

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

|                    |   |
|--------------------|---|
| NAME OF GOVERNMENT | Second Creek Farm Metropolitan District No. 4 |
| ADDRESS            | 8390 E Crescent Parkway                       |
|                    | Suite 300                                     |
|                    | Greenwood Village, CO 80111                   |
| CONTACT PERSON     | Jason Carroll                                 |
| PHONE              | 303-779-5710                                  |
| EMAIL              | Jason.Carroll@claconnect.com                  |
| FAX                | 303-779-0348                                  |

For the Year Ended  
12/31/2021  
or fiscal year ended:

CERTIFICATION OF PREPARER

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

|                           |   |
|---------------------------|---|
| NAME:                     | Jason Carroll   |
| TITLE                     | Accountant for the District                                     |
| FIRM NAME (if applicable) | CliftonLarsonAllen LLP  |
| ADDRESS                   | 8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111 |
| PHONE                     | 303-779-5710  |
| DATE PREPARED             | March 10, 2022  |
| RELATIONSHIP TO ENTITY    | CPA Firm providing accounting services to the District          |

PREPARER (SIGNATURE REQUIRED)

See Accountant's Compilation Report.

|  |                          |                                     |                     |
|--|--------------------------|-------------------------------------|---------------------|
| Has the entity filed for, or 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.] | YES                      | NO                                  | If Yes, date filed: |
|  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

\* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

| Governmental Funds             |  |                   |       | Proprietary/Fiduciary Funds  |       |       |  | Please use this space to provide explanation of any items on this page |
|--------------------------------|--|-------------------|-------|--|-------|-------|--|--|
| Line #                         | Description  | Debt Service Fund | Fund* | Description  | Fund* | Fund* |  |  |
| Assets                         |  |                   |       | Assets   |       |       |  |  |
| 1-1                            | Cash & Cash Equivalents  | \$ 1              | \$ -  | Cash & Cash Equivalents  | \$ -  | \$ -  |  |  |
| 1-2                            | Investments  | \$ -              | \$ -  | Investments  | \$ -  | \$ -  |  |  |
| 1-3                            | Receivables  | \$ -              | \$ -  | Receivables  | \$ -  | \$ -  |  |  |
| 1-4                            | Due from Other Entities or Funds   | \$ -              | \$ -  | Due from Other Entities or Funds   | \$ -  | \$ -  |  |  |
| 1-5                            | Property Tax Receivable  | \$ -              | \$ -  | Other Current Assets [specify...]  |       |       |  |  |
|                                | All Other Assets [specify...]  |                   |       |  | \$ -  | \$ -  |  |  |
| 1-6                            |  | \$ -              | \$ -  | Total Current Assets   | \$ -  | \$ -  |  |  |
| 1-7                            |  | \$ -              | \$ -  | Capital Assets, net (from Part 6-4)  | \$ -  | \$ -  |  |  |
| 1-8                            |  | \$ -              | \$ -  | Other Long Term Assets [specify...]  | \$ -  | \$ -  |  |  |
| 1-9                            |  | \$ -              | \$ -  |  | \$ -  | \$ -  |  |  |
| 1-10                           |  | \$ -              | \$ -  |  | \$ -  | \$ -  |  |  |
| 1-11                           | (add lines 1-1 through 1-10) TOTAL ASSETS  | \$ 1              | \$ -  | (add lines 1-1 through 1-10) TOTAL ASSETS  | \$ -  | \$ -  |  |  |
| Deferred Outflows of Resources |  |                   |       | Deferred Outflows of Resources   |       |       |  |  |
| 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   | \$ 1              | \$ -  | TOTAL ASSETS AND DEFERRED OUTFLOWS   | \$ -  | \$ -  |  |  |
| Liabilities                    |  |                   |       | Liabilities  |       |       |  |  |
| 1-16                           | Accounts Payable   | \$ -              | \$ -  | Accounts Payable   | \$ -  | \$ -  |  |  |
| 1-17                           | Accrued Payroll and Related Liabilities  | \$ -              | \$ -  | Accrued Payroll and Related Liabilities  | \$ -  | \$ -  |  |  |
| 1-18                           | Unearned Property Tax Revenue  | \$ -              | \$ -  | 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  | \$ -              | \$ -  | (add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES  | \$ -  | \$ -  |  |  |
| 1-22                           | All Other Liabilities [specify...]   | \$ -              | \$ -  | Proprietary Debt Outstanding (from Part 4-4)   | \$ -  | \$ -  |  |  |
| 1-23                           |  | \$ -              | \$ -  | Other Liabilities [specify...]:  | \$ -  | \$ -  |  |  |
| 1-24                           |  | \$ -              | \$ -  |  | \$ -  | \$ -  |  |  |
| 1-25                           |  | \$ -              | \$ -  |  | \$ -  | \$ -  |  |  |
| 1-26                           |  | \$ -              | \$ -  |  | \$ -  | \$ -  |  |  |
| 1-27                           | (add lines 1-21 through 1-26) TOTAL LIABILITIES  | \$ -              | \$ -  | (add lines 1-21 through 1-26) TOTAL LIABILITIES  | \$ -  | \$ -  |  |  |
| Deferred Inflows of Resources  |  |                   |       | Deferred Inflows of Resources  |       |       |  |  |
| 1-28                           | Deferred Property Taxes  | \$ -              | \$ -  | Pension Related  | \$ -  | \$ -  |  |  |
| 1-29                           | Other [specify...]   | \$ -              | \$ -  | Other [specify...]   | \$ -  | \$ -  |  |  |
| 1-30                           | (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS   | \$ -              | \$ -  | (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS   | \$ -  | \$ -  |  |  |
| Fund Balance                   |  |                   |       | Net Position   |       |       |  |  |
| 1-31                           | Nonspendable Prepaid   | \$ -              | \$ -  | Net Investment in Capital Assets   | \$ -  | \$ -  |  |  |
| 1-32                           | Nonspendable Inventory   | \$ -              | \$ -  |  |       |       |  |  |
| 1-33                           | Restricted [specify...]  | \$ 1              | \$ -  | Emergency Reserves   | \$ -  | \$ -  |  |  |
| 1-34                           | Committed [specify...]   | \$ -              | \$ -  | Other Designations/Reserves  | \$ -  | \$ -  |  |  |
| 1-35                           | Assigned [specify...]  | \$ -              | \$ -  | Restricted   | \$ -  | \$ -  |  |  |
| 1-36                           | Unassigned:  | \$ -              | \$ -  | Undesignated/Unreserved/Unrestricted   | \$ -  | \$ -  |  |  |
| 1-37                           | Add lines 1-31 through 1-36<br>This total should be the same as line 3-33<br>TOTAL FUND BALANCE                                      | \$ 1              | \$ -  | Add lines 1-31 through 1-36<br>This total should be the same as line 3-33<br>TOTAL NET POSITION                                      | \$ -  | \$ -  |  |  |
| 1-38                           | Add lines 1-27, 1-30 and 1-37<br>This total should be the same as line 1-15<br>TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE | \$ 1              | \$ -  | Add lines 1-27, 1-30 and 1-37<br>This total should be the same as line 1-15<br>TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION | \$ -  | \$ -  |  |  |

