RESOLUTION APPROVING THE EXEMPTION FROM AUDIT FOR FISCAL YEAR 2023 FOR THE JACKSON CREEK COMMERCIAL METROPOLITAN DISTRICT NOS. 1-7

(revenues or expenditures did not exceed \$100,000) (Pursuant to Section 29-1-604, C.R.S.)

WHEREAS, the Board of Directors of the Jackson Creek Commercial Metropolitan District Nos. 1-7 (collectively, the "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., states 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 District exceeded \$100,000 for fiscal year 2022; and

WHEREAS, an application for exemption from audit for the District has been prepared by a person skilled in 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 Jackson Creek Commercial Metropolitan District Nos. 1-7 that the application for exemption from audit for the District for the fiscal year ended December 31, 2023, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the District; that those members of the Board have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of the application for exemption from audit of the District for fiscal year ended December 31, 2023.

ADOPTED this 20th day of March 2024.

		JACKSON CREEK COMMERCIAL METROPOLITAN DISTRICT NOS. 1-7	
		By: Robert C Oldach	_
ATTEST:	Sole Deduri	President	
Secretary			

Board Member Name	Term Expires	Signature
Gabriel Godwin	May 2025	Sole Dudin
Robert Oldach	May 2025	Robert C Oldac
Brett Behnke	May 2023	Brett Behnke

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT

ADDRESS

Jackson Creek Commercial Metropolitan District No. 5 c/o Spencer Fane LLP 1700 Lincoln Street, Suite 2000

For the Year Ended 12/31/23 or fiscal year ended:

CONTACT PERSON

PHONE EMAIL 1700 Lincoln Street, Suite 2000
Denver, CO 80203
Brenden Desmond
303-839-3800
bdesmond@spencerfane.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 Becky Johnson
Paralegal
Spencer Fane LLP

1700 Lincoln Street, Suite 2000

303-839-3800

PREPARER (SIGNATURE REQUIRED)		DATE PREPARED
Bocky Johnson	- Free Control of the	3/20/2024
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
ısing Governmental or Proprietary fund types	Ø	

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#		De	scription	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	-	space to provide
2-2		Specific owner	ship	\$ 1,660	any necessary
2-3		Sales and use	·	\$ -	explanations
2-4		Other (specify)	:	\$ -	
2-5	Licenses and pern			\$ -	
2-6	Intergovernmental	l:	Grants	\$ -	1
2-7	•		Conservation Trust Funds (Lottery)	\$ -	1
2-8			Highway Users Tax Funds (HUTF)	-	1
2-9			Other (specify):	\$ -	1
2-10	Charges for service	es		\$ -	1
2-11	Fines and forfeits			\$ -	
2-12	Special assessme	nts		\$ -	
2-13	Investment incom-	е		\$ -	
2-14	Charges for utility	services		\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -]
2-16	Lease proceeds			\$ -]
2-17	Developer Advanc	es received	(should agree with line 4-4)	\$ 10,000	
2-18	Proceeds from sal	e of capital assets	s	\$	
2-19	Fire and police pe	nsion		\$	
2-20	Donations			\$	
2-21	Other (specify):			\$	
2-22				\$	
2-23				\$	
2-24		(add lir	ies 2-1 through 2-23) TOTAL REVENUE	5 11.660	

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.

	interest payments on long-term debt. Financial information will not inclu	ide fund equity inform	nation.	The state of the s
Line#	Description	A STATE OF THE PARTY OF THE PAR	Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services	[\$ -	
3-5	Employee benefits		\$	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ 1,578	
3-8	Repair and maintenance		\$ -	
3-9	Supplies		\$ -	
3-10	Utilities and telephone		\$ -	
3-11	Fire/Police		\$ -	
3-12	Streets and highways		\$ -]
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -]
3-15	Utility operations		\$ -]
3-16	Culture and recreation		\$ -	
3-17	Debt service principal (sh	ould agree with Part 4)	\$]
3-18	Debt service interest	[\$	
3-19	Repayment of Developer Advance Principal (sho	uld agree with line 4-4)	\$	
3-20	Repayment of Developer Advance Interest	[\$ -	
3-21	Contribution to pension plan (si	nould agree to line 7-2)	<u> </u>	
3-22	Contribution to Fire & Police Pension Assoc. (si	nould agree to line 7-2)	\$ -	
3-23	Other (specify):		<u> </u>	
3-24			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITU	IRES/EXPENSES	\$ 1,578	

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit - <u>LONG FORM</u>".

