COLORADO'S TIMBER RIDGE METROPOLITAN DISTRICT P. O. BOX 5601 PAGOSA SPRINGS CO 81147

March 28, 2024

Office of the State Auditor
Local Government Audit Division
1525 Sherman Street, 7th floor
Denver CO 80203

Dear Sir or Madam,

Re: 2023 audit exemption application

Kindly find enclosed herewith the long form 2023 application for exemption from audit cosigned by a majority of Directors and prepared by accountants Wilson, Rea, Beckel & Associates, CPAs, LLC.

Also attached is the accountant's compilation report.

If you have any questions in this regard, please feel free to contact me bmilfordctrmd@gmail.com or by phone on 281-467-2379

Thank you.

Bob Milford, President

Colorado's Timber Ridge Metropolitan District Board

281-467-2379

bmilfordctrmd@gmail.com

www.ctrmd.org



WILSON, REA, BECKEL & ASSOCIATES, CPAS, LLC

Experience. Value. Results.

56 Talisman Drive, Suite 8-B P.O. Box 3460 Pagosa Springs, CO 81147 Office: (970) 731-1040 Fax: (970) 731-1041 www.wrbcpas.com

ACCOUNTANTS' COMPILATION REPORT

To the Board of Directors Colorado's Timber Ridge Metropolitan District Pagosa Springs, Colorado

Management is responsible for the accompanying financial statements of Colorado's Timber Ridge Metropolitan District which comprise the Balance Sheet as of December 31, 2023 and the related Operating Statement - Revenues and the Operating Statement - Expenditures for the year then ended, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Other Matter

The financial statements included in the accompanying prescribed form are intended to comply with the requirements of the Colorado Office of the State Auditor, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

Welson, La Dosha o Brociels, CAA, LIC

Pagosa Springs, Colorado

March 28, 2024

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

FOR LOCAL GOVERNMENTS WITH EITHER REVENUES OR EXPENDITURES MORE THAN \$100,000 BUT NOT MORE THAN \$750,000

Under the Local Government Audit Law (Section 29-1-601, et seq. C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 for the year

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA) for approval

Any preparer of an Application for Exemption from Audit must be an independent accountant with knowledge of governmental accounting.

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END. FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT SUBMISSIONS ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME.

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS

PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUATORY DEADLINE

CHECKLIST

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT THIS ADDRESS

http://www.lexisnexis.com/hottopics/Colorado/

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED

		MARKET STATE OF THE CONTROL OF THE C	
V	Has the prep	arer signed the application?	Checkout our web portal. Register your
	Has the entit	y corrected all Prior Year Deficiencies as communicated by the OSA?	account and submit electronic Application
	Has the appl	ication been PERSONALLY reviewed and approved by the governing body?	for Exemption From Audit, Extension of
	Are all section	ons of the form complete, including responses to all of the questions?	Time to File requests, Audited Financial
	Did you incli	ide any relevant explanations for unusual items in the appropriate spaces at the end of each section?	Statements, and more! See the link below
	Will this app	lication be submitted electronically?	
		If yes, have you read and understand the new Electronic Signature Policy? See new here policy	
	01		
		Have you included a resolution?	
		Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?	Click here to go to the portal
		Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
	Will this app	lication be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
		If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?	
		FILING METHODS	

WEB PORTAL: Register and submit your Applications at our web portal

https://apps.leg.co.gov/osa/lg

For faster processing the web portal is the preferred method for submission

MAIL: Office of the State Auditor Local Government Audit Division 1525 Sherman St., 7th Floor

Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address noted below.