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

|                                |   | Governmental Funds |       |   |       | Proprietary/Fiduciary Funds |  | Please use this space to provide explanation of any items on this page |
|--------------------------------|---|--------------------|-------|---|-------|-----------------------------|--|--|
| Line #                         | Description   | Debt Service Fund  | Fund* | Description   | Fund* | Fund*                       |  |  |
| <b>Tax Revenue</b>             |   |                    |       | <b>Tax Revenue</b>  |       |                             |  |  |
| 2-1                            | Property [include mills levied in Question 10-6]                      | \$ -               | \$ -  | Property [include mills levied in Question 10-6]                      | \$ -  | \$ -                        |  |  |
| 2-2                            | Specific Ownership  | \$ -               | \$ -  | 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<br>TOTAL TAX REVENUE                        | \$ -               | \$ -  | Add lines 2-1 through 2-7<br>TOTAL TAX REVENUE                        | \$ -  | \$ -                        |  |  |
| 2-9                            | Licenses and Permits  | \$ -               | \$ -  | Licenses and Permits  | \$ -  | \$ -                        |  |  |
| 2-10                           | Highway Users Tax Funds (HUTF)  | \$ -               | \$ -  | Highway Users Tax Funds (HUTF)  | \$ -  | \$ -                        |  |  |
| 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               | \$ -  | 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<br>TOTAL REVENUES                          | \$ 1               | \$ -  | Add lines 2-8 through 2-23<br>TOTAL REVENUES                          | \$ -  | \$ -                        |  |  |
| <b>Other Financing Sources</b> |   |                    |       | <b>Other Financing Sources</b>  |       |                             |  |  |
| 2-25                           | Debt Proceeds   | \$ 184,500         | \$ -  | Debt Proceeds   | \$ -  | \$ -                        |  |  |
| 2-26                           | Developer Advances  | \$ -               | \$ -  | Developer Advances  | \$ -  | \$ -                        |  |  |
| 2-27                           | Other [specify...]:   | \$ -               | \$ -  | Other [specify...]:   | \$ -  | \$ -                        |  |  |
| 2-28                           | Add lines 2-25 through 2-27<br>TOTAL OTHER FINANCING SOURCES          | \$ 184,500         | \$ -  | Add lines 2-25 through 2-27<br>TOTAL OTHER FINANCING SOURCES          | \$ -  | \$ -                        |  |  |
| 2-29                           | Add lines 2-24 and 2-28<br>TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ 184,501         | \$ -  | Add lines 2-24 and 2-28<br>TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ -  | \$ -                        |  |  |
|                                |   |                    |       |   |       |                             |  | GRAND TOTALS   |
|                                |   |                    |       |   |       |                             |  | \$ 184,501   |

