

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

| | | |
|--------------------|---|---|
| NAME OF GOVERNMENT | The Brands West Metropolitan District No. 4 | For the Year Ended 12/31/2024 or fiscal year ended: |
| ADDRESS | 8390 East Crescent Parkway Suite 300 Greenwood Village, CO 80111-2814 | |
| CONTACT PERSON | Gigi Pangindian | |
| PHONE | 303-779-5710 | |
| EMAIL | gigi.pangindian@ciaconnect.com | |

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: | Gigi Pangindian | |
| TITLE | Accountant for the District | |
| FIRM NAME (if applicable) | CliftonLarsonAllen LLP | |
| ADDRESS | 8390 East Crescent Parkway, Suite 300, Greenwood Village, CO 80111-2814 | |
| PHONE | 303-779-5710 | |
| RELATIONSHIP TO ENTITY | CPA Firm providing accounting services to the District | |

| | |
|--------------------------------------|---|
| PREPARER (SIGNATURE REQUIRED) | DATE PREPARED <small>(No exemption shall be granted prior to the close of said fiscal year)</small> |
|--------------------------------------|---|

| | |
|---|-----------------------|
| SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT | March 22, 2025 |
|---|-----------------------|

| | | | |
|--|--------------------------|--------------------------|---------------------|
| 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 | |
| | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, date filed: |

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Please indicate the name of the fund (i.e., General Fund, Debt Service Fund, etc.)

NOTE: Attach additional sheets as necessary.

| Line # | Description | Governmental Funds (Modified Accrual Basis) | | | Description | Proprietary/Fiduciary Funds (Cash or Budgetary Basis) | |
|--|---|--|-------------------|-------------------|---|--|-------------------|
| | | General Fund | Fund ^A | Fund [*] | | Fund [*] | Fund [*] |
| Assets | | | | | | | |
| 1-1 | Cash & Cash Equivalents | \$ 42,069 | \$ - | \$ - | 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 | \$ 124,380 | \$ - | \$ - | Other Current Assets [specify...] | \$ - | \$ - |
| | All Other Assets | | | | | \$ - | \$ - |
| 1-6 | Lease Receivable (as Lessor) | \$ - | \$ - | \$ - | Total Current Assets | \$ - | \$ - |
| 1-7 | County Treasurer receivable | \$ 735 | \$ - | \$ - | Capital & Right to Use Assets, net (from Part 6-4) | \$ - | \$ - |
| 1-8 | | \$ - | \$ - | \$ - | Other Long Term Assets [specify...] | \$ - | \$ - |
| 1-9 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-10 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-10 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-11 | (add lines 1-1 through 1-10) TOTAL ASSETS | \$ 167,184 | \$ - | \$ - | (add lines 1-1 through 1-10) TOTAL ASSETS | \$ - | \$ - |
| 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 | \$ 167,184 | \$ - | \$ - | TOTAL ASSETS AND DEFERRED OUTFLOWS | \$ - | \$ - |
| Liabilities | | | | | | | |
| 1-16 | Accounts Payable | \$ - | \$ - | \$ - | Accounts Payable | \$ - | \$ - |
| 1-17 | Accrued Payroll and Related Liabilities | \$ - | \$ - | \$ - | Accrued Payroll and Related Liabilities | \$ - | \$ - |
| 1-18 | Unearned 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 | Due to The Brands West MD No. 1 | \$ 42,804 | \$ - | \$ - | Other Liabilities [specify...] | \$ - | \$ - |
| 1-24 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-25 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-26 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 1-27 | (add lines 1-22 through 1-26) TOTAL LIABILITIES | \$ 42,804 | \$ - | \$ - | (add lines 1-22 through 1-26) TOTAL LIABILITIES | \$ - | \$ - |
| Deferred Inflows of Resources: | | | | | | | |
| 1-28 | Deferred Property Taxes | \$ 124,380 | \$ - | \$ - | Pension/OPEB Related | \$ - | \$ - |
| 1-29 | Lease related (as lessor) | \$ - | \$ - | \$ - | Other [specify...] | \$ - | \$ - |
| 1-30 | (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS | \$ 124,380 | \$ - | \$ - | (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS | \$ - | \$ - |
| Fund Balance | | | | | | | |
| 1-31 | Nonspendable Prepaid | \$ - | \$ - | \$ - | Net Investment in Capital and Right-to Use Assets | \$ - | \$ - |
| 1-32 | Nonspendable Inventory | \$ - | \$ - | \$ - | | | |
| 1-33 | Restricted [specify...] | \$ - | \$ - | \$ - | 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 This total should be the same as line 3-36 TOTAL FUND BALANCE | \$ - | \$ - | \$ - | Add lines 1-31 through 1-36 This total should be the same as line 3-36 TOTAL NET POSITION | \$ - | \$ - |
| 1-38 | Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE | \$ 167,184 | \$ - | \$ - | Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION | \$ - | \$ - |

