DocuSign Envelope ID: 073442	AD-7E34-4E27-9FC9-EDF63C29E3B7				
	APPLICATION FO	OR EXEMP	TION FRO	M AUDIT	disposition in the party in the
		ONG FOR	M		
NAME OF GOVERNMENT	Foundry Loveland Metropolitan District				For the Year Ended
ADDRESS	Pinnacle Consulting Group, Inc.				12/31/2020
	550 W. Eisenhower Blvd.				or fiscal year ended:
	Loveland, CO 80537				or noodi your chacu.
CONTACT PERSON	Amanda Castle				
PHONE	(970) 669-3611				
EMAIL	AmandaC@PinnacleConsultingGroupInc.com				
FAX	(970) 669-3612				
		ATION OF I	1		Mark House Berlin
I certify that I am an independent accoun	itant with knowledge of governmental accounting and that the informat pplication if revenues or expenditure are at least \$100,000 but not more the	ion in the Application	on is complete a	nd accurate to the best of my knowledge. I am av	vare that the Audit Law requires that a person
NAME:	Amanda Castle	iaii \$750,000, and i	illat illuepelluelli	t means someone who is separate from the entity	/.
TITLE	District Accountant				
FIRM NAME (if applicable)	Pinnacle Consulting Group, Inc.				
ADDRESS	550 W. Eisenhower Blvd.				
PHONE	(970) 669-3611				
DATE PREPARED	3/18/2021				
RELATIONSHIP TO ENTITY	District Accountant				
PREPARER (SIGNATURE REQ	QUIRED)	克里斯蒙斯	SACHE!		AND SECURISION SHOWS AND SECURISION OF SECUR
Smands Scu	Caole				
Has the entity filed for, or has the dist	rict filed, a Title 32, Article 1 Special District Notice of Inactive	YES	NO		
	e to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3)				
and 32-1-104 (3), C.R.S.]			V	2	
		·			

DocuSign Envelope ID: 073442AD-7E34-4E27-9FC9-EDF63C29E3B7 PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets a

