### 2023 ANNUAL REPORT SOJOURN AT IDLEWILD METROPOLITAN DISTRICT

As required by Section 32-1-207(3)(c), C.R.S. and Section VII of the District's Service Plan, the following report of the activities of Sojourn At Idlewild Metropolitan District (the "**District**") from January 1, 2023 to December 31, 2023 is hereby submitted.

- A. <u>Boundary changes made</u>: No boundary changes were made or proposed during 2023.
- B. <u>Intergovernmental Agreements entered into or terminated</u>: The District did not enter into or terminate any Intergovernmental Agreements in 2023.
- C. Access information to obtain a copy of rules and regulations adopted: There were no policy changes made or proposed during 2023. Copies of the rules and regulations of the Districts, if any, may be accessed on the District's website: https://sojourn-idlewildmd.colorado.gov/.
- D. <u>Summary of litigation involving the District's public improvements</u>: There is no litigation of which we are aware, currently pending or anticipated, involving the District.
- E. <u>Status of the District's construction of public improvements</u>: There was no construction of public improvements completed during 2023.
- F. <u>Conveyances or dedications of facilities or improvements, constructed by the District, to the Town Council of the Town of Winter Park</u>: No facilities and improvements were dedicated or accepted by the Town Council of the Town of Winter Park in 2023.
- G. Final assessed valuation of the District for the reporting year: \$588,360.
- H. <u>Current year's budget</u>: A copy of the District's 2024 budget is attached hereto as **Exhibit A**.
- I. <u>Audited financial statements for the reporting year (or application for exemption from audit)</u>: The District is currently exempt from audit, pursuant to Section 29-1-604, C.R.S. A copy of the 2023 Application for Exemption from Audit is attached hereto as **Exhibit B**.
- J. Notice of any uncured events of default by the District, which continue beyond a ninety (90) day period, under any debt instrument: To our knowledge, there are no uncured events of default by the District which continue beyond a ninety (90) day period.
- K. Any inability of the District to pay its obligations as they come due, in accordance with the terms of such obligations, which continues beyond a ninety (90) day period: To our knowledge, the District has been able to pay its obligations as they come due.

## EXHIBIT A 2024 BUDGET

## SOJOURN AT IDLEWILD METROPOLITAN DISTRICT Assessed Value, Property Tax and Mill Levy Information

	2022 Actual		2023 Adopted Budget				024 d Budget
Assessed Valuation	\$	-	\$	440,450	\$ 588,360		
Mill Levy							
General Fund	-			55.664	55.664		
Debt Service Fund Refunds and Abatements	-			-	-		
Total Mill Levy				55.664	 55.664		
Property Taxes							
General Fund	\$	-	\$	24,517	\$ 32,750		
Debt Service Fund		-		-	-		
Refunds and Abatements							
Actual/Budgeted Property Taxes	\$		\$	24,517	\$ 32,750		

## SOJOURN AT IDLEWILD METROPOLITAN DISTRICT

## GENERAL FUND 2024 Adopted Budget with 2022 Actual, 2023 Adopted Budget, and 2023 Estimated

		2022	2023	2023	2024
		Actual	Adopted Budget	Estimated	Adopted Budget
	<u> </u>				
BEGINNING FUND BALANCE	\$	-	\$ -	\$ 6,749	\$ 21,116
REVENUE					
Property Tax Revenue		-	24,517	24,517	32,750
Specific Ownership Taxes		-	1,471	1,471	1,965
Total Revenue		-	25,988	25,988	34,715
Total Funds Available		-	25,988	32,737	55,831
EXPENDITURES					
Accounting		3,000	8,000	8,000	8,500
Audit Management		- 2,143	15,000	10,000	15,000
Election		2,143	1,000	1,000	13,000
Insurance/SDA Dues			3,500	395	1,500
Legal		10,814	15,000	15,000	15,000
Miscellaneous		-	3,000	1,000	3,000
Treasurer's Fees		-	1,226	1,226	1,638
Contingency		-	3,000	· -	3,000
Total Expenditures	_	15,957	49,726	36,621	47,638
Transfers and Other Sources (Uses)					
Emergency Reserve		-	780	-	1,041
Developer Advances		22,706	25,000	25,000	20,000
Total Expenditures Requiring					
Appropriation		15,957	50,506	36,621	48,679
ENDING FUND BALANCE	\$	6,749	<u>\$ 483</u>	\$ 21,116	\$ 27,152

## EXHIBIT B 2023 AUDIT EXEMPTION APPLICATION

## **APPLICATION FOR EXEMPTION FROM AUDIT**

## SHORT FORM

## IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

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 in 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 <u>EACH YEAR</u> and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

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 <u>MUST BE RECEIVED</u> BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT 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

PRIOR YEAR FORMS ARE OBSOLETE AND WILL  $\underline{\mathsf{NOT}}$  BE ACCEPTED.