Please use this space to provide explanation of any item on this page

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

| Line # | Description | Governmental Funds | | | Description | Proprietary/Fiduciary Funds | |
|--------------------------------|---|--------------------|-------------------|-------------------|---|-----------------------------|-------------------|
| | | General Fund | Fund ^A | Fund [*] | | Fund [*] | Fund [*] |
| Tax Revenue | | | | | Tax Revenue | | |
| 2-1 | Property [include mills levied in question 10-7] | \$ 101,432 | \$ - | \$ - | Property [include mills levied in question 10-7] | \$ - | \$ - |
| 2-2 | Specific Ownership | \$ 8,495 | \$ - | \$ - | 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 TOTAL TAX REVENUE | \$ 109,927 | \$ - | \$ - | Add lines 2-1 through 2-7 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 | \$ - | \$ - | \$ - | 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...] Public Improvement Fees | \$ - | \$ - | \$ - | All Other [specify...] | \$ - | \$ - |
| 2-23 | Other revenue | \$ 3,563 | \$ - | \$ - | | \$ - | \$ - |
| 2-24 | Add lines 2-9 through 2-23 TOTAL REVENUES | \$ 113,490 | \$ - | \$ - | Add lines 2-9 through 2-23 TOTAL REVENUES | \$ - | \$ - |
| Other Financing Sources | | | | | Other Financing Sources | | |
| 2-25 | Debt Proceeds | \$ - | \$ - | \$ - | Debt Proceeds | \$ - | \$ - |
| 2-26 | Lease Proceeds | \$ - | \$ - | \$ - | Lease Proceeds | \$ - | \$ - |
| 2-27 | Developer Advances | \$ - | \$ - | \$ - | Developer Advances | \$ - | \$ - |
| 2-28 | Other [specify...] | \$ - | \$ - | \$ - | Other [specify...] | \$ - | \$ - |
| 2-29 | Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES | \$ - | \$ - | \$ - | Add lines 2-25 through 2-28 TOTAL OTHER FINANCING SOURCES | \$ - | \$ - |
| 2-30 | Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ 113,490 | \$ - | \$ - | Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES | \$ - | \$ - |
| 2-31 | | | | | GRAND TOTALS (ALL FUNDS) | \$ | 113,490 |

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES FOR ALL FUNDS (LINE 2-31) 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.

