	APPLICATION FOR	NG FORM			
WALL OF COLUMN THE		JNG FURIV	treatment and a common to	For the Year En	dod
NAME OF GOVERNMENT	Marvella Metropolitan District 7995 E. PRENTICE AVENUE, SUITE 103E	e subthounts		12/31/2022	
ADDRESS	GREENWOOD VILLAGE, CO 80111			or fiscal year en	
	ONLEWWOOD VILLAGE, GO COTT				
CONTACT PERSON	PHYLLIS BROWN				
PHONE	303-381-4960				
EMAIL	pbrown@crsofcolorado.com				
dependent of the entity complete t	CERTIFICAT  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 \$100.000	n the Application is	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.	t a per
ndependent of the entity complete to NAME:	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 \$  Joan Beans  DISTRICT ACCOUNTANT	n the Application is	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.	t a per
ndependent of the entity complete t NAME: TITLE FIRM 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 \$  Joan Beans  DISTRICT ACCOUNTANT  COMMUNITY RESOURCE SERVICES OF COLORADO	n the Application is 750,000, and that	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.	t a per
ndependent of the entity complete I NAME: TITLE FIRM NAME (if applicable) 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 \$  Joan Beans  DISTRICT ACCOUNTANT  COMMUNITY RESOURCE SERVICES OF COLORADO  7995 E. PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, C	n the Application is 750,000, and that	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.	t a per
ndependent of the entity complete to NAME: ITLE FIRM NAME (if applicable) 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 \$  Joan Beans DISTRICT ACCOUNTANT COMMUNITY RESOURCE SERVICES OF COLORADO 7995 E. PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, C 303-381-4960	n the Application is 750,000, and that	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity	t a per
ndependent of the entity complete to NAME: ITTLE FIRM NAME (if applicable) ADDRESS PHONE DATE PREPARED	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 \$  Joan Beans  DISTRICT ACCOUNTANT  COMMUNITY RESOURCE SERVICES OF COLORADO  7995 E. PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, C	n the Application is 750,000, and that	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.	t a per
independent of the entity complete to NAME: TITLE FIRM NAME (if applicable) ADDRESS PHONE DATE PREPARED RELATIONSHIP TO ENTITY	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 \$  Joan Beans  DISTRICT ACCOUNTANT  COMMUNITY RESOURCE SERVICES OF COLORADO  7995 E. PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, C 303-381-4960  3134123  DISTRICT ACCOUNTANT	n the Application is 750,000, and that	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.	t a per
I certify that I am an independent acondependent of the entity complete in NAME: TITLE FIRM NAME (if applicable) ADDRESS PHONE DATE PREPARED RELATIONSHIP TO ENTITY PREPARER (SIGNATURE	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 \$  Joan Beans  DISTRICT ACCOUNTANT  COMMUNITY RESOURCE SERVICES OF COLORADO  7995 E. PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, C 303-381-4960  3134123  DISTRICT ACCOUNTANT	n the Application is 750,000, and that	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.	t a per
independent of the entity complete to NAME: TITLE FIRM NAME (if applicable) ADDRESS PHONE DATE PREPARED RELATIONSHIP TO ENTITY	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 \$  Joan Beans  DISTRICT ACCOUNTANT  COMMUNITY RESOURCE SERVICES OF COLORADO  7995 E. PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, C 303-381-4960  3134123  DISTRICT ACCOUNTANT	n the Application is 750,000, and that	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.	t a per
ndependent of the entity complete to NAME: ITTLE FIRM NAME (if applicable) ADDRESS PHONE DATE PREPARED RELATIONSHIP TO ENTITY PREPARER (SIGNATURE	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 \$    Joan Beans	n the Application is i750,000, and that	complete and accundependent means	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.	t a per
independent of the entity complete to NAME: TITLE FIRM NAME (if applicable) ADDRESS PHONE DATE PREPARED RELATIONSHIP TO ENTITY PREPARER (SIGNATURE  Has the patity 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 \$  Joan Beans  DISTRICT ACCOUNTANT  COMMUNITY RESOURCE SERVICES OF COLORADO  7995 E. PRENTICE AVENUE, SUITE 103E, GREENWOOD VILLAGE, C 303-381-4960  3134123  DISTRICT ACCOUNTANT	n the Application is 750,000, and that	complete and accu	urate to the best of my knowledge. I am aware that the Audit Law requires that someone who is separate from the entity.  If Yes, date filed:	t a pe