QUESTIONS? Email: osa.lg@coleg.gov or Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis -- A Budget to GAAP reconciliation is provided in Part 3

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

	APPLICATION FOR	NG FORM	the state of the last territory in the state of the state		
NAME OF GOVERNMENT ADDRESS	Colorado's Timber Ridge Metro District PO Box 5601 Pagosa Springs, CO 81147				For the Year Ended 12/31/2023 or fiscal year ended:
CONTACT PERSON PHONE EMAIL	Bob Milford 281-467-2379 bmilfordctrmd@gmail.com				
	CERTIFICAT	ION OF F	REPARER		
	OERIII IOAI				
certify that I am an independent a dependent of the entity complete	countant with knowledge of governmental accounting and that the information in the application if revenues or expenditure are at least \$100,000 but not more than \$1.00 countries.	the Application	s complete and accu	rate to the best of my knowledge. I an someone who is separate from the e	n aware that the Audit Law requires that a person ntity.
dependent of the entity complete IAME:	countant with knowledge of governmental accounting and that the information in the application if revenues or expenditure are at least \$100,000 but not more than \$7. Michael Beckel	the Application	s complete and accu	rate to the best of my knowledge. I an someone who is separate from the e	n aware that the Audit Law requires that a person ntity.
ndependent of the entity complete IAME:	countant with knowledge of governmental accounting and that the information in the application if revenues or expenditure are at least \$100,000 but not more than \$7 Michael Beckel Member/Owner	the Application	s complete and accu	rate to the best of my knowledge. I an someone who is separate from the e	n aware that the Audit Law requires that a person
ndependent of the entity complete IAME: ITLE IRM NAME (if applicable)	countant with knowledge of governmental accounting and that the information in the application if revenues or expenditure are at least \$100,000 but not more than \$7 Michael Beckel Member/Owner Wilson, Rea, Beckel & Associates, CPAs, LLC	the Application	s complete and accu	rate to the best of my knowledge. I an someone who is separate from the e	n aware that the Audit Law requires that a person
ndependent of the entity complete NAME: TITLE FIRM NAME (frapplicable) ADDRESS PHONE	countant with knowledge of governmental accounting and that the information in the application if revenues or expenditure are at least \$100,000 but not more than \$3. Michael Beckel Member/Owner Wilson, Rea, Beckel & Associates, CPAs, LLC PO Box 3460, Pagosa Springs, CO 81147 970-731-1040	the Application (750,000, and tha	s complete and accu	rate to the best of my knowledge. I an someone who is separate from the e	n aware that the Audit Law requires that a persor
ndependent of the entity complete NAME: FITLE FIRM NAME (trapplicable) ADDRESS	countant with knowledge of governmental accounting and that the information in the application if revenues or expenditure are at least \$100,000 but not more than \$7 Michael Beckel Member/Owner Wilson, Rea, Beckel & Associates, CPAs, LLC PO Box 3460, Pagosa Springs, CO 81147	the Application (750,000, and tha	s complete and accu	rate to the best of my knowledge. I an someone who is separate from the e	n aware that the Audit Law requires that a person nitry. DATE PREPARED
ndependent of the entity complete IAME: ITLE ITLE NAME (if applicable) IDDRESS HONE	countant with knowledge of governmental accounting and that the information in the application if revenues or expenditure are at least \$100,000 but not more than \$7 Michael Beckel Member/Owner Wilson, Rea, Beckel & Associates, CPAs, LLC PO Box 3460, Pagosa Springs, CO 81147 970-731-1040 Prepare Compilation for Exemption From Audit - No Other Relationsh	the Application (750,000, and tha	s complete and accu	rate to the best of my knowledge. I an someone who is separate from the e	ntity.
idependent of the entity complete AME: ITLE IRM NAME (if applicable) DDRESS HONE ELATIONSHIP TO ENTITY Mas the entity filed for, or has the	countant with knowledge of governmental accounting and that the information in the application if revenues or expenditure are at least \$100,000 but not more than \$7 Michael Beckel Member/Owner Wilson, Rea, Beckel & Associates, CPAs, LLC PO Box 3460, Pagosa Springs, CO 81147 970-731-1040 Prepare Compilation for Exemption From Audit - No Other Relationsh	the Application (750,000, and tha	s complete and accu	rate to the best of my knowledge. I an someone who is separate from the e	DATE PREPARED

