## APPLICATION FOR EXEMPTION FROM AUDIT

#### SHORT FORM

Silver Peak Metropolitan District No 4 NAME OF GOVERNMENT For the Year Ended 12/31/24 304 Inverness Way South **ADDRESS** Suite 490 or fiscal year ended: Englewood, CO 80112 CONTACT PERSON Diane Wheeler 303-689-0833 PHONE **EMAIL** Diane@simmonswheeler.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: TITLE FIRM NAME (if applicable)

**ADDRESS** 

PHONE

Diane Wheeler District Accountant Simmons & Wheeler, P.C.

304 Inverness Way South, Suite 490 Englewood, CO 80112

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**DATE PREPARED** 

(No exemption shall be granted prior to the close of said fiscal year)

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL (MODIFIED ACCRUAL BASIS

PROPRIETARY (CASH OR BUDGETARY BASIS)

7

## **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.

use this to provide cessary ations

Line #		Description	Round to the nearest dollar	Please
2-1	Taxes: Property	(report mills levied in question 10-7)	\$ 6	space t
2-2	Specific ow	nership	\$	explana
2-3	Sales and u	se	\$	
2-4	Other (spec	ify):	\$ -	
2-5	Licenses and permits		\$ -	
2-6	Intergovernmental:	Grants	\$ -	
2-7		Conservation Trust Funds (Lottery)	\$ -	
2-8		Highway Users Tax Funds (HUTF)	\$ -	1
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 as	sets	\$ -	
2-19	Fire and police pension		\$ -	
2-20	Donations		\$ -	
2-21	Other (specify):		\$ -	
2-22			\$ -	Elv.
2-23			\$ -	
2-24			\$ -	S 25
2-25			\$ -	
2-26	(add	lines 2-1 through 2-25) TOTAL REVENUES	\$ 6	

## **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	Please use this
3-1	Administrative	\$	space to provide any necessary
3-2	Salaries	\$ -	explanations
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 du	ring year') \$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance (should agree to column 'Retired du		
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/EXP	ENSES S -	

	PART 4 - DEBT OUTSTANDING	SISSIED	AND P	TIPED	
	Please answer the following questions by marking the			Yes	No
4-1	Does the entity have outstanding debt? (If 'No' is checked, skip to question 4-5)	suppropriete 30X			Ø
4-2	(If 'Yes' is checked, please attach a copy of the entity's debt repayred is the debt repayment schedule attached? If no, MUST explain	nent schedule) n below:			0
4-3	Is the entity current in its debt service payments? If no, MUS		0		
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amounts as positive numbers)	Outstanding at end of prior year	Issued during year	Retired during year	Outstanding at year-end
	General obligation bonds	\$ -	\$ -	\$ -	\$ -
	Revenue bonds	\$ -	\$ -	\$ -	\$ -
	Notes/Loans	\$ -	\$ -	\$ -	\$ -
	Lease & SBITA** Liabilities [GASB 87 & 96]	\$ -	\$ - \$ -	\$ -	\$ - \$ -
	Developer Advances Other (specify):	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -
**Subscrip	tion-Based Information Technology Arrangements	*Must agree to prio	r year-end balance		
	Please answer the following questions by marking the	e appropriate box	es.	Yes	No
4-5	Does the entity have any authorized but unissued debt as of	its fiscal year-er	nd?		
	How much?		30,000,000.00		
	Date the debt was authorized:	11/7/2			
	Is the authorized but unissued debt further limited by the ent Plan?			<b>2</b>	
If yes:			27,000,000.00		
	Date of the most recent Service Plan:	10/19/	2000		
4-7	Does the entity intend to issue debt within the next calendar	year?			<b>2</b>
If yes:		atill responsible	- for2		☑
4-8 If yes:	Does the entity have debt that has been refinanced that it is: What is the amount outstanding?	\$	-	1	
4-9	Does the entity have any lease agreements?				
If yes:	What is being leased?		7 7 7 1 1 1 2 2 1	_	
,	What is the original date of the lease?				
	Number of years of lease?				
	Is the lease subject to annual appropriation?				Ø
	What are the annual lease payments?	\$			
	Part 4 - Please use this space to provide any explanations/cor	nments or attacl	h senarate doc	umentation if i	needed
	AND THE PROPERTY OF THE PROPER		i coparato aco		10000
Need to an	swer question 4-6 and question 4-1				
	PART 5 - CASH AND	INVESTI	IENTS		
	Please provide the entity's cash deposit and inves	tment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts			\$ -	
5-2	Certificates of deposit			\$ -	
		TOTAL CA	SH DEPOSITS		\$ -
5-3	Investments (if investment is a mutual fund, please list underlying	investments):			
				\$ -	
				\$ -	
				\$ -	
				\$ -	
			NVESTMENTS		\$ -
	TOT	AL CASH AND I	NVESTMENTS		\$ -
	Please answer the following questions by marking in the appro		Yes	No	N/A
5-4	Are the entity's investments legal in accordance with Section seq., C.R.S.?	24-75-601, et.	Ø		
5-5	Are the entity's deposits in an eligible (Public Deposit Protect depository (Section 11-10.5-101, et seq. C.R.S.)?	tion Act) public	☑		
	Part 5 - If no, MUST use this space to	provide any ex	planations		

