APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS
Suite 300
Greenwood Village, CO 80111-2814

Spring Hill Metropolitan District No. 4
For the Year Ended
12/31/23
or fiscal year ended:

CONTACT PERSON

PHONE EMAIL Gigi Pangindian
303-779-5710
gigi.pangindian@claconnect.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: Gigi Pangindian

TITLE Accountant for the District

FIRM NAME (if applicable) CliftonLarsonAllen LLP

ADDRESS 8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814

PHONE 303-779-5710

1110NE			
PREPARER (SIGNATURE REQUIRED)		D	ATE PREPARED
SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT			March 25, 2024
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)		PROPRIETARY (CASH OR BUDGETARY BASIS)
	ت		

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#		De	scription		Round to nearest Dollar	F	Please use this
2-1	Taxes:	Property	(report mills levied in Quest	ion 10-6)	\$ 4,6		space to provide
2-2		Specific owner	ship		•	44 I	any necessary
2-3		Sales and use			Ψ	- 6	explanations
2-4		Other (specify)	:		Ψ	-	
2-5	Licenses and permit	ts			Ψ	-	
2-6	Intergovernmental:		Grants		Ψ	-	
2-7			Conservation Trust F	unds (Lottery)	Ψ	-	
2-8			Highway Users Tax F	unds (HUTF)	Ψ	-	
2-9			Other (specify):		Ψ	-	
2-10	Charges for services	5			Ψ	-	
2-11	Fines and forfeits				Ψ	-	
2-12	Special assessment	S			<u> </u>	-	
2-13	Investment income			_	Ψ	-	
2-14	Charges for utility so	ervices			Ψ	-	
2-15	Debt proceeds		(should agre	e with line 4-4, column 2)	Ψ	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances		•	hould agree with line 4-4)	<u> </u>	419	
2-18	Proceeds from sale	•	S	_	Ψ	-	
2-19	Fire and police pens	sion			Ψ	-	
2-20	Donations				Ψ	-	
2-21	Other (specify):				<u> </u>	-	
2-22	Interest income				\$	28	
2-23					\$	-	
2-24		(add lin	es 2-1 through 2-23)	TOTAL REVENUE	\$ 72	,347	

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	e morado rana oquity imon	Tracic	Round to nearest Dollar	Please use this
3-1	Administrative		\$	82,446	space to provide
3-2	Salaries		\$	-	any necessary
3-3	Payroll taxes		\$	-	explanations
3-4	Contract services		\$	-	
3-5	Employee benefits		\$	-	
3-6	Insurance		\$	10,084	
3-7	Accounting and legal fees		\$	-	
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	(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	County Treasurer's fee		\$	70	
3-25					
3-26	(add lines 3-1 through 3-24) TOTAL EXPEN	DITURES/EXPENSES	\$	92,600	

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 OUTSTANDING	3. K	SSUED). A	ND RE	ETIR	RED		
	Please answer the following questions by marking the			1			Yes		No
4-1							J		
	If Yes, please attach a copy of the entity's Debt Repayment Schedule.								
4-2	Is the debt repayment schedule attached? If no, MUST explai					, [✓
	N/A. The District's debt is made up of Developer Advances. Repa	ymen	t is subject t	to ar	nual				
	appropriation and will be paid when funds become available.								
4-3	Is the entity current in its debt service payments? If no, MUS	Гехр	lain below:						7
	N/A								
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive		standing at	Iss	ued during		ed during		standing at
	numbers)	end o	of prior year*		year		year	У	ear-end
	General obligation bonds	\$	_	\$	-	\$	_	\$	_
	Revenue bonds	\$		\$	_	\$	_	\$	-
	Notes/Loans	\$		\$	_	\$	_	\$	_
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	_	\$		\$		\$	_
	Developer Advances	\$	43,426	\$	67,419	\$		\$	110,845
	Other (specify):	\$	40,420	\$	07,410	\$		\$	110,040
	TOTAL	\$	43,426	\$	67,419	\$		\$	110,845
**Subscrip	otion Based Information Technology Arrangements		t agree to prio	<u> </u>		,		Ψ	110,040
	Please answer the following questions by marking the appropriate boxes		t agree to prio	i yeai	-crid balaricc		Yes		No
4-5	Does the entity have any authorized, but unissued, debt?						√		
If yes:	How much?	\$	9	60,0	00,000.00]			
	Date the debt was authorized:				5/3/2022	ĺ			
4-6	Does the entity intend to issue debt within the next calendar	year?)			,			J
If yes:	How much?	\$			-]			
4-7	Does the entity have debt that has been refinanced that it is s	till re	sponsible	for?		,			4
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?	_				١			
	What are the annual lease payments?	\$			-				
	Part 4 - Please use this space to provide any explanations/cor	nmen	its or attacl	ı se	parate doc	ument	ation, if n	eede	d

	PART 5 - CASH AND INVESTME	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ 14,176	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ 14,176
	Investments (if investment is a mutual fund, please list underlying investments):			
			\$ -	
5-3			\$ -	
			\$ -	
			\$ -	
	Total Investments			\$ -
	Total Cash and Investments			\$ 14,176
	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.?	7		
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.)?	4		
If no, MU	JST use this space to provide any explanations:			