## DocuSign Envelope ID: 4BD3207F-89D4-4F7F-B01C-AB023DA87C11 PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

		Government	al Funds		Proprieta	ry/Fiduciary Funds	Please use this space to
Line #	Description	General	Debt Service	Description	Fund*	Fund*	provide explanation of an items on this page
	Assets Cash & Cash Equivalents	40.000 0	400.500	Assets Cash & Cash Equivalents	\$	-   \$	
1-1	Investments \$	10,689 \$ 180,145 \$		Investments	\$		-
1-2 1-3	Receivables \$	1,297 \$		Receivables	\$	- \$ - \$	-
1-4	Due from Other Entities or Funds \$	- \$		Due from Other Entities or Funds	\$	- \$	-
1-5	Property Tax Receivable \$	272,135 \$		Other Current Assets [specify]	Ψ	-   ψ	
1-5	All Other Assets [specify]	272,100 ψ	271,003	Other Odirent Assets [specify]	\$	- \$	
1-6	Lease Receivable (as Lessor) \$	-   \$		Total Current Assets		- \$	
1-7	Prepaids \$	11.328 \$		Capital & Right to Use Assets, net (from Part 6-4)	\$	- \$ - \$	
1-8	\$	- \$		Other Long Term Assets [specify]	\$	- \$	-
1-9	\$	- \$		Other Long Term Assets [specify]	\$	- \$	-
1-10	\$	- \$			\$	- \$	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS \$	475,594 \$		(add lines 1-1 through 1-10) TOTAL ASSETS	·	- \$	
	Deferred Outflows of Resources:	+70,00+   ψ	400,007	Deferred Outflows of Resources	Ψ	Ψ	
1-12	[specify] \$	-   \$	-	[specify]	\$	- \$	_
1-13	[specify] \$	- \$		[specify]	\$	- \$	_
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS \$	- \$		(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS		- \$	-
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS \$	475,594 \$					-
	Liabilities	, , ,	,	Liabilities			
1-16	Accounts Payable \$	31,370 \$	-	Accounts Payable	\$	- \$	-
1-17	Accrued Payroll and Related Liabilities \$	- \$	-	Accrued Payroll and Related Liabilities	\$	- \$	-
1-18	Unearned Property Tax Revenue \$	- \$	i -	Accrued Interest Payable	\$	- \$	-
1-19	Due to Other Entities or Funds \$	- \$		Due to Other Entities or Funds	\$	- \$	-
1-20	All Other Current Liabilities \$	- \$		All Other Current Liabilities	\$	- \$	-
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES \$	31,370 \$	-	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		- \$	-
1-22	All Other Liabilities [specify]	- \$		Proprietary Debt Outstanding (from Part 4-4)	\$	- \$	<u>-</u>
1-23	\$	- \$		Other Liabilities [specify]:	\$	- \$	-
1-24	\$	- \$			\$	- \$	-
1-25	\$	- \$			\$	- \$	-
1-26	\$	- \$			\$	- \$	-
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES \$	31,370   \$	-	<u> </u>	\$	-   \$	-
	Deferred Inflows of Resources:			Deferred Inflows of Resources	_		
1-28	Deferred Property Taxes \$	272,135 \$	·	Pension/OPEB Related	\$	- \$	-
1-29	Lease related (as lessor) \$	- \$		Other [specify]	\$	Ψ	-
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS \$	272,135   \$	271,865		\$	-   \$	-
	Fund Balance			Net Position	<b>c</b>	-   \$	
	Nonspendable Prepaid \$ Nonspendable Inventory \$	- \$ - \$		Net Investment in Capital Assets	\$	-   Þ	
1-32	Restricted: Tabor/Debt Service \$	6,800 \$		Emergency Reserves	\$	- \$	
1-34	Committed [specify]	- \$	<u>.</u>	Other Designations/Reserves	\$	- \$ - \$	_
1-34	Assigned [specify] \$	- \$ - \$		Restricted	\$	- \$ - \$	
1-36	Unassigned: \$	165,289 \$		Undesignated/Unreserved/Unrestricted	\$	- \$	-
1-30	Add lines 1-31 through 1-36	100,209				Ψ	
1-01	Add lines 1-31 through 1-36 This total should be the same as line 3-33			Add lines 1-31 through 1-36 This total should be the same as line 3-33			
	TOTAL FUND BALANCE	170.000	400.000	TOTAL NET POSITION	•	•	
1-38	<u> </u>	172,089 \$	163,832		Φ	- \$	-
1-30	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15			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			This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE &			POSITION			

#### PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Gov	ernmei	ntal Funds		Proprietary/F	iduciary Funds	
Line #	Description	General		Debt Service	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]	\$ 27	3,172	\$ 277,896	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 1	3,410	\$ 17,546	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$	-	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	\$	-	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5		\$	-	\$ -		\$ -	\$ -	
2-6		\$	-	\$ -		\$ -	\$ -	
2-7		\$	-	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		5,582	\$ 295,442	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$	-	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$	-	\$ -	Highway Users Tax Funds (нитг)	\$ -	\$ -	
2-11	Conservation Trust Funds (Lottery)	\$	-	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$	-	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$	-	\$ -	Fire & Police Pension	\$ -	\$ -	
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	\$	1,325	\$ 2,047	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		0,907	\$ 297,489	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources				Other Financing Sources			
2-25	Debt Proceeds	\$	-	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Lease Proceeds	\$	-	\$ -	Lease Proceeds	\$ -	\$ -	1
2-27	Developer Advances	\$	-	\$ -	Developer Advances	\$ -	\$ -	
2-28	Other [specify]:	\$	-	\$ -	Other [specify]:	\$ -	\$ -	
2-29	Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES		-	\$ <u>-</u>	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		0,907		Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ 598,396

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 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES

		Govern	mental	Funds			Proprietary/Fidu	ciary Funds	Please use this space to
Line #	Description	General		Debt Service	Description		Fund*	Fund*	provide explanation of any
	Expenditures				Expenses				items on this page
3-1	General Government	\$ 220,76		2,000	General Operating & Administrative	\$	- \$	-	
3-2	Judicial		- \$	-	Salaries	\$	- \$	-	
3-3	Law Enforcement		- \$	-	Payroll Taxes	\$	- \$	-	
3-4	Fire		- \$	-	Contract Services	\$	- \$	-	
3-5	Highways & Streets	*	- \$	-	Employee Benefits	\$	- \$	<del>-</del>	
3-6	Solid Waste	·	- \$	-	Insurance	\$	- \$	-	
3-7	Contributions to Fire & Police Pension Assoc.	·	- \$	-	Accounting and Legal Fees	\$	- \$	-	
3-8	Health		- \$	-	Repair and Maintenance	\$	- \$	-	
3-9	Culture and Recreation	*	- \$	-	Supplies	\$	- \$	-	
3-10	Transfers to other districts	\$	- \$	-	Utilities	\$	- \$	-	
3-11	Other: County Treasuer fees		5 \$	4,170	Contributions to Fire & Police Pension Assoc.	\$	- \$	-	
3-12			- \$	-	Other [specify]	\$	- \$	-	
3-13			- \$	-		\$	- \$	-	
3-14	Capital Outlay	\$	- \$	-	Capital Outlay	\$	-   \$	-	
