APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

8390 E Crescent Parkway
Suite 300
Greenwood Village, CO 80111

CONTACT PERSON
PHONE
PHONE
SMARTH STATE OF THE Year Ended 12/31/22 or fiscal year ended:

Carrie Bartow
Carrie.Bartow@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: Carrie Bartow
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 2/28/2023

PREPARER (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)		
using Governmental or Proprietary fund types	✓			

PART 2 - REVENUE

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

Line#		Des	cription		Round to nearest Dollar	Please use this
2-1	Taxes: Prope	rty	(report mills levied in Question 1	10-6)	\$ 361	space to provide
2-2	Speci	fic owners	hip		\$ 21	any necessary
2-3	Sales	and use			\$ -	explanations
2-4	Other	(specify):			\$ -	
2-5	Licenses and permits				\$ -	
2-6	Intergovernmental:		Grants		\$ -	
2-7			Conservation Trust Fun	ds (Lottery)	\$ -	
2-8			Highway Users Tax Fun	ds (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	3			\$ -	
2-15	Debt proceeds		(should agree w	rith line 4-4, column 2)	\$ -	
2-16	Lease proceeds				\$ -	
2-17	Developer Advances receive	/ed	(shou	ıld agree with line 4-4)	\$ -	
2-18	Proceeds from sale of cap	ital assets			\$ -	
2-19	Fire and police pension				\$ -	
2-20	Donations				\$ -	
2-21	Other (specify):				\$ -	
2-22					\$ -	
2-23					\$ -	
2-24		(add line	es 2-1 through 2-23) To	OTAL REVENUE	\$ 382	

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	oquity illion	Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
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	·	ee with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (should agree	e with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	Contribution to pension plan (should ag	ree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should ag	ree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24	County Treasurer Fees		\$	5
3-25	Payment for Services to No. 1 - O&M		-	77
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/E	XPENSES	\$ 38	32

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>".

	DART 4 DERT OUTSTANDING	2 10	CHED	ΛN	ID DE	TIE	ED		
	PART 4 - DEBT OUTSTANDING			, Ar	ND K				
4-1	Please answer the following questions by marking the appropriate boxes. Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule.						Yes	[No ✓
4-2	Is the debt repayment schedule attached? If no, MUST explain		7.			Γ		[✓
	N/A. District has no debt.						_		_
4-3	Is the entity current in its debt service payments? If no, MUST	Γ explai	in:			, [[√
	N/A. District has no debt.								
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)		anding at prior year*		d during /ear	Retired during year			anding at ar-end
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Lease Liabilities	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	-	\$	-	\$	-	\$	-
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	-	\$	-	\$	-	\$	-
			e to prior ye	ar endir	ng balance				
4-5	Please answer the following questions by marking the appropriate boxes. Does the entity have any authorized, but unissued, debt?						Yes		No
If yes:	How much?	\$		49 NNN	0,000.00	1	Ŭ		
11 ycs.	Date the debt was authorized:	Ψ	5/22/2		,,000.00	1			
4-6	Does the entity intend to issue debt within the next calendar	vear?	OILLIZ	-010		J	П		V
If yes:	How much?	\$				1			
4-7	Does the entity have debt that has been refinanced that it is s	till resi	onsible f	or?		J	П		V
If yes:	What is the amount outstanding?	\$	3011315101	01.		1			
4-8	Does the entity have any lease agreements?	Ψ				l			V
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?	_				1			
	What are the annual lease payments?	\$	-4:		-				
	Please use this space to provide any	expian	ations or	comm	ients:				
	DARTE CACH AND	INIX	COTM	- N 1-	TO.				
	PART 5 - CASH AND	INV	ESIM	EN	15				
	Please provide the entity's cash deposit and investment balances.						nount		Γotal
5-1	YEAR-END Total of ALL Checking and Savings Accounts					\$	-		
5-2	Certificates of deposit					\$	-		
	Total Cash Deposits							\$	-
	Investments (if investment is a mutual fund, please list underlying	investr	nents):						
						\$	-		
5-3						\$	-		
						\$	-		
	Total Investments					\$	-	<u></u>	
	Total Investments							\$	-
	Total Cash and Investments	rioto ber	00		Vaa		No	\$	- N/A
	Please answer the following questions by marking in the appropri	Tate DOX	US		Yes		No		N/A

Are the entity's Investments legal in accordance with Section 24-75-601, et.

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 use this space to provide any explanations:

5-4

5-5

seq., C.R.S.?