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

|   |   | Governmental Funds |       | Proprietary/Fiduciary Funds   |       | Please use this space to provide explanation of any items on this page |
|---|---|--------------------|-------|---|-------|--|
| Line #  | Description   | Debt Service Fund  | Fund* | Description   | Fund* |  |
| <b>Expenditures</b>                           |   |                    |       | <b>Expenses</b>   |       |  |
| 3-1   | General Government  | \$ -               | \$ -  | General Operating & Administrative  | \$ -  | \$ -   |
| 3-2   | Judicial  | \$ -               | \$ -  | Salaries  | \$ -  | \$ -   |
| 3-3   | Law Enforcement   | \$ -               | \$ -  | Payroll Taxes   | \$ -  | \$ -   |
| 3-4   | Fire  | \$ -               | \$ -  | Contract Services   | \$ -  | \$ -   |
| 3-5   | Highways & Streets  | \$ -               | \$ -  | Employee Benefits   | \$ -  | \$ -   |
| 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 [specify...]:   | \$ -               | \$ -  | Contributions to Fire & Police Pension Assoc.   | \$ -  | \$ -   |
| 3-12  |   | \$ -               | \$ -  | Other [specify...]  | \$ -  | \$ -   |
| 3-13  |   | \$ -               | \$ -  |   | \$ -  | \$ -   |
| 3-14  | Capital Outlay  | \$ -               | \$ -  | Capital Outlay  | \$ -  | \$ -   |
| Debt Service                                  |   |                    |       | Debt Service  |       |  |
| 3-15  | Principal (should match amount in 4-4)  | \$ -               | \$ -  | Principal (should match amount in 4-4)  | \$ -  | \$ -   |
| 3-16  | Interest  | \$ -               | \$ -  | Interest  | \$ -  | \$ -   |
| 3-17  | Bond Issuance Costs   | \$ 184,500         | \$ -  | Bond Issuance Costs   | \$ -  | \$ -   |
| 3-18  | Developer Principal Repayments  | \$ -               | \$ -  | Developer Principal Repayments  | \$ -  | \$ -   |
| 3-19  | Developer Interest Repayments   | \$ -               | \$ -  | Developer Interest Repayments   | \$ -  | \$ -   |
| 3-20  | All Other [specify...]:   | \$ -               | \$ -  | All Other [specify...]:   | \$ -  | \$ -   |
| 3-21  |   | \$ -               | \$ -  |   | \$ -  | \$ -   |
| 3-22  | <b>Add lines 3-1 through 3-21</b>   | \$ 184,500         | \$ -  | <b>Add lines 3-1 through 3-21</b>   | \$ -  | \$ -   |
| <b>TOTAL EXPENDITURES</b>                     |   |                    |       | <b>TOTAL EXPENSES</b>   |       |  |
| 3-23  | Interfund Transfers (In)  | \$ -               | \$ -  | Net Interfund Transfers (In) Out  | \$ -  | \$ -   |
| 3-24  | Interfund Transfers Out   | \$ -               | \$ -  | Other [specify...][enter negative for expense]  | \$ -  | \$ -   |
| 3-25  | Other Expenditures (Revenues):  | \$ -               | \$ -  | Depreciation  | \$ -  | \$ -   |
| 3-26  |   | \$ -               | \$ -  | Other Financing Sources (Uses) (from line 2-28)   | \$ -  | \$ -   |
| 3-27  |   | \$ -               | \$ -  | Capital Outlay (from line 3-14)   | \$ -  | \$ -   |
| 3-28  |   | \$ -               | \$ -  | Debt Principal (from line 3-15, 3-18)   | \$ -  | \$ -   |
| 3-29  | <b>(Add lines 3-23 through 3-28)</b>  |                    |       | <b>(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS</b> |       |  |
| <b>TOTAL TRANSFERS AND OTHER EXPENDITURES</b> |   | \$ -               | \$ -  |   | \$ -  | \$ -   |
| 3-30  | Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures |                    |       | Net Increase (Decrease) in Net Position   |       |  |
|   | Line 2-29, less line 3-22, less line 3-29   | \$ 1               | \$ -  | Line 2-29, less line 3-22, plus line 3-29, less line 3-23   | \$ -  | \$ -   |
| 3-31  | Fund Balance, January 1 from December 31 prior year report                            |                    |       | Net Position, January 1 from December 31 prior year report  |       |  |
|   |   | \$ -               | \$ -  |   | \$ -  | \$ -   |
| 3-32  | Prior Period Adjustment (MUST explain)  | \$ -               | \$ -  | Prior Period Adjustment (MUST explain)  | \$ -  | \$ -   |
| 3-33  | Fund Balance, December 31   |                    |       | Net Position, December 31   |       |  |
|   | 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.   | \$ 1               | \$ -  | This total should be the same as line 1-37.   | \$ -  | \$ -   |

**GRAND TOTAL**  
\$ 184,500

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.

## PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

YES

NO

Please use this space to provide any explanations or comments:

4-1 Does the entity have outstanding debt?

☒☐

4-2 Is the debt repayment schedule attached? If no, MUST explain:

☐☒**Cashflow bond - no set repayment schedule**

4-3 Is the entity current in its debt service payments? If no, MUST explain:

☒☐

4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)

|                          | Outstanding at beginning of year* | Issued during year | Retired during year | Outstanding at year-end |
|--------------------------|-----------------------------------|--------------------|---------------------|-------------------------|
| General obligation bonds | \$ -                              | \$ 184,500         | \$ -                | \$ 184,500              |
| Revenue bonds            | \$ -                              | \$ -               | \$ -                | \$ -                    |
| Notes/Loans              | \$ -                              | \$ -               | \$ -                | \$ -                    |
| Leases                   | \$ -                              | \$ -               | \$ -                | \$ -                    |
| Developer Advances       | \$ -                              | \$ -               | \$ -                | \$ -                    |
| Other (specify):         | \$ -                              | \$ -               | \$ -                | \$ -                    |
| <b>TOTAL</b>             | <b>\$ -</b>                       | <b>\$ 184,500</b>  | <b>\$ -</b>         | <b>\$ 184,500</b>       |

\*must agree to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

YES

NO

4-5 Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]?