	Debt Service				Debt Service				7
3-15	Principal (should match amount in 4-4)		- \$	150,000	Principal (should match amount in 4-4)	\$	- \$	-	
3-16	Interest		- \$	152,360	Interest	\$	- \$	-	
3-17	Bond Issuance Costs		- \$	-	Bond Issuance Costs	\$	- \$	-	
3-18	Developer Principal Repayments	T	- \$	-	Developer Principal Repayments	\$	- \$	-	-
3-19	Developer Interest Repayments	Ψ	- \$	-	Developer Interest Repayments	\$	- \$	<u>-</u>	
3-20	All Other [specify]:	<u>'</u>	- \$	-	All Other [specify]:	\$	- \$	<u>-</u>	00.000
3-21	Add the second of the second o	<u> </u>	- \$	-	Add the a 2.4 th words 0.04	\$	- \$	-	GRAND TOTAL
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ 224,93		308,530	Add lines 3-1 through 3-21 TOTAL EXPENSES		- \$		\$ 533,467
3-23	Interfund Transfers (In)	\$	- \$	-	Net Interfund Transfers (In) Out	\$	- \$		Line 3-32 - General
3-24	Interfund Transfers Out		- \$	-	Other [specify][enter negative for expense]	\$	- \$	-	Fund - prior year ending
3-25	Other Expenditures (Revenues):		- \$	-	Depreciation/Amortization	\$	- \$		fund balance as reported
3-26		•	- \$	-	Other Financing Sources (Uses) (from line 2-28)	\$	- \$	-	by prior accountant was
3-27			- \$	-	Capital Outlay (from line 3-14)	\$	- \$		incorrect. Report was
3-28		\$	- \$	-	Debt Principal (from line 3-15, 3-18)	\$	- \$	-	not in balance. Total
3-29	(Add lines 3-23 through 3-28) TOTAL TRANSFERS AND OTHER EXPENDITURES	r.			(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS	φ.			assets - \$390,538 Total Liabilities 16,247 Total
3-30	Excess (Deficiency) of Revenues and Other Financing	<b>5</b>	- \$	-	plao inic 3-24) TOTAL OAAI REGONGILING ITLING	\$	- \$	-	Deferred 278.172 . Fund
3-30	Sources Over (Under) Expenditures				Net Increase (Decrease) in Net Position				balance should have
	Line 2-29, less line 3-22, less line 3-29	\$ 75,97	o \$	(11,041)	Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$	-   \$		
	= 100 mile o 22, 1000 mile o 20	φ /5,9/	U \$	(11,041)		Φ	- Þ	-	been \$96,119.
3-31	Fund Balance, January 1 from December 31 prior year report				Net Position, January 1 from December 31 prior year				
	Table 1 and	\$ 99,20	9 \$	174,873	report	\$	-   \$	_	
3-32	Prior Period Adjustment (MUST explain)				Prior Period Adjustment (MUST explain)				
	Fund Balance, December 31	\$ (3,09	0) \$		Net Position, December 31	\$	- \$	-	-
3-33	Sum of Lines 3-30, 3-31, and 3-32				Sum of Lines 3-30, 3-31, and 3-32				
	This total should be the same as line 1-37.	\$ 172,08	9 \$	163 832	This total should be the same as line 1-37.	\$	-   \$	_	

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.

TOTAL CASH AND INVESTMENTS

**YES** 

V

Please answer the following question by marking in the appropriate box

10.5-101, et seq. C.R.S.)? If no, MUST explain:

5-4 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-

\$

П

353,370

П

ocuS	ign Envelope ID: 4BD3207F-89D4-4F7F-B01C-AB023DA87C11	6 - CAPITAL AN	D RIGHT-TO	USE A	ASSETS	
	Please answer the following question by marking in the appropriate box	<u> </u>	YE		NO	Please use this space to provide any explanations or comments:
6-1	Does the entity have capitalized assets?					,,,,,,,,
	Has the entity performed an annual inventory of capital assets in accordance with	Section 29-1-506, C.R.S.				
	MUST explain:			•		
6-3		Delenes			_	
0.0	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - A	dditions Deleti	ions	Year-End Balance	
	3	year 1	2	01.5	rear Ena Balance	
	Land	\$ - \$	- \$	- \$	-	
	Buildings	\$ - \$	- \$	- \$	-	
	Machinery and equipment	\$ - \$	- \$	- \$	-	
	Furniture and fixtures	\$ - \$	- \$	- \$	-	
	Infrastructure	\$ - \$ \$ 4,175,519 \$	-   \$ -   \$	- \$ - \$	4,175,519	
	Construction In Progress (CIP) Leased Right-to-Use Assets	\$ 4,175,519 \$	- \$ - \$	- \$ - \$	4,175,519	
	Intangible Assets	\$ - \$	-   \$ -   \$	- \$	<u> </u>	
	Other: Landscape improvements	\$ 1,164,163 \$	- \$	- \$	1,164,163	
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)	\$ - \$	- \$	- \$	=	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ - \$	- \$	- \$	-	
	TOTAL	\$ 5,339,682 \$	-   \$	-   \$	5,339,682	
		Balance -				
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:		dditions Deleti	ions	Year-End Balance	
	Land	year*	-   \$	- \$		
	Buildings	\$ - \$	- \$ - \$	- \$	<u> </u>	
	Machinery and equipment	\$ - \$	- \$ - \$	- \$	<u> </u>	
	Furniture and fixtures	\$ - \$	- \$	- \$	-	
	Infrastructure	\$ - \$	- \$	- \$	-	
	Construction In Progress (CIP)	\$ - \$	- \$	- \$	-	
	Leased Right-to-Use Assets	\$ - \$	- \$	- \$	-	
	Intangible Assets Other (explain):	\$ - \$ \$ - \$	-   \$ -   \$	- \$ - \$	=	
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)	\$ - \$	- \$	- \$	<u> </u>	
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ - \$	- \$	- \$	-	
	TOTAL	\$ - \$	- \$	- \$	-	
		* Must agree to prior year-end				
		<ul> <li>Generally capital asset additional in accordance with the government</li> </ul>				
		in accordance with the governin	ient's capitalization policy. I	-теаѕе ехріаі	n any discrepancy	
		PART 7 - PENS	ION INFORM	ATION		
	*		YE		NO	Please use this space to provide any explanations or comments:
7-1	Does the entity have an "old hire" firefighters' pension plan?			1	J	reads and the space to provide any explanations of comments
	Does the entity have a volunteer firefighters' pension plan?			-	✓	
If yes:	Who administers the plan?			]	П	
	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?	\$	-			

ocuSign Envelope ID: 4BD3207F-89D4-4F7F-B01C-AB023DA87C11	PART 8 - BUDO	PET INFO	DMATIC	M	
Please answer the following question by marking in the appropriate box	PARTO - BUDG	YES	NO NO	N/A	
Did the entity file a current year hudget with the Department of Local Affairs, in according	ordance with				Please use this space to provide any explanations or comments:
8-1 Section 29-1-113 C.R.S.? If no, MUST explain:		₹.			
8-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-10	8 C.R.S.?	V			
If no, MUST explain:  f yes: Please indicate the amount appropriated for each fund separately for the year repor	ted				
Governmental/Proprietary Fund Name	Total Appropriations E	By Fund			
General \$		372,932			
Debt service \$		310,441			
\$					
		-			
	- TAX PAYER'S	BILL OF			<u> </u>
Please answer the following question by marking in the appropriate box			YES	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, Arti Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government.]		av racemie	7		
requirement. All governments should determine if they meet this requirement of TABOR.					
P.	ART 10 - GENE	ERAL INF	ORMATI	ON	
Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
10-1 Is this application for a newly formed governmental entity?				7	, , , , , , , , , , , , , , , , , , ,
fyes:					
Date of formation:					
10-2 Has the entity changed its name in the past or current year?				✓	
Yes: NEW name					
PRIOR name					
10-3 Is the entity a metropolitan district?			V		
10-4 Please indicate what services the entity provides:					
Streets, traffic control, water, sewer, park and recreation			_	_	
10-5 Does the entity have an agreement with another government to provide services?				✓	
yes: List the name of the other governmental entity and the services provided:					
10-6 Does the entity have a certified mill levy?			<b>7</b>		
yes: Please provide the number of mills levied for the year reported (do not enter \$ amou					
Bond Redemption mills General/Other mills	45.335 45.380				
Total mills	90.715				
Please use this space to		l explanations	or commen	ts not previous <u>ly inc</u>	oluded:
	,			,	