/

√

	PART 6 - CAPITAL AND RI	GH	T-TO-U	SE A	SSE	TS			
	Please answer the following questions by marking in the appropriate box					Ye	s		No
6-1	Does the entity have capital assets?								V
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in a	accordance	with Sec	tion				V
	N/A. The District has no capital assets.								
6-3	Complete the following equited 9 sight to use except table.		Balance -	Additions		Doloti	200	Ye	ar-End
	Complete the following capital & right-to-use assets table:	beg	inning of the year*	be includ Part 3		Deleti	OHS	Ва	alance
	Land	\$	-	\$	-	\$	-	\$	-
	Buildings	\$	-	\$	-	\$	-	\$	-
	Machinery and equipment	\$	-	\$	-	\$	-	\$	-
	Furniture and fixtures	\$	-	\$	-	\$	-	\$	-
	Infrastructure	\$	-	\$	-	\$	-	\$	-
	Construction In Progress (CIP)	\$	-	\$	-	\$	-	\$	-
	Leased Right-to-Use Assets	\$	-	\$	-	\$	-	\$	-
	Other (explain):	\$		\$	-	\$	-	\$	-
	Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$	-	\$	-	\$	-	Ι	
	TOTAL	\$		\$		\$		\$ \$	-
	Please use this space to provide any		anations or		ts:	Ψ		Ι Ψ	_
	PART 7 - PENSION	INIE	OPMA	TION					
			ORIVIA	HON					
7.4	Please answer the following questions by marking in the appropriate box					Ye	S		No
7-1 7-2	Does the entity have an "old hire" firefighters' pension plan? Does the entity have a volunteer firefighters' pension plan?								マ マ
If yes:	Who administers the plan?								
ii yos.	Indicate the contributions from:					l			
						ī			
	Tax (property, SO, sales, etc.):			\$	-				
	State contribution amount: Other (gifts, donations, etc.):			\$	-				
	TOTAL			\$	-				
		otiroc	ac of lan	φ	_				
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?				-				
	Please use this space to provide any	eynl	anations or	commen	te:				
	i icase ase tills space to provide any	СХРІ		Commen					
	PART 8 - BUDGET	INE	OPMA.	TION					
			ORWA						
8-1	Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affai		r the	Yes		No)		N/A
0-1	current year in accordance with Section 29-1-113 C.R.S.?	115 10	rtile	V				[
	current year in accordance with Section 29-1-113 C.N.S.:]					
8-2				J					
0-2	Did the entity pass an appropriations resolution, in accordan	ce w	ith Section	V				[
	29-1-108 C.R.S.? If no, MUST explain:								
If year	Places indicate the amount hudgeted for each fund for the un-	OK #0	nortod.						
ıı yes:	Please indicate the amount budgeted for each fund for the year	ar re	portea:						
	Governmental/Proprietary Fund Name	To	otal Appropria	tions By Fu	ınd				
	General Fund	\$			432				

	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?		
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency	✓	
	reserve requirement. All governments should determine if they meet this requirement of TABOR.		
f no, M	UST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
40.4	Is this application for a newly formed governmental entity?		✓
10-1			
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?	✓	
	Please indicate what services the entity provides:		
	See below.		
10-4	Does the entity have an agreement with another government to provide services?	~	
If ves:	List the name of the other governmental entity and the services provided:		

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Bond Redemption mills General/Other mills Total mills 50.000 50.000

 \checkmark

 \checkmark

Please use this space to provide any explanations or comments:

Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during

Please provide the following mills levied for the year reported (do not report \$ amounts):

See below.

Date Filed:

Does the entity have a certified Mill Levy?

10-5 If yes:

10-6

If yes:

^{10-3:} The District was established to provide financing for the acquisition, construction, and installation of public improvements including, but not limited to, streets, sanitary sewer, storm sewer, drainage, water, and parks and trails, and to provide the operation and maintenance of these improvements.

^{10-4:} The District was established as part of a "Multiple District Structure" for the community located in the Town of Frederick, Colorado, and operates in conjunction with The Shores on Plum Creek Metropolitan District No. 1-2, 4-8, and 10. The District entered into an amended and restated Improvement Acquisition Agreement with The Shores on Plum Creek Metropolitan Districts No. 1-2, 4-8, and 10 on May 30, 2019.

	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?	V	

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 <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board Member 1	Print Board Member's Name Jon P. File	I Jon P. File, 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: May 2025
Board Member 2	Print Board Member's Name Glenda S. File	I Glenda S. File, 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
Board Member 3	Print Board Member's Name Justine P. Ozbun	I Justine P. Ozbun, 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
Board Member 4	Print Board Member's Name Joelle P. File	I Joelle P. File, 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: May 2023
Board Member 5	Print Board Member's Name Janae P. File	I Janae P. File, 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: May 2023
Board Member 6	Print Board Member's Name	I
Board Member 7	Print Board Member's Name	I



CliftonLarsonAllen LLP

8390 East Crescent Pkwy., Suite 300 Greenwood Village, CO 80111

phone 303-779-5710 fax 303-779-0348 **CLAconnect.com**

Accountant's Compilation Report

Board of Directors
The Shores on Plum Creek Metropolitan District No. 3
Weld County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of The Shores on Plum Creek Metropolitan District No. 3 as of and for the year ended December 31, 2022, 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 The Shores on Plum Creek Metropolitan District No. 3.

Greenwood Village, Colorado

Clifton Larson allen LLF

February 28, 2023