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE. A	tach additional sheets as necessary	Governme	ental Funds		Proprietary/F	iduciary Funds	
Line#	Description -	Fund*	Fund*	Description	Fund	Fund	Please use this space to provide explanation of any items on this page
	Assets		the second secon	Assets			
1-1	Cash & Cash Equivalents	36,479	\$ -	Cash & Cash Equivalents	the state of the s	- \$	
1-2	Investments	1,577,848	\$ -	Investments		- \$	man.
1-3	Receivables	-	\$ -	Receivables		- \$	-
1-4	Due from Other Entitles or Funds		\$ -	Due from Other Entities or Funds	\$	- \$	
1-5	Property Tax Receivable	6,400	\$ -	Other Current Assets [specify]		1.0	
	All Other Assets [specify]						-
1-6	Lease Receivable (as Lessor)	· -	\$ -	Total Current Assets	1	- \$	-
1-7	Prepaid Insurance	2,556	\$ -	Capital & Right to Use Assets, net (from Part 8-4)		- \$	-
1-8	\$	-	\$ -	Other Long Term Assets [specify]	· · · · · · · · · · · · · · · · · · ·	- \$	-
1-9			\$ -		4	- \$	-
1-10	5	-	\$ -			- \$	-
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS S Deferred Outflows of Resources:	1,623,283	\$ -	(add lines 1-1 through 1-10) TOTAL ASSETS Deferred Outflows of Resources	\$	- \$	
1-12	[specify]		s -	[specify]	\$	- \$	-
1-13	[specify]			[specify]	\$	- \$	-
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		1.	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$	- \$	-
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS	1,623,283		TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$	-
	Liabilities		A. I.	Liabilities			
1-16	Accounts Payable	-	\$ -	Accounts Payable		- \$	-
1-17	Accrued Payroll and Related Liabilities	-	\$ -	Accrued Payroll and Related Liabilities	-	- \$	-
1-18	Unearned Revenue	-	\$ -			- \$	- 1
1-19	Due to Other Entities or Funds	-	\$ -	Due to Other Entities or Funds	Tariffe and the same of the sa	- \$	-
1-20	All Other Current Liabilities	-	\$ -	All Other Current Liabilities	J	- \$	-
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	-	\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	4 .	- \$	-
1-22		-	\$ -	Proprietary Debt Outstanding (from Part 4-4)		- \$	-
1-23		-	\$ -	Other Liabilities [specify]:		- \$	7
1-24			\$ -		\$	- \$	
1-25			\$ -		S	- \$	
1-26		62	\$ -			- \$	-
	(add lines 1-21 through 1-26) TOTAL LIABILITIES Deferred inflows of Resources:	-	\$ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES Deferred inflows of Resources	3 5	- \$	
	Deferred Property Taxes	6,400	\$ -	Pension/OPEB Related	\$	- \$	-
1-29	Lease related (as lessor)	-	\$ -		\$	- \$	
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	6,400	\$ -	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	- \$	-)
1 24		5 -	- \$	Net Investment in Capital and Right-to Use Assets	\$	- \$	-
1-32	The state of the s		\$ -				
1-33	, and the same of	1,743		Emergency Reserves	\$	- \$	
1-34	1,000,1000	-		Other Designations/Reserves	\$	- \$	_
1-35	The state of the s	-	- \$ -	Restricted	\$	- \$	
1-36	Acoustiness falsessived	1,615,140	\$ -	Undesignated/Unreserved/Unrestricted	\$	- \$	-
1-37	Add lines 1-31 through 1-36 This total should be the same as line 3-33			Add lines 1-31 through 1-3 This total should be the same as line 3-3 TOTAL NET POSITIO	3	- \$	
1-38	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND	\$ 1,616,883 \$ 1,623,283		Add lines 1-27, 1-30 and 1-3 This total should be the same as line 1-1 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NE POSITIO	7 5 T	- s	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governm	ental Funds		Proprietary/F	iduciary Funds	
Line#	Description	Fund	Fund*	Description	Fund*	Fund	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 145,723	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 15,443	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	\$ -	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5	Senior/Veteran Exemption Tax	\$ 1,615	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 162,781	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	s -	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$ 45,254	\$ -	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	s -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	s -	· s -	
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	\$ 63,639	\$ -	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 2-8 through 2-23 TOTAL REVENUES	\$ 271,674	s -	Add lines 2-8 through 2-23 TOTAL REVENUES	s -	· \$	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	s -	\$ -	Debt Proceeds	\$ -	- \$	
2-26	Lease Proceeds	s -	\$ -	Lease Proceeds	\$ -	\$	
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	- \$	
2-28	Other [specify]:	\$ -	s -	Strict [specify]		- \$	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES	s -	s -	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		- \$	GRAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 271,674	\$ -	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	the section of the	- \$	\$ 271,674