#### DocuSign Envelope ID: 4BD3207F-89D4-4F7F-B01C-AB023DA87C11

		OSA USE ONLY		
Entity Wide:	General Fund	Governmental Funds	Notes	
Unrestricted Cash & Investments	\$ 353,370 Unrestricted Fund Balan	\$ 165,289 Total Tax Revenue	\$ 592,024	
Current Liabilities	\$ 31,370 Total Fund Balance	\$ 172,089 Revenue Paying Debt Service	\$ 297,489	
Deferred Inflow	\$ 544,000 PY Fund Balance	\$ 99,209 Total Revenue	\$ 598,396	
	Total Revenue	\$ 300,907 Total Debt Service Principal	\$ 150,000	
	Total Expenditures	\$ 224,937 Total Debt Service Interest	\$ 152,360	
Governmental	Interfund In	\$ <u>-</u>		
Total Cash & Investments	\$ 353,370 Interfund Out	\$ - Enterprise Funds		
Transfers In	\$ - Proprietary	Net Position	\$ <u>-</u>	
Transfers Out	\$ - Current Assets	\$ - PY Net Position	\$ <u>-</u>	
Property Tax	\$ 556,068 Deferred Outflow	\$ - Government-Wide		
Debt Service Principal	\$ 150,000 Current Liabilities	\$ <ul> <li>Total Outstanding Debt</li> </ul>	\$ 7,457,774	
Total Expenditures	\$ 533,467 Deferred Inflow	\$ - Authorized but Unissued	\$ 66,600,000	
Total Developer Advances	\$ - Cash & Investments	\$ - Year Authorized	11/3/2015	
Total Developer Repayments	\$ - Principal Expense	\$ -		

ID: 4BD3207F-89D4	

#### PART 12 - 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 Procedures

#### 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.

Below is the certification and approval of the governing body By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, each individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Print the names of ALL members of the governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
1	Full Name Tahlia Sayers	I, Tahlia Sayers, Patesigned Pam a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.  Signed
	Full Name	
2	lan Roth	I, Ian Roth, 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 Date: My term Expires: May 2025
	Full Name	l, Craig Cop <del>liss, Docusioned loy</del> on a duly elected or appointed board member, and that I have personally reviewed and approve
3	Craig Corliss	this application for exemption from audit.  Signed Date: 3/25/2023  My term Expires: May 2023  My term Expires: May 2023  My term Expires: May 2023
	Full Name	
4	Michael Kark	I, Michael Kark, 即使感情的时间分离 a duly elected or appointed board member, and that I have personally reviewed and approve this application (Compared Market Market)
	Full Name	I, Jacob Beniflah, attest that I am a duly elected or appointed board member, and that I have personally reviewed and
5	Jacob Beniflah	approve this application for exemption from audit.  Signed Date: 3/24/2023  My term Expires 16/29/2005ED5404
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit.  Signed
	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit.  Signed

### MARVELLA METROPOLITAN DISTRICT 2021 \$5,400,000 LOAN DEBT SCHEDULE

	PRINCIPAL	INTEREST	TOTAL
2021	\$ 90,000	\$ 181,788	\$ 271,788
2022	150,000	150,273	300,273
2023	150,000	146,028	296,028
2024	160,000	141,783	301,783
2025	165,000	137,255	302,255
2026-2030	930,000	641,736	1,571,736
2031-2035	790,000	865,250	1,655,250
2036-2040	1,100,000	638,000	1,738,000
2041-2045	1,505,000	324,500	1,829,500
2046	360,000	18,000	378,000
	\$ 5,400,000	\$ 3,244,613	\$ 8,644,613