Please use this space to provide explanation of any item on this page

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES

| Line # | Description | Governmental Funds | | | Description | Proprietary/Fiduciary Funds | |
|--------|--|--------------------|-------------------|-------------------|---|-----------------------------|-------------------|
| | | General Fund | Fund ^A | Fund [*] | | Fund [*] | Fund [*] |
| | Expenditures | | | | Expenses | | |
| 3-1 | General Government | \$ 2,100 | \$ - | \$ - | 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 | Transfer to The Brands West MD No. 1 | \$ 111,464 | \$ - | \$ - | 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 | \$ - | \$ - | \$ - | 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 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 3-23 | | \$ - | \$ - | \$ - | | \$ - | \$ - |
| 3-24 | Add lines 3-1 through 3-23 TOTAL EXPENDITURES | \$ 113,564 | \$ - | \$ - | Add lines 3-1 through 3-23 TOTAL EXPENSES | \$ - | \$ - |
| 3-25 | | | | | GRAND TOTAL (ALL FUNDS) | \$ 113,564 | \$ - |
| 3-26 | Interfund Transfers (In) | \$ - | \$ - | \$ - | Net Interfund Transfers (In) Out | \$ - | \$ - |
| 3-27 | Interfund Transfers Out | \$ - | \$ - | \$ - | Other [specify...][enter negative for expense] | \$ - | \$ - |
| 3-28 | Other Expenditures (Revenues) | \$ - | \$ - | \$ - | Depreciation/Amortization | \$ - | \$ - |
| 3-29 | | \$ - | \$ - | \$ - | Other Financing Sources (from line 2-28) | \$ - | \$ - |
| 3-30 | | \$ - | \$ - | \$ - | Capital Outlay (from line 3-14) | \$ - | \$ - |
| 3-31 | | \$ - | \$ - | \$ - | Debt Principal (from line 3-15, 3-18) | \$ - | \$ - |
| 3-32 | (Add lines 3-26 through 3-31) TOTAL TRANSFERS AND OTHER EXPENDITURES | \$ - | \$ - | \$ - | (Add lines 3-27, 3-30, and 3-31, subtract lines 3-28 and 3-29) TOTAL GAAP RECONCILING ITEMS | \$ - | \$ - |
| 3-33 | Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-30, less line 3-24, less line 3-32 | \$ (74) | \$ - | \$ - | Net Increase (Decrease) in Net Position Line 2-30, less line 3-24, plus line 3-32, less line 3-26 | \$ - | \$ - |
| 3-34 | Fund Balance, January 1 from December 31 prior year report | \$ 74 | \$ - | \$ - | Net Position, January 1 from December 31 prior year report | \$ - | \$ - |
| 3-35 | Prior Period Adjustment (MUST explain) | \$ - | \$ - | \$ - | Prior Period Adjustment (MUST explain) | \$ - | \$ - |
| 3-36 | Fund Balance, December 31 Sum of Lines 3-33, 3-34, and 3-35 This total should be the same as line 1-37. | \$ - | \$ - | \$ - | Net Position, December 31 Sum of Lines 3-33, 3-34, and 3-35 This total should be the same as line 1-37. | \$ - | \$ - |

IF GRAND TOTAL EXPENDITURES FOR ALL FUNDS (Line 3-25) ARE 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.

Please use this space to provide explanation of any item on this page

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"/> | <input checked="" type="checkbox"/> | | |
| 4-2 | Is the debt repayment schedule attached? If no, MUST explain: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4-3 | Is the entity current in its debt service payments? If no, MUST explain: | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4-4 | Please complete the following debt schedule, if applicable: <i>(please only include principal amounts)</i> <i>(enter all amounts as positive numbers)</i> | | | | |
| | | 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 | \$ - | \$ - | \$ - | \$ - |

Please use this space to provide any explanations or comments

4-6: The \$100,000,000 debt limit is an aggregate cap for Districts 1 through 4 (per the 2017 consolidated service plan of Districts 1-4).

**Subscription-Based Information Technology Arrangements *Must agree to prior year-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 [Section 29-1-605(2) C.R.S.]? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes: | How much? Date the debt was authorized: | | |
| | \$ 1,600,000,000 11/7/2017 | | |
| NEW 4-6 | Is the authorized but unissued debt further limited by the entity's most recent Service Plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If yes: | How much? Date of the most recent Service Plan: | | |
| | \$ 100,000,000 9/5/2017 | | |
| 4-7 | Does the entity intend to issue debt within the next calendar year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | How much? | | |
| | \$ - | | |
| 4-8 | Does the entity have debt that has been refinanced that it is still responsible for? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes: | What is the amount outstanding? | | |
| | \$ - | | |
| 4-9 | Does the entity have any lease agreements? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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 |
|---|---|-----------|-----------|
| 5-1 | YEAR-END Total of ALL Checking and Savings accounts | \$ 42,069 | |
| 5-2 | Certificates of deposit | \$ - | |
| | TOTAL CASH DEPOSITS | | \$ 42,069 |
| 5-3 | Investments (if investment is a mutual fund, please list underlying investments): | | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | TOTAL INVESTMENTS | | \$ - |
| | TOTAL CASH AND INVESTMENTS | | \$ 42,069 |

Please use this space to provide any explanations or comments

| Please answer the following questions 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.? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