Please answer the following questions by marking the appropriate boxes. If Yes, please stack a copy of the entity have outstanding dear schedule.	Awa i	PART 4 - DEBT OUTSTANDIN	G, ISSUED	, AND RI	ETIRED	
If Yes, please statech a copy of the entity's Debt Repayment Schedule. 4-2 Is the debt renavment schedule attached? If no, MUST explain below: 4-3 Is the entity current in its debt service payments? If no, MUST explain below: 4-4 Dease complete the following debt schedule, if applicable: (please only include principal amounts) [enter all amount as prostive (please only include principal amounts) [enter all amount as prostive (please only include principal amounts) [enter all amount as prostive (please only include principal amounts) [enter all amount as prostive (please only include principal amounts) [enter all amount as prostive (please only include principal amounts) [enter all amount as prostive (please only include principal amounts) [enter all amount as prostive (please only include principal amounts) [enter all amount as prostive (please only include principal amounts) [enter all amount as prostive (please only include principal amounts) [enter all amounts as a sea as self-amounts] [enter all amounts are as a sea as self-amounts] [enter all amounts are as a self-amounts] [enter all amounts are as a self-amounts] [enter all amounts are as a self-amounts] [enter all amounts] [enter al			appropriate boxes.			
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PART 5 - CASH AND INVESTMENTS Please provide the entity's cash deposit and investment balances. 5-1 YEAR-END Total of ALL Checking and Savings Accounts 5-2 Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): 5-3 Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes 4 Are the entity's Investments legal in accordance with Section 24-75-601, et. 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.)?		What are the annual lease payments?		-		
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Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): Total Investments Total Investments Total Cash and Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?						
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Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): S -	5-1					
Investments (if investment is a mutual fund, please list underlying investments): S	5-2	Certificates of deposit			\$ -	
5-3 Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes Yes No N/A 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? 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.)?		Total Cash Deposits				\$ -
5-3 Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes Yes No N/A 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? 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.)?		Investments (if investment is a mutual fund, please list underlying	g investments):			
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5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? 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.)?		The second secon				-
seq., C.R.S.? 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.)?		Please answer the following questions by marking in the approp	oriate boxes	Yes	No	N/A
seq., C.R.S.? 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.)?	5-4	Are the entity's Investments legal in accordance with Section	n 24-75-601, et.		П	2
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.)?					_	_
depository (Section 11-10.5-101, et seq. C.R.S.)?	5-5		ction Act) public			
				U.S		
	If no. ML					

	Please answer the following questions by marking in the appropriate box)-U	SE ASS	ETS Yes	No
6-1	Does the entity have capital assets?					2
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accorda	ance v	with Section		
		,		٨		
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of year	_	Additions (Mus be included in Part 3)		Year-End Balance
	Land		-	\$	\$	\$ -
	Buildings			\$ -	\$	\$ -
	Machinery and equipment	· ·		\$ - \$ -	\$ - \$ -	\$ - \$ -
	Furniture and fixtures Infrastructure	-	-	\$ - \$ -	\$ -	\$ -
	Constructure Construction In Progress (CIP)	-		\$ -	\$ -	\$ -
	Leased & SBITA Right-to-Use Assets		- +	\$ -	\$ -	\$ -
	Other (explain):	•	- +	\$ -	\$ -	\$ -
	Accumulated Depreciation/Amortization					
	(Please enter a negative, or credit, balance)	\$	-	\$ -	\$ -	\$ -
	TOTAL	\$	- 1	\$ -	\$ -	\$ -
		*must tie to pr	іог уеа	r ending balanc	е	
	Part 6 - Please use this space to provide any explanations	/comments	or at	tach docume	entation, if need	ed:
	PART 7 - PENSION	INFORI	MA ⁻	TION		
	Please answer the following questions by marking in the appropriate box				Yes	No
7-1	Does the entity have an "old hire" firefighters' pension plan?					
7-2	Does the entity have a volunteer firefighters' pension plan?			<u></u>		
If yes:	Who administers the plan?					
	Indicate the contributions from:					
	Tax (property, SO, sales, etc.):		Γ	\$ -	7	
	State contribution amount:			\$ -		
	Other (gifts, donations, etc.):			\$ -		
	TOTAL			\$ -	_	
	What is the monthly benefit paid for 20 years of service per re 1?	etiree as of .	Jan	\$ -		
	Part 7 - Please use this space to provide	any explana	tions	or commen	ts:	
				-		
	PART 8 - BUDGET I	INFORM	ΛAI	ΓΙΟΝ		
	Please answer the following questions by marking in the appropriate box			Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affairs for	the current	year	2		0
	in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:			(L)	u	
8-2	Did the entity pass an appropriations resolution, in accordan	on with Saci	lion			
-	29-1-108 C.R.S.? If no, MUST explain:	ce with Seci	lion	$ \mathbf{Z} $		
	29-1-100 C.R.S. Fit flo, WOST explain.					
If yes:	Please indicate the amount budgeted for each fund for the year	ar reported:				
,00.				iona Bu-Eural		
	Governmental/Proprietary Fund Name	Fotal Appr	opriat	ions By Fund 33	3	
	General	\$		33.	-	
					7	
					1	
					_	

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
CONTRACTOR	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)]?	2	
	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.	<u> </u>	J
If no, M	UST explain:		

	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: 10-2	Date of formation: Has the entity changed its name in the past or current year?		Ø
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district? Please indicate what services the entity provides:	Ø	
10-4 If yes:	All services under Title 32 Does the entity have an agreement with another government to provide services? List the name of the other governmental entity and the services provided:	О	v
10-5 If yes:	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed:		2
10-6 If yes:	Does the entity have a certified Mill Levy?	Ø	
II y 00.	Please provide the following mills levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills General/Other mills Total mills Yes	No	10.000 10.000 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.	٥	

	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?	Ø	

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.

Board	Print Board Member's Name	I Gabriel M. Godwin, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
Member 1	Gabriel M. Godwin	audit. Signed Date: My term Expires: May 2025
Board	Print Board Member's Name	I Robert C. Oldach, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 2	Robert C. Oldach	Signed Robert Coldach Date: Robert Coldach My term Expires: May 2025
Board	Print Board Member's Name	I Brett Behnke, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 3	Brett Behnke	Signed
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 4		exemption from audit. Signed Date:
Board	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 5		exemption from audit. Signed Date: My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 6		exemption from audit. Signed Date: My term Expires:
	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Board Member 7		exemption from audit. Signed Date:
		My term Expires:

citrix RightSignature

SIGNATURE CERTIFICATE

REFERENCE NUMBER

BAD54C24-B630-488D-A9E3-2A439273FADD

TRANSACTION DETAILS

Reference Number

BAD54C24-B630-488D-A9E3-2A439273FADD

Transaction Type

Signature Request

Sent At

03/21/2024 15:47 EDT

Executed At

03/28/2024 12:07 EDT

Identity Method

email

Distribution Method

email

Signed Checksum

 $\tt d8b9d4792004c2e9c1b50e39d1a122fa24d3c565a286606d3c23d3ac558f9d26$

E-SIGNATURE

Signer Sequencing

Disabled

Document Passcode

Disabled

SIGNER

DOCUMENT DETAILS

Document Name

jackson audit docs

Filename

jackson_audit_docs.pdf

Pages 94 pages

Content Type application/pdf

File Size 4.64 MB

Original Checksum

5c509cc60c95c2c2061f402e79c97f808dadb814b1d7cea210934e614b861d1d

EVENTS

SIGNERS

Olditelli	E GIGHATORE	LVLIVIO
Name Gabriel M. Godwin	Status signed	Viewed At 03/28/2024 10:52 EDT
Email	Multi-factor Digital Fingerprint Checksum	Identity Authenticated At
ggodwin@csigc.com	566bdb36d2ab7c070a11cba571a679027ce900bd9a6ea626131b7eda4afd68ce	03/28/2024 10:53 EDT
Components 13	IP Address 23.24.143.109	Signed At 03/28/2024 12:07 EDT
	Device Microsoft Edge via Windows	
	Drawn Signature	
	Make Dulain	
	Signature Reference ID 25B4A486	
	Signature Biometric Count 3	
Name	Status	Viewed At
Robert C. Oldach	signed	03/28/2024 01:08 EDT
Email roldach@csigc.com	Multi-factor Digital Fingerprint Checksum	Identity Authenticated At 03/28/2024 01:10 EDT
•	cc8b64f646593e80fed7557c32a409224d655a7628d20848205151c9efe065cb	Signed At
Components 15	IP Address 70.180.30.68	03/28/2024 01:10 EDT
	Device Chrome via Windows	
	Typed Signature	
	Robert C Oldach	
	Signature Reference ID 0A2E5FB0	

SIGNER	E-SIGNATURE	EVENTS
Name Brett Behnke	Status signed	Viewed At 03/22/2024 10:36 EDT
Email bbehnke@csigc.com Components 14	Multi-factor Digital Fingerprint Checksum	Identity Authenticated At 03/22/2024 10:41 EDT
	b69c492aaeb6a7e99a87cbde939e534093a50ca0c3d155e96eb84670b0ff057b	
	IP Address 98.43.152.77	Signed At 03/22/2024 10:41 EDT
	Device Chrome via Windows	
	Typed Signature	
	Brett Behnke	
	Signature Reference ID 6F291E71	

AUDITS

TIMESTAMP	AUDIT
03/21/2024 15:47 EDT	Becky Johnson (bjohnson@spencerfane.com) created document 'jackson_audit_docs.pdf' on Chrome via Windows from 71.218.104.164.
03/21/2024 15:48 EDT	Gabriel M. Godwin (ggodwin@csigc.com) was emailed a link to sign.
03/21/2024 15:48 EDT	Brett Behnke (bbehnke@csigc.com) was emailed a link to sign.
03/21/2024 15:48 EDT	Robert C. Oldach (roldach@csigc.com) was emailed a link to sign.
03/22/2024 10:36 EDT	Brett Behnke (bbehnke@csigc.com) viewed the document on Chrome via Windows from 98.43.152.77.
03/22/2024 10:41 EDT	Brett Behnke (bbehnke@csigc.com) authenticated via email on Chrome via Windows from 98.43.152.77.
03/22/2024 10:41 EDT	Brett Behnke (bbehnke@csigc.com) signed the document on Chrome via Windows from 98.43.152.77.
03/26/2024 10:42 EDT	Gabriel M. Godwin (ggodwin@csigc.com) was emailed a reminder.
03/26/2024 10:42 EDT	Robert C. Oldach (roldach@csigc.com) was emailed a reminder.
03/28/2024 01:08 EDT	Robert C. Oldach (roldach@csigc.com) viewed the document on Chrome via Windows from 70.180.30.68.
03/28/2024 01:10 EDT	Robert C. Oldach (roldach@csigc.com) authenticated via email on Chrome via Windows from 70.180.30.68.
03/28/2024 01:10 EDT	Robert C. Oldach (roldach@csigc.com) signed the document on Chrome via Windows from 70.180.30.68.
03/28/2024 10:50 EDT	Gabriel M. Godwin (ggodwin@csigc.com) was emailed a reminder.
03/28/2024 10:52 EDT	Gabriel M. Godwin (ggodwin@csigc.com) viewed the document on Microsoft Edge via Windows from 23.24.143.109.
03/28/2024 10:53 EDT	Gabriel M. Godwin (ggodwin@csigc.com) authenticated via email on Microsoft Edge via Windows from 23.24.143.109.
03/28/2024 12:07 EDT	Gabriel M. Godwin (ggodwin@csigc.com) signed the document on Microsoft Edge via Windows from 23.24.143.109.