

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	HM Metropolitan District No. 4	For the Year Ended 12/31/24 or fiscal year ended:
ADDRESS	8390 East Crescent Parkway Suite 300 Greenwood Village, CO 80111 -2814	
CONTACT PERSON	Jason Carroll	
PHONE	303-779-5710	
EMAIL	jason.carroll@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:	Jason Carroll
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

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED <small>(No exemption shall be granted prior to the close of said fiscal year)</small>
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SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT	2/21/2025
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Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL <small>(MODIFIED ACCRUAL BASIS)</small>	PROPRIETARY <small>(CASH OR BUDGETARY BASIS)</small>
	<input type="checkbox"/>	<input type="checkbox"/>

PART 2 - REVENUES

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

Line #	Description	Round to the nearest dollar	
2-1	Taxes: Property (report mills levied in question 10-7)	\$	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$	
2-3	Sales and use	\$	
2-4	Other (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 services	\$	
2-15	Debt proceeds (should agree to table 4-4, column 'Issued during year')	\$	
2-16	Lease proceeds	\$	
2-17	Developer Advances received (should agree to table 4-4, column 'Issued during year')	\$	
2-18	Proceeds from sale of capital assets	\$	
2-19	Fire and police pension	\$	
2-20	Donations	\$	
2-21	Other (specify):	\$	
2-22		\$	
2-23		\$	
2-24		\$	
2-25		\$	
2-26	(add lines 2-1 through 2-25) TOTAL REVENUES	\$	

PART 3 - EXPENDITURES/EXPENSES

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 the nearest dollar	
3-1	Administrative	\$	Please use this space to provide any necessary explanations
3-2	Salaries	\$	
3-3	Payroll taxes	\$	
3-4	Contract services	\$	
3-5	Employee benefits	\$	
3-6	Insurance	\$	
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 to table 4-4, column 'Retired during year')	\$	
3-18	Debt service interest	\$	
	Repayment of Developer Advance Principal (should agree to table 4-4, column 'Retired during year')	\$	
3-20	Repayment of Developer Advance Interest	\$	
3-21	Contribution to pension plan	\$	
3-22	Contribution to Fire & Police Pension Assoc.	\$	
3-23	Other (specify):	\$	
3-24		\$	
3-25		\$	
3-26		\$	
3-27		\$	
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$	-J

If TOTAL REVENUES (Line 2-26) or TOTAL EXPENDITURES (Line 3-28) are GREATER than \$100,000 - **STOP**. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.		Yes	No
4-1	Does the entity have outstanding debt? <i>(If 'No' is checked, skip to question 4-5)</i> <i>(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i>	<input type="checkbox"/>	0
4-2	Is the debt repayment schedule attached? If no, MUST explain below: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">N/A. The District has no debt.</div>	<input type="checkbox"/>	0
4-3	Is the entity current in its debt service payments? If no, MUST explain below: <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">N/A. The District has no debt.</div>	<input type="checkbox"/>	0
4-4	Please complete the following debt schedule, if applicable: <small>(please only include principal amounts)</small> <small>(enter all amounts as positive numbers)</small>		
	General obligation bonds	\$	\$
	Revenue bonds	\$	\$
	Notes/Loans	\$	\$
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$	\$
	Developer Advances	\$	\$
	Other (specify):	\$	\$
	TOTAL	\$	\$

*Subscription-Based Information Technology Arrangements **Must agree to prior year's end balance

Please answer the following questions by marking the appropriate boxes.		Yes	No
4-5	Does the entity have any authorized but unissued debt as of its fiscal year-end?	0	<input type="checkbox"/>
	How much? \$ 6,500,000,000.00		
	Date the debt was authorized: 11/5/2019		
NEW 4-6	Is the authorized but unissued debt further limited by the entity's most recent Service Plan?	0	<input type="checkbox"/>
	If yes: How much? \$ 500,000,000.00		
	Date of the most recent Service Plan: 8/5/2019		
	4-7 Does the entity intend to issue debt within the next calendar year?	<input type="checkbox"/>	0
	If yes: How much? \$		
	4-8 Does the entity have debt that has been refinanced that it is still responsible for?	<input type="checkbox"/>	0
	If yes: What is the amount outstanding? \$		
	4-9 Does the entity have any lease agreements?	<input type="checkbox"/>	0
	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?	<input type="checkbox"/>	<input type="checkbox"/>
	What are the annual lease payments? \$		

Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts	\$	
5-2	Certificates of deposit	\$	
	TOTAL CASH DEPOSITS		\$
5-3	Investments (if investment is a mutual fund, please list underlying investments):		
		\$	
		\$	
		\$	
		\$	
	TOTAL INVESTMENTS		\$
	TOTAL CASH AND INVESTMENTS		\$

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.?	<input type="checkbox"/>	<input type="checkbox"/>	0
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.)?	<input type="checkbox"/>	<input type="checkbox"/>	0

Part 5 - If no, MUST use this space to provide any explanations

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)]? <i>Note: An election to exempt the entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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:	<input type="checkbox"/>	E									
10-2 Has the entity changed its name in the past or current year? If yes: Please list the NEW name: Please list the PRIOR name:	<input type="checkbox"/>	E									
10-3 Is the entity a metropolitan district? 10-4 Please indicate what services the entity provides: See below	<input type="checkbox"/>	<input type="checkbox"/>									
10-5 Does the entity have an agreement with another government to provide services? If yes: List the name of the other governmental entity and the services provided: See below	E	<input type="checkbox"/>									
10-6 Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] If yes: Date filed:	<input type="checkbox"/>	E									
10-7 Does the entity have a certified mill levy? If yes: Please provide the following mills levied for the year reported (do not report \$ amounts): <div style="margin-left: 40px;"> Bond redemption mills General/other mills <table border="1" style="margin-left: 20px;"> <tr style="background-color: #1a3d54; color: white;"> <th colspan="3">Total mills</th> </tr> <tr style="background-color: #1a3d54; color: white;"> <th style="width: 33%;">Yes</th> <th style="width: 33%;">No</th> <th style="width: 33%;">N/A</th> </tr> <tr> <td style="text-align: center;">E</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> </div>	Total mills			Yes	No	N/A	E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E
Total mills											
Yes	No	N/A									
E	<input type="checkbox"/>	<input type="checkbox"/>									
10-8 If the entity is a Title 32 Special District formed 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.	E	<input type="checkbox"/>									

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

10-4: The District was established to provide financing for the design, acquisition, installation, construction and completion of public improvements and services, including street, safety protection, park and recreation, transportation, retaining walls, trails, open space, landscaping, drainage improvements, and irrigation system improvements.

10-5: The District was established and will operate in conjunction with HM Metropolitan District Nos. 1, 2, 3, 5, 6, 7, 8, and 9.

PART 11 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box.

Yes

No

If you plan to submit this form electronically, have you read the Electronic Signature
¹¹⁻¹ Policy?

Office of the State Auditor— Local Government Division - Exemption Form Electronic Signature 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 two 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.

Signature _____

Date 3/12/2025

**Print or type 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	Board Member's Name:	Rick Wells
	1 attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: May 2027	Date _____
Board Member 2	Board Member's Name:	Ferdinand Belz
	1 attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	x----- Signed by: <i>Ferdinand Belz</i>
	My term expires: May 2027	
Board Member 3	Board Member's Name:	Blake Fulenwider
	1 attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	s----- Signed by: <i>James Blake Fulenwider sr</i>
	My term expires: May 2025	
Board Member 4	Board Member's Name:	Matthew Stewart
	1 attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	s----- Signed by: <i>Matthew Stewart</i>
	My term expires: May 2025	Signature _____ Date <u>3/12/2025</u>
Board Member 5	Board Member's Name:	_____
	1 attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: _____	Date _____
Board Member 6	Board Member's Name:	_____
	1 attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: _____	Date _____
Board Member 7	Board Member's Name:	_____
	1 attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit.	Signature _____
	My term expires: _____	Date _____



CliftonLarsonAllen LLP
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Accountant's Compilation Report

Board of Directors
HM Metropolitan District No. 4
Adams County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of HM Metropolitan District No. 4 as of and for the year ended December 31, 2024, 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 HM Metropolitan District No. 4.

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".

Greenwood Village, Colorado
February 21, 2025