								П		
			\$				1			
	14			ations or	com	ments	and the second second		10000	The second second

	Please provide the entity's cash deposit and investment balances.		Am	nount	Т	otal
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	_		al station
5-2	Certificates of deposit		\$	-]	
	Total Cash Deposits	Sales and the second			\$	0
	investments (if investment is a mutual fund, please list underlying investments).		1			
		and the second second	\$]	
5-3			\$			
			\$			
		- And Andrews	\$	-		
	Total Investments				\$	
	Total Cash and Investments				\$	
	Please answer the following questions by marking in the appropriate boxes	Yes		No	1	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?				Ū	I
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.)?				D	1

- 11	PART 6 - Please answer the following questions by marking in the ap	CAPITAL A opropriate boxes.	SSET	S			Yes		No
6-1	Does the entity have capital assets?					C	כ		2
6-2	Has the entity performed an annual inventory of c 29-1-506, C.R.S.,? If no, MUST explain:	apital assets in acc	cordance	with S	ection	C]		
6-3		Bal	ance -	Additio	ons (Must	and		a second and a	
	Complete the following capital assets table:	beginn	ing of the	be inc	luded in		letions		ar-End lance
	Complete the following capital assets table: Land	beginn		be inc			letions -		
	Land Buildings	beginn	ing of the	be inc Pá	luded in	De	letions - -	Ba	
	Land Buildings Machinery and equipment	beginn	ing of the	be inc Pa \$	luded in	De \$	letions - - -	Ba \$	
	Land Buildings	beginn	ing of the	be inc Pa \$ \$	luded in	De \$ \$	-	Ba \$ \$	
	Land Buildings Machinery and equipment Furniture and fixtures Infrastructure	beginn	ing of the	be inc Pa \$ \$ \$	luded in	De \$ \$ \$		Ba \$ \$ \$	
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\$ \$

	PART 7 - PENSION INFORMA	TIO	V		
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?				2
7-2					2
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	Tax (property, SO, sales, etc.):	\$	-		
	State contribution amount:	\$	-		
	Other (gifts, donations, etc.):	\$	-		
	TOTAL	\$	-		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	-		
	Please use this space to provide any explanations or	comm	ents:		A CONTRACTOR

ion \$ - \$ -\$ - \$ -Please use this space to provide any explanations or comments:

	PART 8 - BUDGET INFORMAT	ION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No	N/A
3-1	Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.?	J		
-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	Ø		

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

Accumulated Depreciation

TOTAL

Governmental/Proprietary Fund Name	Total Appro	priations By Fund
General Fund	\$	43,650
and the second		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABO	DR)	
	Please answer the following question by marking in the appropriate box	Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]? Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	Ø	
If no, MI	JST explain:	A CONTRACTOR OF	The second s
			The second s
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?		Ø
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		Ø
If ves:	Disease list the MERINARY & 20100 server		
n yes.	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	2	D
	Please indicate what services the entity provides:		<u> </u>
	Finance & construct all or a part of public improvements including streets, street lighting, water,		
10-4	Does the entity have an agreement with another government to provide services?		2
If yes:	List the name of the other governmental entity and the services provided:		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		I
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?		I
If yes:	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		
	General/Other mills		-
	Total mills		-10.0
	Please use this space to provide any explanations or comments:		

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	PART 11 - GOVERNING BODY APPROVAL		
	Please answer the following question by marking in the appropriate box	YES	NO
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature Policy?	۵	

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

Policy - Requirements

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

• The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.

• The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.

· Office of the State Auditor staff will not coordinate obtaining signatures.

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

1) Submit the application in hard copy via the US Mail including original signatures.

2) Submit the application electronically via email and either,

a. Include a copy of an adopted resolution that documents formal approval by the Board, or

b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

	Print the names of ALL members of	A MAJORITY of the members of the governing body must complete and sign in the column below.
And the state of t	current governing body below.	
	Print Board Member's Name	I James R. Blumenthall II, attest I am a duly elected or appointed board member, and
Board		that I have personally reviewed and approve this application for exemption from
Member	James R. Sissaenthall II	audit // . / / / / CARRILINN ROSS-TORCHIA
4		-signed for the Kon Jackie NOTARY PUBLIC
		Date: 3/25/2022 STATE OF COLORADO
the set of	100	My term Expires: May, 2022 NOTARY ID 20194007807
CHORE S	Print Board Member's Name	I Reatha Blumenthal, attest I am a duly elected or appointed poard member and that
		I have personally reviewed and approve this application for exemption from audit
Board Member	Reatha Blumenthal	Signed any Ky fritia CARRILINN ROSS-TORCHIA
2		Date: 324/2:22 NOTARY PUBLIC
4	1 Main Und	THE
	K Junia La	JAREO COLORADO
	Print Board Members Name	NOTARY ID 20194007807
		I James Ray Blumenthal, attest I am a duly elected on appointed Bland hember, 2 and 23
Board		that I have personally reviewed and approve this application for exemption from audit.
Member	. James Ray Blumenthel	Signed
3		Date:
State State		
	Prat Board Member's Name	My term Expires: May, 2022
	Print Board Member S Name	, attest I am a duly elected or appointed board
Beard		member, and that I have personally reviewed and approve this application for
Member	Vacant	exemption from audit.
4		Signed
S CONT		Date:
	Second II	My term Expires:
	Print Board Member's Name	, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Mamber	Vacant	exemption from audit.
5		Signed
		Date:
		My term Expires:
1.1.1.1.1.1.1	Print Board Member's Name	, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
Member	N/A	exemption from audit.
6		Signed
		Date:
		My term Expires:
	Print Board Member's Name	, attest I am a duly elected or appointed board
Board		member, and that I have personally reviewed and approve this application for
	21/4	exemption from audit.
Member	N/A	
7	N/A	Signed
A CONTRACTOR OF A CONTRACTOR	WA	

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