**Certificate Of Completion** 

Envelope Id: 4BD3207F89D44F7FB01CAB023DA87C11

Subject: Complete with DocuSign: 2022\_Audit Exemption - Marvella - Final.pdf

Source Envelope:

Document Pages: 10

Certificate Pages: 5

AutoNav: Enabled

Envelopeld Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Status: Sent

**Envelope Originator:** 

Joan Beans

jbeans@crsofcolorado.com IP Address: 96.88.70.121

**Record Tracking** 

Status: Original

3/24/2023 1:19:58 PM

Holder: Joan Beans

jbeans@crsofcolorado.com

Location: DocuSign

Signer Events

Craig Corliss

Craig.corliss@gmail.com

(None)

Security Level: Email, Account Authentication

**Signature** 

Signatures: 4

Initials: 0

DocuSigned by: Craig Corliss 77F15DEC1AFF478.

Signature Adoption: Pre-selected Style Using IP Address: 98.38.60.123

Signed using mobile

**Timestamp** 

Sent: 3/24/2023 1:24:54 PM Viewed: 3/25/2023 8:20:09 AM Signed: 3/25/2023 8:21:17 AM

**Electronic Record and Signature Disclosure:** 

Accepted: 3/25/2023 8:20:09 AM

ID: 056059d5-8295-4742-b8ba-dd5f3a3771e9

Ian Roth ian@roth.ca

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

Jacob Beniflah

jacob.beniflah@gmail.com

Security Level: Email, Account Authentication

(None)

DocuSigned by: Jacob Benistali

Signature Adoption: Pre-selected Style

Sent: 3/24/2023 1:24:57 PM Viewed: 3/24/2023 1:48:43 PM

Signed: 3/24/2023 1:49:23 PM

Sent: 3/24/2023 1:24:55 PM

Viewed: 3/24/2023 3:24:22 PM

Signed: 3/24/2023 3:24:32 PM

Sent: 3/24/2023 1:24:54 PM

Using IP Address: 64.98.76.172

**Electronic Record and Signature Disclosure:** 

Accepted: 3/24/2023 1:48:42 PM

ID: b29757fd-236b-4df9-8fd0-1b163c4c27d0

MICHAEL KARK

mkark@shakeshack.com

Security Level: Email, Account Authentication

(None)

Signed using mobile

DocuSigned by:

MICHAEL KARK 5AB9BB2ACB01497...

Signature Adoption: Pre-selected Style Using IP Address: 64.98.66.237

**Electronic Record and Signature Disclosure:** 

Accepted: 3/24/2023 3:24:22 PM

ID: e3f32326-8cac-4915-b1d2-3ae04fbf98ca

**Signer Events** 

Tahlia Sayers TJNSayers@comcast.net

President

Security Level: Email, Account Authentication

(None)

Signature Adoption: Pre-selected Style Using IP Address: 73.3.148.246

Tallia Sayers —37A309BAC2C74FB...

**Signature Timestamp** 

Sent: 3/24/2023 1:24:56 PM Viewed: 3/25/2023 10:19:32 PM Signed: 3/25/2023 10:19:42 PM

# Electronic Record and Signature Disclosure: Accepted: 3/25/2023 10:19:32 PM ID: 6e2af978-8e63-46a6-afaf-28cb35b755f1

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Summary Events  Envelope Sent Certified Delivered Signing Complete	Status Hashed/Encrypted Security Checked Security Checked	<b>Timestamps</b> 3/24/2023 1:24:57 PM 3/25/2023 10:19:32 PM 3/25/2023 10:19:42 PM
Envelope Sent Certified Delivered	Hashed/Encrypted Security Checked	3/24/2023 1:24:57 PM 3/25/2023 10:19:32 PM