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

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

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

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

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CHECKLI	<b>ा</b>
Has the preparer signed the application?	Checkout our web portal. Register your account and submit electronic Applications for Exemption
Has the entity corrected all Prior Year Deficiencies as communicated by the OSA?	From Audit, Extension of Time to File requests, Audited Financial Statements, and more! See the
Has the application been <u>PERSONALLY</u> reviewed and approved by the governing body?	link below.
Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?	
Will this application be submitted electronically?	Click here to go to the portal
If yes, have you read and understand the new Electronic Signature Policy? See Click Here new policy ->	onor note to go to the porta.
or	
If yes, have you included a resolution?	
Does the resolution state that the governing body <u>PERSONALLY</u> reviewed and approved the resolution in an open public meeting?	
Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution.)	
Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)	
If yes, does the application include <u>ORIGINAL INK SIGNATURES</u> from the	

## FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

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

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

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 EXEMPTION FROM AUDIT**

### SHORT FORM

NAME OF GOVERNMENT
ADDRESS
C/o Special District Management Services, Inc.
141 Union Blvd., Suite 150
Lakewood, CO 80228-1898
CONTACT PERSON
PHONE
David Solin
303-987-0835
For the Year Ended
12/31/23
or fiscal year ended:

dsolin@sdmsi.com

PREPARER (SIGNATURE REQUIRED)

**EMAIL** 

## **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: James H. Ruthven

TITLE Director of Finance

FIRM NAME (if applicable) Special District Management Services, Inc.

ADDRESS 141 Union Blvd., Suite 150, Lakewood, CO 80228-1898

PHONE

JAM		03 /	26 / 2024
Please indicate whether the following financial information is recorded	GOVERNI (MODIFIED ACC		PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types			

**DATE PREPARED** 

## **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#		Des	scription		Round to nea	rest Dollar	Please use this
2-1	Taxes: Pro	perty	(report mills levied in Ques	tion 10-6)	\$	,0	space to provide
2-2	Spe	ecific owners	ship		\$	1,472	any necessary
2-3	Sal	es and use			\$	-	explanations
2-4	Oth	er (specify):			\$	-	
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				\$	-	
2-14	Charges for utility service	ces			\$	-	
2-15	Debt proceeds		(should ag	ree with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances rec		· ·	should agree with line 4-4)	\$	3,664	
2-18	Proceeds from sale of c	apital assets	<b>i</b>		\$	-	
2-19	Fire and police pension				\$	-	
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-	
2-24		(add lin	es 2-1 through 2-23)	TOTAL REVENUE	\$	29,653	

## **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		\$ 10,526	space to provide
3-2	Salaries	ĺ	\$ -	any necessary
3-3	Payroll taxes	ĺ	\$ -	explanations
3-4	Contract services	ĺ	\$ -	
3-5	Employee benefits	ĺ	\$ -	
3-6	Insurance		\$ 1,118	
3-7	Accounting and legal fees		\$ 19,281	
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 (s	should agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (sh	nould 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 EXPENDIT	TURES/EXPENSES	\$ 30,925	

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>".

