APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Horseshoe Ridge Metropolitan District No. 3	For the Year Ended
ADDRESS	12/31/21	
	1700 Lincoln Street, Suite 200	or fiscal year ended:
	Denver, CO 80203	
CONTACT PERSON	David O'Leary	
PHONE	(303) 839-3800	
EMAIL	doleary@spencerfane.com	
FAX	(303) 839-3838	
	PART 1 - CERTIFICATION OF PREPA	RER
I certify that I am skilled in gov	vernmental accounting and that the information in the application	
my knowledge.		SERVICE DESCRIPTION OF THE SERVICE SER
NAME:	Cathy Fromm	
TITLE	Partner	
FIRM NAME (if applicable)	Fromm & Company LLC	
ADDRESS	9227 E. Lincoln Avenue, Suite 200, Lone Tree, CO 80124	
PHONE	(970) 875-7047	42007880070 - 243489 - 2494 - 1986 -
DATE PREPARED	18-Mar-22	
DDEDARED		
PREPARER (SIGNATI	IRE REALIBERN	

() at thomas			
Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)	-500
	V		

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#		Description	Round to nearest Dollar	Please use this
2-1	Taxes: Propert	y (report mills levied in Question 10-6)	\$ 6,662	space to provide
2-2	Specific	ownership	\$ 642	any necessary
2-3	Sales a	nd use	\$ -	explanations
2-4	Other (s	specify): Interest Invomce	\$ 67	
2-5	Licenses and permits		\$ -	
2-6	Intergovernmental:	Grants	\$ -	1
2-7	•	Conservation Trust Funds (Lottery)	\$ -	
2-8		Highway Users Tax Funds (HUTF)	\$ -	
2-9		Other (specify):	\$ -	
2-10	Charges for services	2.2	\$ -	
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 with line 4-4, column 2)	\$ -	
2-16	Lease proceeds		\$ -	
2-17	Developer Advances receive	d (should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capital	il assets	\$ -	
2-19	Fire and police pension	dan karangan kan	\$ -	
2-20	Donations		\$ -	
2-21	Other (specify):		\$ -	1
2-22	Services and other control of the service of the se		\$ -	
2-23			\$	1
2-24		(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 7,371	

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#	interest payments on long-term debt. Financial information will no Description		Round to nearest Dollar	Please use this
3-1	Administrative		\$ -	space to provide
3-2	Salaries	Ī	\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
3-4	Contract services	Ī	\$ -	
3-5	Employee benefits	Ī	\$ -	
3-6	Insurance	Ĭ	\$ -	
3-7	Accounting and legal fees	Ī	\$ -	
3-8	Repair and maintenance		\$ -	
3-9	Supplies		\$ -	
3-10	Utilities and telephone	Ī	\$ -	
3-11	Fire/Police	Ī	\$ -	
3-12	Streets and highways		\$ -	
3-13	Public health		\$ -	
3-14	Capital outlay		\$ -	
3-15	Utility operations	Acceptance	\$ -	
3-16	Culture and recreation	Ī	\$ -	
3-17	Debt service principal	(should agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	200
3-19	Repayment of Developer Advance Principal	(should agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21	Contribution to pension plan	(should agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc.	(should agree to line 7-2)	\$ -	
3-23	Other (specify): Treasurer's Fees		\$ 10	01
3-24	Transfer to Horseshoe Ridge Metropolitan District #1		\$ 7,27	70
3-25	AND			
3-26	(add lines 3-1 through 3-24) TOTAL EXPE	NDITURES/EXPENSES	\$ 7,37	71

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>".

Does the entity have outstanding debt? 4-1 Does the entity have outstanding debt? 4-2 If Yes, please attach a copy of the entity's Debt Repayment Schedule. 4-3 Is the debt repayment schedule attached? If no. MUST explain: 4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amount as positive numbers) General obligation bonds Revenue bonds		PART 4 - DEBT OUTSTANDING		, AND RI	ETIRED	
If Yes, please attach a copy of the entity's Debt Repayment Schedule. Is the debt renawment schedule attached? If no. MUST explain:	A A	Please answer the following questions by marking the	appropriate boxes.		Yes	
Is the debt repayment schedule attached? If no. MUST explain:	4-1		chedule		Ц	N
4-3 Is the entity current in its debt service payments? If no, MUST explain: Please complete the following debt schedule, if applicable: (please only include principal amounts) lenter all amount as positive (please only include principal amounts) lenter all amount as positive (please only include principal amounts) lenter all amount as positive and of prior year year year year year year year yea	4-2					
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5-2 Certificates of deposit \$ -	E 1		A William Townsweeter			Total
						1
MERCHE 1 MARK 1	0 2	Total Cash Deposits			Ψ	\$ -
Investments (if investment is a mutual fund, please list underlying investments):			investments):			LY
\$ -					<u> </u>	٦
C C					\$ - \$ -	1
5-3	5-3					
						1
Total Investments \$ -						\$ -
Total Cash and Investments \$ -						THE RESERVE THE PARTY OF THE PA
Please answer the following questions by marking in the appropriate boxes Yes No N/A	- STATE OF THE STA			Yes	No	N/A
5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et.	5-4		n 24-75-601, et.			Image: Control of the
seq., C.R.S.?	gen gen		47 8-43 1-21			
5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public	5-5		ction Act) public			
depository (Section 11-10.5-101, et seq. C.R.S.)? I no. MUST use this space to provide any explanations:		QEDUSILORY (SECTION 11-10.5-101, 61 Sec. C.K.S.)?				