Please answer the following questions by marking	ng in the appre	priate bo	xes.		Y	es		No
Does the entity have capital assets? (If 'No' is checked, skip the rest of Part 6)								Ø
Has the entity performed an annual inventory of capital 29-1-506, C.R.S.,? If no, MUST explain:	assets in ac	cordance	with S	ection	]	<b>2</b>		
Complete the following capital & right-to-use assets table:	beginn	ance - ing of the ear	Addit	tions*	Dele	etions		ar-En
Land	\$		\$	-	\$	-	\$	
Buildings	\$	-	\$	-	\$	-	\$	
Machinery and equipment	\$	-	\$	-	\$	-	\$	
Furniture and fixtures	\$	-	\$	-	\$	-	\$	
Infrastructure	\$	-	\$	=	\$	-	\$	
Construction In Progress (CIP)	\$	1=((	\$	-	\$	-	\$	
Leased & SBITA Right-to-Use Assets	\$		\$	-	\$	-	\$	
Other (explain):	\$	-	\$	12	\$	-	\$	
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$	- 1	\$		\$	-	\$	
	OTAL \$		s		s		s	

^Generally capital asset additions should be reported as capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed

P	PART 7 - PENSION INFORMA	TIO	N	Part Hilliam		
	Please answer the following questions by marking in the appropriate bo	xes.		Yes	No	
7-1	Does the entity have an "old hire" firefighters' pension plan?		v			
7-2	Does the entity have a volunteer firefighters' pension plan?			<b>2</b>		
If yes:	S: Who administers the plan?					
	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 7 - Please use this space to provide any explanation	e or c	ommente			

Part 7 - Please use this space to provide any explanations or comment

Need to add budget amount to section 8

	PART 8 - BUDGI	ET INFORMAT	ION		
	Please answer the following questions by marking in the	appropriate boxes.	Yes	No	N/A
8-1	Did the entity file a budget with the Department of Loca current year in accordance with Section 29-1-113 C.R.S If no, MUST explain:		Image: control of the		
8-2	Did the entity pass an appropriations resolution, in acce 29-1-108 C.R.S.? If no, MUST explain:	ordance with Section	<b>2</b>	0	
If yes: Please indicate the amount appropriated for each fund separately for the year reported (Please make sure each individual fund's appropriation agrees to how the budget was adopted. Do not combine funds)					
	Governmental/Proprietary Fund Name	Total Appropriation	ons By Fund		
	General Fund	\$6.00			

	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)]?	Ø			
	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.				

Part 9 - If no, MUST use this space to provide any explanations

	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?		<b>2</b>
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		Ø
If yes:	Please list the NEW name:		
	Please list the PRIOR name:		
10-3	Is the entity a metropolitan district?	Ø	
10-4	Please indicate what services the entity provides:		
	Streets, Water and Parks and Recreation		
10-5	Does the entity have an agreement with another government to provide services?		<b>2</b>
If yes:	List the name of the other governmental entity and the services provided:		
10-6	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> 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.]		Ø
If yes:	Date filed:		
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):		
	Bond redemption mills		
	General/other mills		62.600
	Total mills		62.600
	Yes	No	N/A
10-8	If the entity is a Title 32 Special District formed after 7/1/2000, has the entity		<b>2</b>
	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.		

Please use this space to provide any additional explanations or comments not previously included District was formed 1/1/2000

Sept.	PART 11 - GOVERNING BODY APPROVAI		
	Please answer the following question by marking in the appropriate box.	Yes	No
11-1	If you plan to submit this form electronically, have you read the Electronic Signature Policy?	Ø	0

# 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.

	Print or type the names of <u>ALL</u> members of current governing body below.  A <u>MAJORITY</u> of the members of the governing body must sign below.					
	Board Member's Name:	David Duncan				
Board Member 1	I 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 David Duncan (Mar 12, 2025 16:11 MDT)				
	My term expires:May 2027	Date 03/12/2025				
	Board Member's Name:	John Covert				
Board Member 2	I 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 John Covert John Covert (Mar 10, 2025 22:06 MDT)				
	My term expires:May 2025	10/03/2025				
	Board Member's Name:	Todd Johnson				
Board Member 3	I 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 Todd Johnson (Mar 10, 2025 16.10 MDT)				
	My term expires:May 2027	Date 03/10/2025				
	Board Member's Name:	Vacant				
Board Member 4	I 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's Name:	Vacant				
Board Member 5	I 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's Name:	Five member board				
Board Member 6	I 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's Name:	Five member board				
Board Member 7	I 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				

# Silver Peak 4 2024

Final Audit Report 2025-03-12

Created: 2025-03-10

By: Gavan Archibald (gavan@simmonswheeler.com)

Status: Signed

Transaction ID: CBJCHBCAABAAWU3czT9gg8seEFNJun1m7kTzq6kumocn

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