	PART 6 - CAPITAL AND R	IGHT-TO-L	JSE ASSI	ETS	
	Please answer the following questions by marking in the appropriate bo	es.		Yes	No
6-1	Does the entity have capital assets?				V
6-2	Has the entity performed an annual inventory of capital asse 29-1-506, C.R.S.,? If no, MUST explain: N/A	ets in accordanc	e with Section		V
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	\$ -	\$ -	\$ -	\$ -
			ear ending balance		
	Part 6 - Please use this space to provide any explanation	is/comments or	attach docume	ntation, if need	ed:
		INTEGRAL			
	PART 7 - PENSION		ATION		
= 4	Please answer the following questions by marking in the appropriate bo			Yes	No
7-1 7-2	Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan?	•			▽
If yes:	Who administers the plan?			٦ -	<u> </u>
11 ycs.	Indicate the contributions from:			_	
	Tay (property CO colos etc.)		¢	7	
	Tax (property, SO, sales, etc.):		\$ -		
	State contribution amount:		\$ -		
			\$ -	-	
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per	retiree as of Jan	\$ - \$ - \$ -		
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1?		\$ - \$ - \$ -		
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per		\$ - \$ - \$ -	S:	
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide	e any explanation	\$ - \$ - \$ - \$ -	S:	
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1?	e any explanation	\$ - \$ - \$ - \$ -	s:	
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide	any explanation	\$ - \$ - \$ - \$ -	S: No	N/A
8-1	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate body bid the entity file a budget with the Department of Local Affairs for	INFORMA oxes. or the current yea	\$ - \$ - \$ - \$ - MION Yes	No	
8-1	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate both	INFORMA oxes. or the current yea	\$ - \$ - \$ - s or comments		N/A □
8-1	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate body bid the entity file a budget with the Department of Local Affairs for	INFORMA oxes. or the current yea	\$ - \$ - \$ - \$ - MION Yes	No	
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	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	INFORMA Exes. The current yea	\$ - \$ - \$ - \$ - ns or comments	No	
	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with pass and propriations resolution, in accordance with section 29-1-113 C.R.S.?	INFORMA Exes. The current yea	\$ - \$ - \$ - \$ - ms or comments	No □	
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate bo Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance with pass and propriations resolution, in accordance with section 29-1-113 C.R.S.?	INFORMA oxes. or the current yea nce with Section	\$ - \$ - \$ - \$ - ms or comments	No □	
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate body Did the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years.	INFORMA oxes. or the current yea nce with Section	\$ - \$ - \$ - \$ - ns or comments	No □	
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate body bid the entity file a budget with the Department of Local Affairs for in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	INFORMA oxes. or the current yea nce with Section	\$ - \$ - \$ - \$ - ms or comments	No □	
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate body in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years in the	INFORMA oxes. or the current yea nce with Section rear reported:	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	No □	
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate body in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years in the	INFORMA oxes. or the current yea nce with Section rear reported:	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	No □	
8-2	State contribution amount: Other (gifts, donations, etc.): TOTAL What is the monthly benefit paid for 20 years of service per 1? Part 7 - Please use this space to provide PART 8 - BUDGET Please answer the following questions by marking in the appropriate body in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount budgeted for each fund for the years in the	INFORMA oxes. or the current yea nce with Section rear reported:	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	No □	

	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)]?		П
	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.	ū	

If 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?		
If yes:	Date of formation:]	
10-2	Has the entity changed its name in the past or current year?		✓
If yes:	Please list the NEW name & PRIOR name:		
			_
10-3	Is the entity a metropolitan district?	7	
	Please indicate what services the entity provides:	1	
	See below.	_	_
10-4	Does the entity have an agreement with another government to provide services?	团	
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		7
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?] 	
If yes:			
,	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		_
	General/Other mills		15.232
	Total mills		15.232
	Yes	No	N/A
	NEW 2023! If the entity is a Title 32 Special District formed on or after 7/1/2000, has	П	
10-7	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.		
		J	

Please use this space to provide any additional explanations or comments not previously included:

10-3: Street improvements, parks and recreation, water, sanitation, public transportation, mosquito control, traffic and safety control, fire protection, television relay and translation, and security.

10-4: Under the Consolidated Service Plan, the District operates in conjunction with Spring Hill Metropolitan District Nos. 1-3 whereby District No. 4 will act as the Operating District and District Nos. 1-3 will operate as the Pledge Districts.

	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?	4	

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	Print Board Member's Name	I, <u>Sarah Hunsche</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
Member 1	Sarah Hunsche	audit. Signed Saralı Huastlu. Date: B2805CBROYDIBE: 3/28/2024 My term Expires: May 2027
Description	Print Board Member's Name	I, <u>Corey Elliott</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Board Member 2	Corey Elliott	Signed Date: My term Expires:May 2025
Board	Print Board Member's Name	I, <u>Christian Janke</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
Member 3	Christian Janke	audit. Signed Unstan Jank Date: 3/28/2024 My term Expires: May 2025
Board	Print Board Member's Name	I, <u>Christopher Elliott</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from
Member 4	Christopher Elliott	audit. Signed Unitopur Eliott Date: My term Expires: May 2025
Board Member 5	Print Board Member's Name	I
Board Member 6	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:
Board Member 7	Print Board Member's Name	I



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

Accountant's Compilation Report

Board of Directors Spring Hill Metropolitan District No. 4 Weld County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Spring Hill Metropolitan District No. 4 as of and for the year ended December 31, 2023, 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.

We are not independent with respect to Spring Hill Metropolitan District No. 4.

Greenwood Village, Colorado

Clifton Larson Allen LLP

March 25, 2024