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) 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.

	PART 3 - FINANC	IAL STATE	MENTS - OP	ERATING STATEMENT - EXPENDIT	TUR	S/EXPENSES	
		Governme	ental Funds			Proprietary/Fiduciary Funds	
Line#	Description	Fund	Fund*	Description		Fund* Fund*	Please use this space to provide explanation of any
	Expenditures			Expenses			items on this page
3-1	General Government	\$ 4,425	\$ -	General Operating & Administrative	\$	- \$	CONTRACTOR OF THE SECOND
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	S	- \$	-
3-8	Health	\$ -	\$ -	Repair and Maintenance	S	- \$	-
3-9	Culture and Recreation	s -	s -	Supplies	S	- S	
3-10	Transfers to other districts	s -	s -	Utilities	S	- S	-
3-11	Other (specify):	\$ -	s -		S	- \$	-
3-12	Other Overhead	\$ 5,788		Other (specify)	S	- S	-
3-13	Operations & Maintenance	\$ 47,883		Other (appensy)	S	- S	
3-14	Capital Outlay	\$ 47,005	s -	Capital Outlay	S	- \$	
3-14	Debt Service	3 -		Debt Service	3	- 3	-)
		•			•		
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	\$ -	\$ -		\$	- \$	•
3-18	Developer Principal Repayments	\$ -	\$ -	Developer Principal Repayments	\$	- \$	==
3-19	Developer Interest Repayments	\$ -	\$ -		\$	- \$	-
3-20	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$	- \$	-
3-21		\$ -	\$ -		\$	- \$	- GRAND TOTAL
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ 58,096	\$ -	Add lines 3-1 through 3-: TOTAL EXPENSE		- \$	- \$ 58,096
3-23	Interfund Transfers (in)	\$ -	\$ -	Net Interfund Transfers (In) Out	\$	- \$	-
3-24	Interfund Transfers out	\$ -	\$ -	Other [specify][enter negative for expense]	\$	- \$	-
3-25	Other Expenditures (Revenues):	\$ -	\$ -	Depreciation/Amortization	\$	- \$	-
3-26		\$ -	\$ -	Other Financing Sources (Uses) (from line 2-28)	\$	- \$	-
3-27		\$ -	\$ -	Capital Outlay (from line 3-14)	\$	- \$	-
3-28		\$ -	\$ -	Debt Principal (from line 3-15, 3-18)	\$	- \$	-
3-29	(Add lines 3-23 through 3-28) TOTAL TRANSFERS AND OTHER EXPENDITURES	•	s -	(Line 3-27, plus line 3-28, less line 3-26, less line 3-2 plus line 3-24) TOTAL GAAP RECONCILING ITEM	25, 11S e	- \$	
3-30	Excess (Deficiency) of Revenues and Other Financing				ч ч		
	Sources Over (Under) Expenditures			Net Increase (Decrease) in Net Position			
	Line 2-29, less line 3-22, less line 3-29	\$ 213,578	\$ -	Line 2-29, less line 3-22, plus line 3-29, less line 3-23	s	- \$	_
		Ψ 210,070			-	**************************************	
3-31	Fund Balance, January 1 from December 31 prior year report			Net Position, January 1 from December 31 prior year			
1	, carried a series of the seri	\$ 1,403,305	s	report	s	- \$	_
7 77	Prior Period Adjustment (MUST explain)			Prior Period Adjustment (MUST explain)			
		\$ -	\$ -		\$	- \$	-
3-33	Fund Balance, December 31 Sum of Lines 3-30, 3-31, and 3-32			Net Position, December 31 Sum of Lines 3-30, 3-31, and 3-32			
	This total should be the same as line 1-37.	\$ 1,616,883	c	This total should be the same as line 1-37.	s	- s	5
	This total should be the same as line 1-57.	\$ 1,616,883	-	Tino total siloulu de tile salite as illie 1-51.	9	- 3	

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) 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.