NOTE: A	ttach additional sheets as necessary.	Соможения	ntol Eundo		Dransiatow/F	iduaiam, Eunda	
		Governme	ental Funds		Proprietary/F	duciary Funds	Please use this space to
Line #	Description	General Fund	Debt Service Fund	Description	Fund*	Fund*	provide explanation of any
	Assets			Assets			items on this page
1-1	Cash & Cash Equivalents	\$ 47,393	\$ 56,473	Cash & Cash Equivalents	\$ -	\$	-
1-2	Investments	\$ 47,393		Investments	\$ -	\$	
1-3	Receivables	\$ 37,884	<u> </u>	Receivables	\$ -	\$	
1-4	Due from Other Entities or Funds	\$ 84,539	<u> </u>	Due from Other Entities or Funds	\$ -	\$	_
1-4	All Other Assets [specify]	Ψ 04,559	Ψ 25	Other Current Assets	\$ -	\$	
1-5	Prepaid	\$ 4,326	•	Total Current Assets	Ť	\$	-
	•	7			<u> </u>	*	-
1-6	Property Tax Receivable	\$ 302,293	· · ·	Capital Assets, net (from Part 6-4)	\$ -	\$	-
1-7	Utility Deposits Held	\$ 300	<u>'</u>	Other Long Term Assets [specify]	\$ -	\$	-
1-8		\$ -	\$ -		\$ -	\$	-
1-9		\$ -	\$ -		Ψ	\$	-
1-10	(add lines 4.4 Abrevels 4.40) TOTAL ACCETS	\$ -	\$ -	(add lines 4.4 Abrevell 4.40) TOTAL ACCETS	\$ -	\$	-
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS			(add lines 1-1 through 1-10) TOTAL ASSETS		\$	-
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES		\$ -	TOTAL DEFERRED OUTFLOWS OF RESOURCES		\$	-
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 476,735		TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ -	\$	
1-14	Liabilities Accounts Poveble	\$ 53,666	1	Liabilities Accounts Payable	\$ -	Φ.	
1-14	Accounts Payable Accrued Payroll and Related Liabilities	\$ 53,666	\$ -	Accounts Payable Accrued Payroll and Related Liabilities	_ T	\$	-
1-16	Accrued Interest Payable	\$ -	\$ -	Accrued Interest Payable		\$	-
1-17	Due to Other Entities or Funds	\$ 112,735	ļ *	Due to Other Entities or Funds		\$	-
1-17	All Other Current Liabilities	\$ 112,735	\$ -	All Other Current Liabilities		\$	-
1-10	TOTAL CURRENT LIABILITIES	,	· ·	TOTAL CURRENT LIABILITIES	*	\$	-
1-19	All Other Liabilities [specify]	\$ 100,401	\$ -	Proprietary Debt Outstanding (from Part 4-4)	· ·	\$	-
1-21	All Other Liabilities [specify]	\$ -	\$ -	Other Liabilities [specify]:		\$	-
1-21		\$ -	\$ -	Other Liabilities [specify].		\$	-
1-23		\$ -	\$ -		\$ -	\$	-
1-23		\$ -	\$ -		\$ -	\$	-
1-24		\$ -	\$ -		\$ -	\$	-
1-25		\$ -	\$ -		\$ -	\$	-
		\$ -	\$ -		\$ -	\$	-
1-27 1-28	(add lines 1-19 through 1-27) TOTAL LIABILITIES	*	ļ *	(add lines 1-19 through 1-27) TOTAL LIABILITIES		\$	-
	TOTAL DEFERRED INFLOWS OF RESOURCES		<u>'</u>	TOTAL DEFERRED INFLOWS OF RESOURCES		· ·	-
1-29	Fund Balance	\$ 302,293	\$ 42,551	Net Position	φ -	\$	
1_30	Nonspendable Prepaid	\$ 4,326	¢	Net Investment in Capital Assets	\$ -	\$	
1-30	Nonspendable Inventory	\$ 4,326	\$ -	Net investment in Capital Assets		Ψ	
1-31	Restricted [specify] TABOR (Gen) and Debt Service	\$ 10,612	· ·	Emergency Reserves	\$ -	\$	П
1-32	Committed [specify] I ABOR (Gen) and Debt Service	\$ 10,612	\$ 56,498	Other Designations/Reserves	\$ -	\$	
			<u> </u>	Restricted		· ·	-
1-34	Assigned [specify]	\$ -	\$ -		\$ -	\$	-
1-35	Unassigned:	, ,	φ -	Undesignated/Unreserved/Unrestricted	\$ -	\$	-
1-36	Add lines 1-30 through 1-35			Add lines 1-30 through 1-35			
	This total should be the same as line 3-33 TOTAL FUND BALANCE			This total should be the same as line 3-33	l .	1.	
4.0=		Ψ 0,0+1	\$ 56,498	TOTAL NET POSITION	\$ -	\$	-
1-37	Add lines 1-28, 1-29 and 1-36			Add lines 1-28, 1-29 and 1-36			
	This total should be the same as line 1-13			This total should be the same as line 1-13			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	_		
	BALANCE	\$ 476,735	\$ 99,049	POSITION	-	\$	-

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ental Funds		Proprietary/F	iduciary Funds	Diagon was this arranged
Line #	Description	General Fund	Debt Service Fund	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 191,351	\$ 3,905	Property [include mills levied in Question 10-6]	\$ -	\$	
2-2	Specific Ownership	\$ 14,679	\$ 300	Specific Ownership	\$ -	\$	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	\$ -	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5	LURA- Property Tax	\$ 19,141	\$ 391		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	_
2-7		\$ -	\$ -		\$ -	\$ -	_
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 225,171	\$ 4,596	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	\$ 155	\$ -	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 I	Plaza O&M Fee	\$ 128,412	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 353,738	\$ 4,596	Add lines 2-8 through 2-23 TOTAL REVENUES		\$	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	-	Debt Proceeds	\$ -	\$	
2-26	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$	
2-27	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27			Add lines 2-25 through 2-27			ORANIA TOTAL C
	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	TOTAL OTHER FINANCING SOURCES		\$	GRAND TOTALS
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 353,738	\$ 4,596	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$	\$	\$ 358,334
		Ψ 555,766	1,000		Ψ	1 Ψ	030,004

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.