Please answer the following questions by marking in the appropriate box. Yes No

- 6-1 Does the entity have capitalized assets? Yes No
(If 'No' is checked, skip the rest of Part 6)
- 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: Yes No

Please use this space to provide any explanations or comments

6-3 Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:

| | Balance - beginning of the year | Additions* | Deletions | Year-End Balance |
|---|---------------------------------|-------------|-------------|------------------|
| Land | \$ - | \$ - | \$ - | \$ - |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Leased & SBITA Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| Intangible Assets | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

6-4 Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:

| | Balance - beginning of the year | Additions* | Deletions | Year-End Balance |
|---|---------------------------------|-------------|-------------|------------------|
| Land | \$ - | \$ - | \$ - | \$ - |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ - | \$ - | \$ - | \$ - |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Leased & SBITA Right-to-Use Assets | \$ - | \$ - | \$ - | \$ - |
| Intangible Assets | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Amortization Right to Use Assets (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation (Enter a negative, or credit, balance) | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ - | \$ - | \$ - | \$ - |

* Must agree to prior year-end balance
 ^ 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 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate box. Yes No

- 7-1 Does the entity have an "old hire" firefighters' pension plan? Yes No
- 7-2 Does the entity have a volunteer firefighters' pension plan? Yes No

Please use this space to provide any explanations or comments

If yes: 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 8 - BUDGET INFORMATION | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------------|------------------------------|--------------------------|--|--|------|--|------|--|------|--|------|--|--|--|--|
| Please answer the following question by marking in the appropriate box. | | | Yes | No | N/A | | | | | | | | | | | | |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Please use this space to provide any explanations or comments | | | | | | | | | | | | |
| 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 (Please make sure each individual fund's appropriation agrees to how the budget was adopted. Do not combine funds) | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="padding: 5px;">Governmental/Proprietary Fund Name</th> <th style="padding: 5px;">Total Appropriations By Fund</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">General Fund</td> <td style="text-align: right; padding: 5px;">\$ 150,000</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="text-align: right; padding: 5px;">\$ -</td> </tr> </tbody> </table> | | Governmental/Proprietary Fund Name | Total Appropriations By Fund | General Fund | \$ 150,000 | | \$ - | | \$ - | | \$ - | | \$ - | | | | |
| Governmental/Proprietary Fund Name | Total Appropriations By Fund | | | | | | | | | | | | | | | | |
| General Fund | \$ 150,000 | | | | | | | | | | | | | | | | |
| | \$ - | | | | | | | | | | | | | | | | |
| | \$ - | | | | | | | | | | | | | | | | |
| | \$ - | | | | | | | | | | | | | | | | |
| | \$ - | | | | | | | | | | | | | | | | |

| PART 9 - TAX PAYER'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)]? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | Please use this space to provide any explanations or comments |
| <small>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.</small> | | | | | |

| PART 10 - GENERAL INFORMATION | | | | | | | | | | | |
|--|--|---|-------------------------------------|--------------------------|--|-----|----|-----|-------------------------------------|--------------------------|--------------------------|
| Please answer the following questions by marking in the appropriate box. | | | Yes | No | | | | | | | |
| 10-1 | Is this application for a newly formed governmental entity? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | Please use this space to provide any explanations or comments 10-4: Financing for the planning, design, acquisition, construction, installation, relocation, operations and maintenance of the public improvements within the District including streets, parks and recreation, water and wastewater facilities, transportation, mosquito control, safety protection, fire protection, television relay and translation, and security. | | | | | | |
| If yes: Date of formation: <input style="width: 100%;" type="text"/> | | | | | | | | | | | |
| 10-2 | Has the entity changed its name in the past or current year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | |
| If yes: Please list the NEW name: <input style="width: 100%;" type="text"/> | | | | | | | | | | | |
| Please list the PRIOR name: <input style="width: 100%;" type="text"/> | | | | | | | | | | | |
| 10-3 | Is the entity a metropolitan district? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| 10-4 | Please indicate what services the entity provides: | <input style="width: 100%;" type="text" value="See comments in the space provided."/> | | | | | | | | | |
| 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: <input style="width: 100%;" type="text"/> | | | | | | | | | | | |
| 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.] | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | |
| If yes: Date filed: <input style="width: 100%;" type="text"/> | | | | | | | | | | | |
| 10-7 | Does the entity have a certified mill levy? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| If yes: Please provide the number of <u>mills</u> levied for the year reported (do not report \$ amounts): | | | | | | | | | | | |
| | | Bond redemption mills | - | | | | | | | | |
| | | General/other mills | 20.841 | | | | | | | | |
| | | Total mills | 20.841 | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0056b3; color: white;"> <th style="padding: 5px;">Yes</th> <th style="padding: 5px;">No</th> <th style="padding: 5px;">N/A</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;"><input checked="" type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </tbody> </table> | | | | | | Yes | No | N/A | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No | N/A | | | | | | | | | |
| <input checked="" type="checkbox"/> | <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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |
| <input style="width: 100%; height: 20px;" type="text"/> | | | | | | | | | | | |
| Please use this space to provide any additional explanations or comments not previously included | | | | | | | | | | | |
| | | | | | | | | | | | |