☒☐

If yes: How much?

\$ 905,000,000

Date the debt was authorized:

5/6/2014

4-6 Does the entity intend to issue debt within the next calendar year?

☐☒

If yes: How much?

\$ -

4-7 Does the entity have debt that has been refinanced that it is still responsible for?

☐☒

If yes: What is the amount outstanding?

\$ -

4-8 Does the entity have any lease agreements?

☐☒

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?

☐☒

What are the annual lease payments?

\$ -

## PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.

AMOUNT

TOTAL

Please use this space to provide any explanations or comments:

5-1 YEAR-END Total of ALL Checking and Savings accounts

\$ 1

5-2 Certificates of deposit

\$ -

**TOTAL CASH DEPOSITS**

\$ 1

Investments (if investment is a mutual fund, please list underlying investments):

5-3

\$ -

\$ -

\$ -

\$ -

**TOTAL INVESTMENTS**

\$ -

**TOTAL CASH AND INVESTMENTS**

\$ 1

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.?

☒☐☐

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 6 - CAPITAL ASSETS   |  |  |                           |                          |                                     |  |
|---|--|--|---------------------------|--------------------------|-------------------------------------|--|
| Please answer the following question by marking in the appropriate box  |  |  |                           | YES                      | NO                                  | Please use this space to provide any explanations or comments: |
| 6-1   | Does the entity have capitalized assets?   |  |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 6-2   | Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUST explain: |  |                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
|   |  |  |                           |                          |                                     |  |
| 6-3   | Complete the following Capital Assets table for GOVERNMENTAL FUNDS:  |  |                           |                          |                                     |  |
|   |  | Balance -<br>beginning of the<br>year <sup>1</sup> | Additions<br><sub>2</sub> | Deletions                | Year-End Balance                    |  |
|   | Land   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Buildings  | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Machinery and equipment  | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Furniture and fixtures   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Infrastructure   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Construction In Progress (CIP)   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Other (explain):   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Accumulated Depreciation (Enter a negative, or credit, balance)  | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
| TOTAL   |  | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
| 6-4   | Complete the following Capital Assets table for PROPRIETARY FUNDS:   |  |                           |                          |                                     |  |
|   |  | Balance -<br>beginning of the<br>year*             | Additions                 | Deletions                | Year-End Balance                    |  |
|   | Land   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Buildings  | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Machinery and equipment  | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Furniture and fixtures   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Infrastructure   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Construction In Progress (CIP)   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Other (explain):   | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
|   | Accumulated Depreciation (Enter a negative, or credit, balance)  | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
| TOTAL   |  | \$ -   | \$ -                      | \$ -                     | \$ -                                |  |
| * Must agree to prior year-end balance<br>- Generally capital asset additions should be reported at capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy |  |  |                           |                          |                                     |  |

| PART 7 - PENSION INFORMATION  |  |  |      |                          |                                     |  |
|---|--|--|------|--------------------------|-------------------------------------|--|
| *   |  |  |      | YES                      | NO                                  | Please use this space to provide any explanations or comments: |
| 7-1   | Does the entity have an "old hire" firefighters' pension plan? |  |      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 7-2   | Does the entity have a volunteer firefighters' pension plan?   |  |      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| If yes:   | Who administers the plan?                                      |  |      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 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 8 - BUDGET INFORMATION  |  |  |                              |                                     |                          |  |                          |
|--|--|--|------------------------------|-------------------------------------|--------------------------|--|--------------------------|
| 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 Section 29-1-113 C.R.S.? If no, MUST explain: |  |                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |
| 8-2  | Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:                                |  |                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> |
| If yes: Please indicate the amount appropriated for each fund separately for the year reported |  |  |                              |                                     |                          |  |                          |
| Governmental/Proprietary Fund Name   |  |  | Total Appropriations By Fund |                                     |                          |  |                          |
| Capital Projects Fund  |  |  | \$                           | 5,000,000                           |                          |  |                          |
|  |  |  | \$                           | -                                   |                          |  |                          |
|  |  |  | \$                           | -                                   |                          |  |                          |
|  |  |  | \$                           | -                                   |                          |  |                          |

| PART 9 - TAX PAYER'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(5)]? |  |     | <input checked="" type="checkbox"/> |  |
| 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. |  |  |     |                                     |  |

| PART 10 - GENERAL INFORMATION   |  |  |                       |                                     |  |                                     |
|---|--|--|-----------------------|-------------------------------------|--|-------------------------------------|
| Please answer the following question by marking in the appropriate box                                    |  |  | YES                   | NO                                  | Please use this space to provide any explanations or comments:<br><br>10-4: The District was established to provide financing for the construction, installation, and operation of public improvements, including streets and safety controls, street lighting, landscaping, mounuments, signage, mosquito control, television relay, water, sanitary-sewer, storm drainage, and park and recreation improvement facilities. |                                     |
| 10-1  | Is this application for a newly formed governmental entity?                    |  |                       | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> |
| If yes: Date of formation:  |  |  |                       |                                     |  |                                     |
| 10-2  | Has the entity changed its name in the past or current year?                   |  |                       | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> |
| If Yes: NEW name  |  |  |                       |                                     |  |                                     |
| PRIOR name  |  |  |                       |                                     |  |                                     |
| 10-3  | Is the entity a metropolitan district?   |  |                       | <input checked="" type="checkbox"/> |  | <input type="checkbox"/>            |
| 10-4  | Please indicate what services the entity provides:                             |  |                       |                                     |  |                                     |
| 10-5  | Does the entity have an agreement with another government to provide services? |  |                       | <input type="checkbox"/>            |  | <input checked="" type="checkbox"/> |
| If yes: List the name of the other governmental entity and the services provided:                         |  |  |                       |                                     |  |                                     |
| 10-6  | Does the entity have a certified mill levy?                                    |  |                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/>  |                                     |
| If yes: Please provide the number of <u>mills</u> levied for the year reported (do not enter \$ amounts): |  |  |                       |                                     |  |                                     |
|   |  |  | Bond Redemption mills | 0.000                               |  |                                     |
|   |  |  | General/Other mills   | 0.000                               |  |                                     |
|   |  |  | Total mills           | 0.000                               |  |                                     |
| Please use this space to provide any additional explanations or comments not previously included:         |  |  |                       |                                     |  |                                     |

**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?

**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, the 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.

|   | Full Name        |   |
|---|------------------|---|
| 1 | Joel H. Farkas   | I, Joel Farkas, 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.<br>Signed <u>Joel Farkas</u> Date: <u>3/16/2022</u><br>My term Expires: <u>May 2023</u>           |
| 2 | Thomas Kowalski  | I, Thomas Kowalski, 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.<br>Signed <u>Thomas Kowalski</u> Date: <u>3/16/2022</u><br>My term Expires: <u>May 2022</u>   |
| 3 | Toni Serra       | I, Toni Serra, 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.<br>Signed _____ Date: _____<br>My term Expires: <u>May 2023</u>                                    |
| 4 | Kristin Sullivan | I, Kristin Sullivan, 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.<br>Signed <u>Kristin Sullivan</u> Date: <u>3/16/2022</u><br>My term Expires: <u>May 2022</u> |
| 5 | Davinder Sandhu  | I, Davinder Sandhu, 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.<br>Signed <u>Davinder Sandhu</u> Date: <u>3/16/2022</u><br>My term Expires: <u>May 2022</u>   |
| 6 |                  | I, _____, 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.<br>Signed _____ Date: _____<br>My term Expires: _____   |
| 7 |                  | I, _____, 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.<br>Signed _____ Date: _____<br>My term Expires: _____   |





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## Accountant's Compilation Report

Board of Directors  
Second Creek Farm Metropolitan District No. 4  
Adams County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Second Creek Farm Metropolitan District No. 4 as of and for the year ended December 31, 2021, 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 Second Creek Farm Metropolitan District No. 4.

A handwritten signature in black ink, appearing to read 'CliftonLarsonAllen LLP'.

Greenwood Village, Colorado  
March 10, 2022