	PART 4 - [DEBT OUTST	ANDING, ISS	SUED, A	AND RETIRED	
	Please answer the following questions by marking the app	ropriate boxes.		YES	NO	Please use this space to provide any explanations or comments:
4-1	Does the entity have outstanding debt?					
4-2	Is the debt repayment schedule attached? If no, MUST explain:					
4-3	Is the entity current in its debt service payments? If no, MUST explain:					
4-4		THE REPORT STREET, ASSUME THE				
4-4	Please complete the following debt schedule, if applicable: $(please only include principal amounts)$	Outstanding at beginning of year	Issued during Ref	ired during year	Outstanding at year-end	
	General obligation bonds	\$ - \$	- \$		\$ -	
	Revenue bonds	\$ - \$		-	s -	
	Notes/Loans	\$ - \$	- \$		s -	
	Lease & SBITA** Liabilities (GASB 87 & 96)	\$ - \$	- \$		\$ -	
	Developer Advances	\$ - \$			\$.	
	Other (apecify):	\$ - \$			\$.	
	TOTAL	and the same of th			s -	
"Subs	cription Based Information Technology Arrangements	*Must agree to prior year-e				
	Please answer the following questions by marking the appropriate boxes.			YES	NO	
4-5	Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.	3.]?	CONTRACTOR			!
If yes	How much?	\$ -				
11 955	Date the debt was authorized:					
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?				v	
If yes	What is the amount outstanding?	\$ -				
4-8	Does the entity have any lease agreements?					
If yes	What is being leased?					
	What is the original date of the lease?					
	Number of years of lease?					
	Is the lease subject to annual appropriation?					
the common or the common of the common or th		\$ -				
		PART 5 - CAS	H AND INVE	STME	NTS	
	Please provide the entity's cash deposit and investment balances.		THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN 2	MOUNT	TOTAL	Please use this space to provide any explanations or comments:
	YEAR-END Total of ALL Checking and Savings accounts	No of the Art of the A	\$	36.479	100.5	reads and the opace to provide any explanations of comments.
5-2	Certificates of deposit		\$	600,000		
		TOTAL C	ASH DEPOSITS	,	\$ 636,479	
	Investments (if investment is a mutual fund, please list underlying investments):					
	Investment in Colotrust - Edge		\$	600,399		
	Investment in Colotrust - Prime Plus		\$	377,449		
5-3			\$	377,449		
			\$			
		TOTAL	INVESTMENTS		\$ 977,848	
		TOTAL CASH AND				
	Please answer the following question by marking is the account of	TOTAL CASH AND	CONTRACTOR OF THE PROPERTY OF	NO. TO SECURITION OF THE PERSON NAMED IN	\$ 1,614,327	
	Please answer the following question by marking in the appropriate box		YES	NO	N/A	
	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C					
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public depos	sitory (Section 11-				
	10.5-101, et seq. C.R.S.)? If no, MUST explain:		iii	_	L	