| OSA USE ONLY | | | | | | |
|---------------------------------|----|---------------------|-------------------------|---------------------------|---------|---------------|
| Entity Wide: | | General Fund | | Governmental Funds | | |
| Unrestricted Cash & Investments | \$ | 42,069 | Unrestricted Fund Balan | \$ | - | 109,927 |
| Current Liabilities | \$ | - | Total Fund Balance | \$ | - | - |
| Deferred Inflow | \$ | 124,380 | PY Fund Balance | \$ | 74 | 113,490 |
| | | | Total Revenue | \$ | 113,490 | - |
| | | | Total Expenditures | \$ | 113,564 | - |
| | | | Interfund In | \$ | - | 167,184 |
| | | | Interfund Out | \$ | - | 42,804 |
| Governmental | | | | | | |
| Total Cash & Investments | \$ | 42,069 | Proprietary | | | |
| Transfers In | \$ | - | - Current Assets | \$ | - | - |
| Transfers Out | \$ | - | - Deferred Outflow | \$ | - | - |
| Property Tax | \$ | 101,432 | Current Liabilities | \$ | - | - |
| Debt Service Principal | \$ | - | - Deferred Inflow | \$ | - | - |
| Total Expenditures | \$ | 113,564 | Cash & Investments | \$ | - | - |
| Total Developer Advances | \$ | - | - Principal Expense | \$ | - | - |
| Total Developer Repayments | \$ | - | - Total Expenses | \$ | - | - |
| | | | | | | 1,600,000,000 |
| | | | | | | 11/7/2017 |

PART 11 - GOVERNING BODY APPROVAL

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? Yes No

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

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 revenues and expenditures of more than \$100,000 but not more than \$750,000 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 or type the names of ALL members of the governing body below. A MAJORITY of the members of the governing body must sign below.

| | | | |
|----------------|----------------------|---|--|
| Board Member 1 | Board Member's Name: | 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. My term expires: May 2025 | DocuSigned by: Martin Lind Signature _____ Date _____ 2D24A9FEA47795E March 26, 2025 9:10 AM PDT |
| Board Member 2 | Board Member's Name: | 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. My term expires: May 2025 | DocuSigned by: Justin Donahoo Signature _____ Date _____ 1F0D65F83C2F441 March 26, 2025 9:11 AM PDT |
| Board Member 3 | Board Member's Name: | 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. My term expires: May 2027 | DocuSigned by: Marissa Donahoo Signature _____ Date _____ 97471EE112D7E9A March 26, 2025 10:35 AM MDT |
| Board Member 4 | Board Member's Name: | 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. My term expires: May 2027 | DocuSigned by: Austin Lind Signature _____ Date _____ 505A502087BEE44 March 27, 2025 2:26 PM MDT |
| Board Member 5 | Board Member's Name: | 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. My term expires: _____ | Signature _____ Date _____ |
| Board Member 6 | Board Member's Name: | 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. My term expires: _____ | Signature _____ Date _____ |
| Board Member 7 | Board Member's Name: | 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. My term expires: _____ | Signature _____ Date _____ |



CliftonLarsonAllen LLP
claconnect.com

Accountant's Compilation Report

Board of Directors
The Brands West Metropolitan District No. 4
Larimer County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of The Brands West 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 The Brands West Metropolitan District No. 4.