3-33 Fund Balance, December 31

Sum of Line 3-30, 3-31, and 3-32

This total should be the same as line 1-36.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES **Governmental Funds** Proprietary/Fiduciary Funds Please use this space to Line # Description Debt Service Fund Description provide explanation of any Expenditures Expenses items on this page 3-1 **General Government** 350.244 \$ **General Operating & Administrative** - | \$ Judicial Salaries \$ 3-2 \$ \$ 3-3 Law Enforcement \$ \$ **Payroll Taxes** \$ \$ 3-4 \$ \$ **Contract Services** \$ \$ **Highways & Streets Employee Benefits** 3-5 \$ \$ \$ \$ 3-6 Solid Waste \$ Insurance \$ \$ 3-7 Contributions to Fire & Police Pension Assoc. \$ Accounting and Legal Fees \$ \$ \$ Repair and Maintenance Health \$ 3-8 \$ \$ 3-9 **Culture and Recreation** \$ \$ Supplies \$ \$ 3-10 Transfers to other districts \$ \$ Utilities \$ \$ \$ Contributions to Fire & Police Pension Assoc. \$ Other [specify...]: - | \$ \$ 3-11 3-12 \$ \$ Other [specify...] \$ \$ 3-13 \$ \$ - | \$ \$ Capital Outlay \$ Capital Outlay \$ - \$ 3-14 - | \$ **Debt Service Debt Service** Principal Principal \$ 3-15 \$ 37,717 3-16 Interest \$ \$ Interest \$ - | \$ **Bond Issuance Costs** \$ **Bond Issuance Costs** \$ 3-17 \$ \$ **Developer Principal Repayments Developer Principal Repayments** 3-18 \$ \$ \$ \$ 3-19 **Developer Interest Repayments** \$ \$ **Developer Interest Repayments** \$ \$ 3-20 All Other [specify...]: \$ \$ All Other [specify...]: \$ \$ Treasurer's Fees **GRAND TOTAL** 3-21 \$ 86 \$ \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-21 \$ 3-22 350.244 \$ 37.803 388.047 TOTAL EXPENDITURES **TOTAL EXPENSES** 3-23 Interfund Transfers (In) \$ Net Interfund Transfers (In) Out \$ 3-24 Interfund Transfers Out \$ \$ Other [specify...][enter negative for expense] \$ \$ Other Expenditures (Revenues): \$ \$ Depreciation \$ \$ Other Financing Sources (Uses) 3-26 \$ \$ (from line 2-28) \$ \$ **Capital Outlay** 3-27 \$ \$ \$ 3-28 \$ **Debt Principal** (from line 3-15, 3-18) \$ 3-29 (Add lines 3-23 through 3-28) (Line 3-26, plus line 3-27, less line 3-24, less line 3-25) TOTAL TRANSFERS AND OTHER EXPENDITURES TOTAL GAAP RECONCILING ITEMS 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less Line 2-29, less line 3-22, plus line 3-29 3,494 \$ (33,207) line 3-24 \$ Net Position, January 1 from December 31 prior year Fund Balance, January 1 from December 31 prior year report 4,547 \$ 89.705 \$ 3-32 Prior Period Adjustment (MUST explain) Prior Period Adjustment (MUST explain) \$ \$

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.

8.041 \$

Net Position, December 31

56,498 This total should be the same as line 1-36.

Line 3-30 plus line 3-31

	Please provide the entity's cash deposit and investment balances.		AMOUNI	10	JIAL	Please use this space to provide any explanations or comments:
5-1	YEAR-END Total of ALL Checking and Savings accounts	\$	103,866			
5-2	Certificates of deposit	\$	-			
	TOTAL CASH DEPOS	SITS		\$	103,866	
	Investments (if investment is a mutual fund, please list underlying investments):					
		\$	-			
5-3		\$	-			
3-3		\$	-			
		\$	-			
	TOTAL INVESTME	NTS		\$	-	
	TOTAL CASH AND INVESTME	NTS		\$	103,866	
	Please answer the following question by marking in the appropriate box YES		NO		N/A	
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?				V	
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.)? If no, MUST explain:					

PART 7 - PENSION INFORMATION							
Please answer the following question by marking in the appropriate box		YES	NO	Please use this space to provide any explanations or comments:			
 7-1 Does the entity have an "old hire" firemen's pension plan? 7-2 Does the entity have a volunteer firemen's pension plan? If yes: Who administers the plan? 			\overline{\sigma}				
Indicate the contributions from:							
Tax (property, SO, sales, etc.):	\$ -	.]					
State contribution amount:	\$ -						
Other (gifts, donations, etc.):	\$ -						
тот	AL \$ -						
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -	.]					