	PART	6 - CAPITAL	AND RIG	HIETOEUS	E ASSETS	
BSM	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comm
3-1	Does the entity have capitalized assets?				2	
3-2	Has the entity performed an annual inventory of capital assets in accordance with MUST explain:	Section 29-1-506,	C.R.S.? If no,			
5-3	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year	Additions*	Deletions	Year-End Balance	
	Land		\$	- \$ -	\$	-
	Buildings	s -			\$	•
	Machinery and equipment	\$ -	\$	- \$ -	\$	
	Furniture and fixtures	\$ -	\$		\$	-
	Infrastructure	\$ -			\$	-
	Construction In Progress (CIP)	\$ -		Call Annual Control of the Control o	\$	-
	Leased & SBITA Right-to-Use Assets		1.7		\$	-
	Intangible Assets	\$ -			\$	
	Other (explain):		- T		\$	-
	Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	And a second sec			S	-
	Accumulated Depreciation (Enter a negative, or credit, balance)					식
	TOTAL	and the same of th	\$	- \$ -	\$	erst.
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year	Additions"		Year-End Balance	
	Land	27			\$	-
	Buildings				\$	-
	Machinery and equipment		A comment of the comm		\$	-
	Furniture and fixtures				\$	-
	Infrastructure				\$	•
	Construction In Progress (CIP)		\$ \$		S	
	Leased & SBITA Right-to-Use Assets				S	
	Intangible Assets	1.00	4.37		S	-
	Other (explain): Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance)	the second secon	7		\$	-
	Accumulated Amortization (Enter a negative, or credit, balance)				. \$	-
	TOTAL	A Decision of the Control of the Con			. \$	-
		* Must agree to prior y * Generally capital asse	ear-end balance et additions should be	reported at capital or	utlay on line 3-14 and capitalize explain any discrepancy	d

PART	7 - PENSIO	N INFORM	ATION		
		Y	ES	NO	Please use this space to provide any explanations or comments:
7-1 Does the entity have an "old hire" firefighters' pension plan? 7-2 Does the entity have a volunteer firefighters' pension plan? If yes. Who administers the plan?					
Indicate the contributions from:					
Tax (property, SO, sales, etc.):	\$	-			
State contribution amount:	\$	-			
Other (gitts, donations, etc.):	\$	-			
	TOTAL \$	-			
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	-			

	PART 8 - BU	DGET INFO	DRMATI	ON	
	Please answer the following question by marking in the appropriate box	YES	NO	N/A	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	2			
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	v			
If yes	Please indicate the amount appropriated for each fund separately for the year reported				
	Governmental/Proprietary Fund Name Total Appropriatio	ns By Fund			
	General Fund \$	70,015			
	S S	-			
	\$	-			
	PART 9 - TAX PAYER	R'S BILL O	RIGHT	S (TABOR)	
	Please answer the following question by marking in the appropriate box		YES	NO NO	Please use this space to provide any explanations or comments:
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 emergativement. All governments should determine if they meet this requirement of TABOR.	ergeucy reserve			
	PART 10 - GEI	NERAL INF	ORMAT	TION	
	Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:
	Is this application for a newly formed governmental entity?			V	The same species in the same same suprairies and same same same same same same same same
If yes	Date of formation:				
10-2	Has the entity changed its name in the past or current year?			V	
If Yes	NEW name				
	PRIOR name				
	Is the entity a metropolitan district?			$ \mathbf{V} $	
10-4	Please indicate what services the entity provides				
10 5	Door the antiby have an agreement (the				
	Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided:				
,	List the name of the other governmental entity and the services provided:				
10-6	Does the entity have a certified mill levy?				
	Please provide the number of mills levied for the year reported (do not enter \$ amounts):				
	Bond Redemption mills 0.000				
	General/Other mills 15.000				
	Total mills 15.000	YES	NO	N/A	
10-7	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.	2			

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

					OSA U	SE ON	Y				
Entity Wide: Unrestricted Cash & Investments Current Liabilities Deferred Inflow	s s	1,614,327 - 6,400	General Fund Unrestricted Fund Bal Total Fund Balance PY Fund Balance Total Revenue Total Expenditures	an \$ \$ \$ \$ \$ \$ \$ \$		1,616,883 1,403,305 271,674	Governmental Funds Total Tax Revenue Revenue Paying Debt Service Total Revenue Total Debt Service Principal Total Debt Service Interest Total Assets	s s s s		162,781 271,674 - 1,623,283	
Governmental Total Cash & Investments Transfers In Transfers Out Property Tax Debt Service Principal Total Expenditures Total Developer Advances Total Developer Repayments	* * * * * * * * *	1,614,327 - 145,723 58,096	Interfund In Interfund Out Proprietary Current Assets Deferred Outflow Current Liabilities Deferred Inflow Cash & Investments Principal Expense	s s s s s s s s s s			Total Liabilities Enterprise Funds Net Position PY Net Position Government-Wide Total Outstanding Debt Authorized but Unissued Year Authorized	s s s	1/0/1900	:	