	PART 4 - DEBT OUTSTANDIN	G, K	SSUED	), ♪	AND RE	=TIR	RED		
	Please answer the following questions by marking the	approp	riate boxes.				Yes		No
4-1	Does the entity have outstanding debt?					[	✓		
4.0	If Yes, please attach a copy of the entity's Debt Repayment Schedule.						_		
4-2	Is the debt repayment schedule attached? If no, MUST expla		ow:			 			✓
	Developer advances with no set repayment schedule at this	time.							
4.0						]	_		
4-3	Is the entity current in its debt service payments? If no, MUS	exp	lain below:			ا 1	<b>J</b>		
4-4	Please complete the following debt schedule, if applicable:	Out	standing at	lee	ued during	Retire	ed during	Outs	standing at
	(please only include principal amounts)(enter all amount as positive		of prior year*	133	vear		vear	year-end	
	numbers)								
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	22,706	\$	3,664	\$	-	\$	26,370
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	22,706	\$	3,664	\$	-	\$	26,370
**Subscrip	ntion Based Information Technology Arrangements	*Mus	t agree to prio	r yea	r-end balance	!			
, _	Please answer the following questions by marking the appropriate boxes	S.					Yes		No
4-5	Does the entity have any authorized, but unissued, debt?	Φ.		00.0	00 000 00	1	<b>✓</b>		
If yes:	How much?	\$			00,000.00				
	Date the debt was authorized:		5/18/2	2022					
4-6	Does the entity intend to issue debt within the next calendar	_				1			✓
If yes:	How much?	\$			-	ļ	_		_
4-7	Does the entity have debt that has been refinanced that it is		sponsible	for?		1			✓
If yes:	What is the amount outstanding?	\$			-	]	_		
4-8	Does the entity have any lease agreements?					1			✓
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?					I	П		П
	What are the annual lease payments?	\$			-	1	_		_
	Part 4 - Please use this space to provide any explanations/co	-	ts or attacl	n sei	parate doc	ument	ation, if n	eede	d

	PART 5 - CASH AND INVESTMI	ENTS			
	Please provide the entity's cash deposit and investment balances.		1	Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$	1,464	
5-2	Certificates of deposit		\$	-	
	Total Cash Deposits				\$ 1,464
	Investments (if investment is a mutual fund, please list underlying investments):				
			\$	-	
5-3			\$	-	
3-3			\$	-	
			\$	-	
	Total Investments				\$ -
	Total Cash and Investments				\$ 1,464
	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.?				<b>V</b>
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.)?	$\checkmark$			
If no. M	UST use this space to provide any explanations:				

	PART 6 - CAPITAL AND RIC	GHT-TO-U	SE ASSE	TS	
	Please answer the following questions by marking in the appropriate box	es.		Yes	No
6-1	Does the entity have capital assets?				<b>V</b>
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in accordance	with Section		
6-3	Complete the following capital & right-to-use assets table:	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance
	Land	\$ -	\$ -	\$ -	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Infrastructure	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
		*must tie to prior ye	ear ending balance		

Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed:

	PART 7 - PENSION INFORMA	TIO	N		
	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?				<b>V</b>
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 7 - Please use this space to provide any explanations	s or c	omments	:	

	PART 8 - BUDGET I	NFORMAT	ΓΙΟΝ		
	Please answer the following questions by marking in the appropriate boxe	es.	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.? If no, MUST explain:		<b>V</b>		
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:		$\checkmark$		
If yes:	Please indicate the amount budgeted for each fund for the year	ar reported:			
	Governmental/Proprietary Fund Name	Total Appropriat	ions By Fund		
	General Fund	\$	50,505		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)			
	Please answer the following question by marking in the appropriate box	Yes	No	
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?			
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.	☑		
f no, MUST 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?		<b>V</b>	
If yes:	Date of formation:	]		
10-2	Has the entity changed its name in the past or current year?		✓	
If yes:	S: Please list the NEW name & PRIOR name:			
10-3	Is the entity a metropolitan district?	J		
	Please indicate what services the entity provides:  provide public improvements for the use and benefit of all anticipated inhabitants	]		
10-4	Does the entity have an agreement with another government to provide services?			
If yes:				
<b>10-5</b> If yes:	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during Date Filed:		<b>✓</b>	
<b>10-6</b> If yes:	Does the entity have a certified Mill Levy?	<b>V</b>		
,	Please provide the following mills levied for the year reported (do not report \$ amounts):			
	Bond Redemption mills General/Other mills		- 55.664	
	Total mills	Na	55.664	
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.	No 🗆	N/A	
	Please use this space to provide any additional explanations or comments not previous	usly included:		

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?	<b>V</b>		

# 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 MAJORITY of the members of the governing body must sign below.		
Board Member 1	Print Board Member's Name Paul Malone	I Paul Malone		
		My term Expires:May 2025		
Boond	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		
Board Member 2	John Iman	application for exemption from audit. Signed Date:3/25/24 My term Expires: May 2027		
	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 3		exemption from audit. Signed Date: My term Expires:		
Board Member 4	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. 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 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:		
Board Member 7	Print Board Member's Name	I		