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	PART 8 - B	UDGET INF	FORMATIC	N	
	Please answer the following question by marking in the appropriate box	YES	NO	N/A	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, in accordance with				, , , , , , , , , , , , , , , , , , ,
0-1	Section 29-1-113 C.R.S.? If no. MUST explain: Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.?				
8-2	If no, MUST explain:	✓			
If yes:	Please indicate the amount budgeted for each fund for the year reported				
	Fund Name Budgeted Expendit	ures/Expenses			
	General Fund \$	404,860			
	Debt Service Fund \$	37,801			
	\$	-			
	PART 9 - TAX PAYE	ER'S BILL (OF RIGHTS	(TABOR)	
	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, Article X, Section 20 government from the 3 percent emergency reserve requirement. All governments should determine it	. ,=	V		
	PART 10 - G	ENERAL IN	IFORMATI	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	
If yes:	Date of formation:				
10-2	Has the entity changed its name in the past or current year?			 ✓	
If Yes:	NEW name				
	PRIOR name				
	Is the entity a metropolitan district?		✓		
10-4	Please indicate what services the entity provides:				
	Construction, financing, operations, and maintenance of Public Improvements			_	
	Does the entity have an agreement with another government to provide services?		✓		
ii yes.	List the name of the other governmental entity and the services provided:				
City of Loveland - Operations and Maintenange Agreement for the Foundry Development Public Plaza					
	Does the entity have a certified mill levy? Please provide the number of mills levied for the year reported (do not enter \$ amounts):		V		
If yes:	Bond Redemption mills 1.052				
	General/Other mills 51.56				
	Total mills 52.620	-			
	Please use this space to provide any add	itional explanation	ons or commen	ts not previously i	ncluded:

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OSA USE ONLY							
Entity Wide:		General Fund		Governmental Funds			Notes
Unrestricted Cash & Investments	\$	103,866 Unrestricted Fund Bala	n \$	(6,897) Total Tax Revenue	\$	229,767	
Current Liabilities	\$	166,401 Total Fund Balance	\$	8,041 Revenue Paying Debt Service	\$	4,596	
Deferred Inflow	\$	344,844 PY Fund Balance	\$	4,547 Total Revenue	\$	358,334	
		Total Revenue	\$	353,738 Total Debt Service Principal	\$		
		Total Expenditures	\$	350,244 Total Debt Service Interest	\$	37,717	
Governmental		Interfund In	\$				
Total Cash & Investments	\$	103,866 Interfund Out	\$	- Enterprise Funds			
Transfers In	\$	- Proprietary		Net Position	\$		
Fransfers Out	\$	- Current Assets	\$	- PY Net Position	\$		
Property Tax	\$	195,256 Deferred Outflow	\$	- Government-Wide			
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$	1,097,963	
Total Expenditures	\$	388,047 Deferred Inflow	\$	- Authorized but Unissued	\$		
Total Developer Advances	\$	- Cash & Investments	\$	- Year Authorized		1/0/1900	
Total Developer Repayments	\$	- Principal Expense	\$				

ID: 073442AD-7F34-4F2	

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 Electronically,	nic Signature Policy?	

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 MAJORITY of the members of the governing body must complete and sign in the column below.
1	Full Name Brandy Natalzia	I, Brandy Natalzia, 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. 3/21/2021 08:31:54 MDT Signed
2	Full Name	I, Ashley Davidson, attest that I am a duly elected or appointed board member, and that I have personally reviewed and
	Ashley Davidson	approve this application in a duty preceded of appointed sold member, and that the personally reviewed and approve this application in a duty preceded of appointed sold member, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve this application, and that there personally reviewed and approve the personal perso
	Full Name	I, Easton Enge, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve
3	Easton Enge	this application from audit. Signed ELSTAN ENGE Date: My term Expiress May 2023.
	Full Name	I, Jordan Swisher, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve
4	Jordan Swisher	this application for exemption from audit. Signed Date: My term Expires: May 2022
	Full Name	I,, attest that I am a duly elected or appointed board member, and that I have
5		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
	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 Date: My term Expires:
	Full Name	, 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

EXHIBIT B

Principal Payment Schedule

12/1/2021	\$ 14,000
12/1/2022	15,000
12/1/2023	16,000
12/1/2024	17,000
12/1/2025	18,000
12/1/2026	19,000
12/1/2027	20,000
12/1/2028	21,000
12/1/2029	22,000
12/1/2030*	638,000
Total:	\$ 800,000

^{*}Maturity Date