	PART 6 - CAPITA Please answer the following questions by marking in the appropriate box		SSET	S		Yes		No	
6-1	Does the entity have capital assets?							7	
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in acc	ordance	with Sectio	n				
6-3	Complete the following capital assets table:	beginni	ance - ing of the ear*	Additions (M be included Part 3)		Deletions		ar-En dance	
	Land Buildings	\$	-	\$ -	\$				-
	Machinery and equipment	\$		\$ - \$ -	\$			-	
	Furniture and fixtures	\$		\$ -				-	
	Infrastructure	\$	-	\$ -	\$	and services in the services of the services o			4
	Construction In Progress (CIP)	\$	-	\$ -			Ψ		-
	Other (explain): Accumulated Depreciation	\$		\$ -	17			-	-
	TOTAL	\$		\$ - \$ -	\$ \$				
	Please use this space to provide any	explana	tions or	comments:				TOWN	
	PART 7 - PENSION	INFC	RMA	TION	Alla				7
	Please answer the following questions by marking in the appropriate box	es.				Yes		No	
7-1	Does the entity have an "old hire" firefighters' pension plan?							7	
7-2	Does the entity have a volunteer firefighters' pension plan? Who administers the plan?						- [7	
If yes:	Indicate the contributions from:								
	Tax (property, SO, sales, etc.):		8	•					
	State contribution amount:			\$ - \$ -					
	Other (gifts, donations, etc.):			\$ -					
	TOTAL		NAME OF THE PARTY	\$ -					
	What is the monthly benefit paid for 20 years of service per re 1?	etiree as	of Jan	\$ -					
Carlo Maria	Please use this space to provide any	explana	itions or	comments:					
	PART 8 - BUDGET		RMA	TION					
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			Yes		No		N/A	
0-1	current year in accordance with Section 29-1-113 C.R.S.?	iis ioi u	ie	Z				1	
	ourone year in accordance with occupit 23-1-110 C.N.O.;								
8-2	Did the entity pass an appropriations resolution, in accordan	ce with	Section			3 <u></u> 0	(2 <u>-</u>	-23	
	29-1-108 C.R.S.? If no, MUST explain:			Ø]	
16	Please indicate the amount budgeted for each fund for the ye		-to-d-						
If yes:	riease indicate the amount budgeted for each fund for the ye	ar repo	rtea:						
	Governmental/Proprietary Fund Name		Appropria	tions By Fund	-				
	General Fund - Amendment in Process	\$		7,3	371				
					\dashv				
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		we'com							

	Please answer the following question by marking in the appropriate box	Yes	No	10.5
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	2		
	reserve requirement. All governments should determine if they meet this requirement of TABOR.			
no, Ml	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	2.455			
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 & PRIOR name:			
•				
10-3	Is the entity a metropolitan district?	v		
	Please indicate what services the entity provides:			
	None at this time			
10-4	Does the entity have an agreement with another government to provide services?	$ \mathbf{Z} $		
If yes:	List the name of the other governmental entity and the services provided:			
managan nagan	Horseshoe Ridge Metropolitan District No. 1 - Tax Sharing			
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		Ø	
If yes:	Date Filed:			
		_	_	
10-6	Does the entity have a certified Mill Levy?			
If yes:	Please avaide the fellowing will be in few to a start of the same and			
	Please provide the following mills levied for the year reported (do not report \$ amounts):			
	Bond Redemption mills		30.0	000
	General/Other mills			000
	Total mills	Service Control of the Control of th	35.0	000

Please use this space to provide any explanations or comments:

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

	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?			

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 MAJORITY of the members of the governing body must complete and sign in the column below.
Board Member	Print Board Member's Name Thomas Ashburn	I Thomas Ashburn, 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
		My term Expires: May 2023
Board Member	Print Board Member's Name	I Eric Chekal, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
	Eric Chekal	Signed William Date: 3/25/12 My term Expires: May 2022
Board	Print Board Member's Name	I Eugene Coppola, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Board Member 3	Eugene Coppola	Signed Date: My term Expires: May 2023
Board Member 4	Print Board Member's Name	I Marcus Palkowitsh, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
	Marcus Palkowitsh	Signed M Salling Date: 3-24-22 My term Expires: May 2022
Board	Print Board Member's Name	I John Will, attest I am a duly elected or appointed board member, and that I have personally eviewed and approve this application for exemption from audit.
Member 5	John Will	Signed Date: 3/22/22 My term Expires: May 2022
Board Member 6	Print Board Member's Name	i, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
	N/A	exemption from audit. Signed Date: My term Expires:
Board Member 7	Print Board Member's Name	I, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
	N/A	exemption from audit. Signed Date: My term Expires: