APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	North Station Metropolitan District No. 1	For the Year Ended
ADDRESS	2500 Arapahoe Avenue, Suite 220	12/31/22
	Boulder, CO 80302	or fiscal year ended:
CONTACT PERSON	Steve Rane	
PHONE	303-442-4299]
EMAIL	steve@cdgcolorado.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:
Shelby Clymer

	Sheiby Gynner					
TITLE	Accountant for the District					
FIRM NAME (if applicable)	CliftonLarsonAllen LLP					
ADDRESS	8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111					
PHONE	303-779-5710					
DATE PREPARED	3/16/2023					
PREPARER (SIGNATURE REQUIRED)						

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (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#		Description	Round to nearest Dollar	Please use this
2-1	Taxes: Property	(report mills levied in Question 10-6)	\$ 2,597	space to provide
2-2	Specific ow	nership	\$ 154	
2-3	Sales and u	se	\$ -	explanations
2-4	Other (spec	ify):	\$ -	
2-5	Licenses and permits		\$ -	
2-6	Intergovernmental:	Grants	\$ -	
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		\$ 12	
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 Advances received	(should agree with line 4-4)	\$-	
2-18	Proceeds from sale of capital as	sets	\$-	
2-19	Fire and police pension		\$-	
2-20	Donations		\$-	
2-21	Other (specify):		\$-	
2-22	Transfer from Erie Corporate Cer	nter Metropolitan District No. 2	\$ 13,861	
2-23	Transfer from Erie Corporate Cer	nter Metropolitan District No. 3	\$ 23,223	
2-24	(add	I lines 2-1 through 2-23) TOTAL REVENUE	\$ 39,847	

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	\$	1,068	space to provide
3-2	Salaries	\$	-	any necessary
3-3	Payroll taxes	\$	-	explanations
3-4	Contract services	\$	-	
3-5	Employee benefits	\$	-	
3-6	Insurance	\$	2,757	
3-7	Accounting and legal fees	\$	26,002	
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	\$	3,736	
3-15	Utility operations	\$	-	
3-16	Culture and recreation	\$	-	
3-17	Debt service principal (should agree with Part	4) \$	-	
3-18	Debt service interest	\$	-	
3-19	Repayment of Developer Advance Principal (should agree with line 4)	-4) \$	-	
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) \$	-	
3-23	Other (specify):			
3-24		\$	-	
3-25		\$	-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSE	S \$	33,563	
If TOTAL	REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER that	an \$10	0,000 - <u>STOP</u> . You may n	ot use this

form. Please use the "Application for Exemption from Audit - LONG FORM".

	PART 4 - DEBT OUTSTANDING	G. ISSUED	. AND RE	TIRED	
	Please answer the following questions by marking the		·	Yes	No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment S	7			
4-2	Is the debt repayment schedule attached? If no. MUST explai		П	V	
7 4	Developer advances will be paid as funds become available.			1	
	beveloper auvances will be para as rands become avanable.				
4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			v
	N/A. Developer advances will be paid as funds become availa				
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)	Outstanding at end of prior year*	lssued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$-	\$-	\$-	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -
	Developer Advances	\$ 89,415	\$ -	\$ -	\$ 89,415
	Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ 89,415	\$ -	\$ -	\$ 89,415
		*must tie to prior ye	1	,	
	Please answer the following questions by marking the appropriate boxes			Yes	No
4-5	Does the entity have any authorized, but unissued, debt?			J.	
If yes:	How much?	\$	62,200,000.00		
	Date the debt was authorized:	200	4]	
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 s	still responsible	for?		7
If yes:	What is the amount outstanding?	\$	-]	
4-8	Does the entity have any lease agreements?				7
If yes:	What is being leased?]	
	What is the original date of the lease?				
	Number of years of lease?			J _	
	Is the lease subject to annual appropriation?	•			7
	What are the annual lease payments?	\$	-	J	
	Please use this space to provide any	explanations or	comments:		

	PART 5 - CASH AND INVESTM	ENTS			
	Please provide the entity's cash deposit and investment balances.		Aı	nount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	7,830	
5-2	Certificates of deposit		\$	-	
	Total Cash Deposits				\$ 7,830
	Investments (if investment is a mutual fund, please list underlying investments):				
	CSAFE		\$	687	
5-3			\$	-	
5-5			\$	-	
			\$	-	
	Total Investments				\$ 687
	Total Cash and Investments				\$ 8,517
	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.		Г	7	
	seq., C.R.S.?		-	-	
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public	2	С	-	
	depository (Section 11-10.5-101, et seq. C.R.S.)?	Ľ	L		
lf no, M	UST use this space to provide any explanations:				

	PART 6 - CAPITAL AND RIG	HT-TO-L	JSE ASSE	TS	
	Please answer the following questions by marking in the appropriate boxes	5 .		Yes	No
6-1	Does the entity have capital assets?			V	
6-2	Has the entity performed an annual inventory of capital assets 29-1-506, C.R.S.,? If no, MUST explain:	in accordance	with Section	7	
6-3		Balance -	Additions (Must		Vear-End

Complete the following capital & right-to-use assets table:	alance - ining of the year*	be ii	tions (Must ncluded in Part 3)	Deletions	∕ear-End Balance
Land	\$ -	\$	-	\$ -	\$ -
Buildings	\$ -	\$	-	\$ -	\$ -
Machinery and equipment	\$ -	\$	-	\$ -	\$ -
Furniture and fixtures	\$ -	\$	-	\$ -	\$ -
Infrastructure	\$ -	\$	-	\$ -	\$ -
Construction In Progress (CIP)	\$ 24,035	\$	3,736	\$ -	\$ 27,771
Leased Right-to-Use Assets	\$ -	\$	-	\$ -	\$ -
Other (explain):	\$ -	\$	-	\$ -	\$ -
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ -	\$	-	\$ -	\$ -
TOTAL	\$ 24,035	\$	3,736	\$ -	\$ 27,771

Please use this space to provide any explanations or comments:

	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?			7
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 (gifts, donations, etc.):	\$ -		
	TOTAL	\$ -		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -		

	PART 8 - BUDGET INFORMA	ΓΙΟΝ		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No	N/A
8-1	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.?			
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	I		

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

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General Fund	\$ 58,899

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	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)]?	7	
	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	
lf no, Ml	JST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	Is this application for a newly formed governmental entity?		-
10-1			
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?	4	
If yes:	Please list the NEW name & PRIOR name:		
	North Station Metropolitan District No. 1 ; Erie Corporate Center Metropolitan District No .1		
10-3	Is the entity a metropolitan district?	7	
	Please indicate what services the entity provides:		
	See Below.		
10-4	Does the entity have an agreement with another government to provide services?	4	
If yes:	List the name of the other governmental entity and the services provided:		
	See Below.		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		4
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	v	
If yes:			
, 000.	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		_
	General/Other mills		55.663
	Total mills		55.663

Please use this space to provide any explanations or comments:

10-3: Sewer, water, streets, traffic and safety controls, parks and recreation, television relay and translation, mosquito control and transportation.

10-4: North Station Metro District Nos. 2 & 3 will pay the construction and operation costs of District No. 1.

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

12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

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 current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board Member	Print Board Member's Name Jon R. Lee	I Jon R. Lee, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
1		Date: 3/29/2023 Conservationer My term Expires: May 2025
Board	Print Board Member's Name	I Jessica Brothers, 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	Jessica Brothers	Signed Date:3/30/2023 My term Expires: May 2023
Board	Print Board Member's Name	I Steve Rane, 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	Steve Rane	Signed Date:3/30/2023 My term Expires: May 2023
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
Board Member 4		exemption from audit. Signed Date: My term Expires:
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:
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 exemption from audit.
Member 6		Signed Date: My term Expires:
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 exemption from audit.
Member 7		Signed Date: My term Expires:



CliftonLarsonAllen LLP 8390 East Crescent Pkwy., Suite 300 Greenwood Village, CO 80111 phone 303-779-5710 fax 303-779-0348 CLAconnect.com

Accountant's Compilation Report

Board of Directors North Station Metropolitan District No. 1 Weld County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of North Station Metropolitan District No. 1 as of and for the year ended December 31, 2022, 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 American Institute of Certified Public Accountants. 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 the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, which differ from accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

Clifton Larson allen LLG

Greenwood Village, Colorado March 16, 2023

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Certificate Of Completion

Envelope Id: 241E7E39732E4EA9A1438DFEAA669F41 Subject: Complete with DocuSign: North Station Metropolitan District No. 1 -2022 Audit Exemption.pdf Client Name: North Station Metropolitan District No. 1 Client Number: A518115 Source Envelope: Document Pages: 8 Signatures: 3 Initials: 0 Certificate Pages: 5 AutoNav: Enabled Envelopeld Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

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Signer Events

Jon R. Lee jonrlee@cdgcolorado.com

Authorized representative

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/29/2023 6:32:55 PM

ID: e4054660-372c-42e3-98d1-9f4d3880eb0d

Jessica Brothers

Steve Rane

(None)

steve@cdgcolorado.com

Secretary/Treasurer

jessica@cdgcolorado.com Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/30/2023 11:09:04 AM ID: 27ffd859-afab-44ef-b3dd-407bb1622ce6

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-DocuSigned by:

Steve Kane

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