CliftonLarsonAllen LLP

Greenwood Village, Colorado
March 22, 2025

Certificate Of Completion

Envelope Id: D2AC1F0E-67CD-49E2-88F6-0912B9511C85
 Subject: Complete with Docusign: The Brands West MD No. 4 - 2024 Audit Exemption.pdf
 Source Envelope:
 Document Pages: 10 Signatures: 4
 Certificate Pages: 2 Initials: 0
 AutoNav: Enabled
 Envelopeld Stamping: Enabled
 Time Zone: (UTC-07:00) Mountain Time (US & Canada)

Status: Completed
 Envelope Originator:
 Lara Wynn
 1625 Pelican Lakes Point, Suite 201
 Windsor, CO 80550
 lwynn@watervalley.com
 IP Address: 4.4.147.108

Record Tracking

Status: Original Holder: Lara Wynn Location: DocuSign
 3/26/2025 10:01:46 AM lwynn@watervalley.com

Signer Events

Austin Lind
 ALIND@WATERVALLEY.COM
 Security Level: Email, Account Authentication
 (None)

Signature

DocuSigned by:


 505A502087BE441...
 Signature Adoption: Drawn on Device
 Using IP Address: 4.4.147.108
 Signed using mobile

Timestamp

Sent: 3/26/2025 10:05:38 AM
 Resent: 3/26/2025 2:41:43 PM
 Resent: 3/27/2025 9:22:50 AM
 Viewed: 3/27/2025 2:26:20 PM
 Signed: 3/27/2025 2:26:24 PM

Electronic Record and Signature Disclosure: Not Offered via Docusign

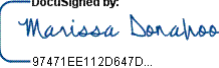
Justin Donahoo
 justin@jumahomes.com
 Owner/Manager
 JUMA HOMES
 Security Level: Email, Account Authentication
 (None)

DocuSigned by:

 1F0D65F83C2F44E...
 Signature Adoption: Pre-selected Style
 Using IP Address: 71.237.41.137
 Signed using mobile

Sent: 3/26/2025 10:05:36 AM
 Viewed: 3/26/2025 10:11:14 AM
 Signed: 3/26/2025 10:11:40 AM

Electronic Record and Signature Disclosure: Not Offered via Docusign

Marissa Donahoo
 marissa7277@yahoo.com
 Security Level: Email, Account Authentication
 (None)

DocuSigned by:

 97471EE112D647D...
 Signature Adoption: Pre-selected Style
 Using IP Address: 71.237.41.137
 Signed using mobile

Sent: 3/26/2025 10:05:36 AM
 Viewed: 3/26/2025 10:34:58 AM
 Signed: 3/26/2025 10:35:08 AM

Electronic Record and Signature Disclosure: Not Offered via Docusign

Martin Lind
 mlind@watervalley.com
 Mngr
 Security Level: Email, Account Authentication
 (None)

DocuSigned by:

 2D24A9FEA47645E...
 Signature Adoption: Pre-selected Style
 Using IP Address: 4.4.147.108
 Signed using mobile

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 Viewed: 3/26/2025 10:10:17 AM
 Signed: 3/26/2025 10:10:21 AM

Electronic Record and Signature Disclosure: Not Offered via Docusign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

| Agent Delivery Events | Status | Timestamp |
|-------------------------------------|------------------|-----------------------|
| Intermediary Delivery Events | Status | Timestamp |
| Certified Delivery Events | Status | Timestamp |
| Carbon Copy Events | Status | Timestamp |
| Witness Events | Signature | Timestamp |
| Notary Events | Signature | Timestamp |
| Envelope Summary Events | Status | Timestamps |
| Envelope Sent | Hashed/Encrypted | 3/26/2025 10:05:38 AM |
| Certified Delivered | Security Checked | 3/26/2025 10:10:17 AM |
| Signing Complete | Security Checked | 3/26/2025 10:10:21 AM |
| Completed | Security Checked | 3/27/2025 2:26:24 PM |
| Payment Events | Status | Timestamps |