	PART 12 - GO	VERNING BODY APPROVAL
	the following question by marking in the appropriate box	YES NO
Contract Spinetter, e. contract suppression according to contract	ubmit this form electronically, have you read the new Electronic Signature Policy?	
fice of the State	e Auditor — Local Government Division - Exemption Form Elec	tronic Signatures Policy and Procedures
cy - Requirements		
o preparer of the app ie governing body, e application must be ies, and include the o	dication is responsible for obtaining board signatures that comply with the requirement in	cation for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. 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 tware. The signature history document must show when the document was created and when the document was emailed to the various a show the individuals' email addresses and IP address.
ibmit the application clude a copy of an ac clude electronic sign	electronically via email and either, formal approval by the Board, or adures obtained through a software program such as Documign or Echosign in accordance of the software program such as Documign or Echosign in accordance of the coverest state.	
iedga of grivermmenta	decounting completed to the best of their knowledge and is accurate and had like adoltonal p	pages if the late .
JST Print the	e names of ALL members of the governing body below.	R AMAJORITY of the members of the governing body must sign below.
	Bob Milford	attest that I am a duly elected or appointed board member, and that I have personally properly apply approve this application for exemption from audit 3 - 28 - 29 My term expires: 5/27
2	Full Name Tim Gallagher	1. Tim Gellog her attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit Signed Singles her Falls her Date 3-28-24 My term tripps:
3	Full Name Kim Kron	personally reviewed and approve this application for exemption from audit 28 24 My term Expires: 5/3
	Full Name	
4	Gary Franklin	i. Cher Franklin attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Temper 5/27 My term Expires: 5/27
	Full Name	$C = I = \{(1,1)^2\} = I = I$
5	Gale Webber	personally reviewed and approve this application for exemption from addity 124 My terry Expires:
6	Full Name	attest that I am a duty elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date:
7	Full Name	attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit Signed

RESOLUTION NO. 2024-1

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR THE YEAR 2023 FOR THE COLORADO'S TIMBER RIDGE METROPOLITAN DISTRICT, STATE OF COLORADO.

WHEREAS, the Board of Directors of the Timber Ridge Metropolitan District wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., state that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provisions of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenues nor expenditures for the Colorado's Timber Ridge Metropolitan District exceeds \$750,000 for the year 2023; and

WHEREAS, an application for exemption from audit for Timber Ridge Metropolitan District has been prepared by Wilson, Rea, Beckel & Associates, CPAs, LLC, and independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved by the Board of Directors of the Timber Ridge Metropolitan District this application for exemption from audit for the Colorado's Timber Ridge Metropolitan District for the year ending December 31st 2023, has been personally reviewed and is hereby approved by the Board of Directors of the Colorado's Timber Ridge Metropolitan District; the members of the Board of Directors has signified their approval by signing below; and that this resolution shall be attached to, and shall become part of, the application for exemption from audit of the Colorado's Timber Ridge Metropolitan District for the year end December 31st 2023.

ADOPTED THIS 28TH day of March 2024.

COLORADO'S TIMBER RIDGE METROPOLITAN DISTRICT

Bob Milford, President - Colorado's Timber Ridge Metropolitan Board

ATTEST:	
Names of Board of Directors	Date term expires Signature
Bob Milford	May 2027 - 20/1/W/
Tim Gallagher	May 2025 Jen Holly Le
Kim Kron	May 2025 -
Gary Franklin	May 2027 — Jame 2 2
Gale Weber	May 2025 - Lale Wells