EXHIBIT E

Audit Exemption Applications

SHORT FORM

NAME OF GOVERNMENT	Mirabelle Metropolitan District No. 1	For the Year Ended
ADDRESS	8390 E Crescent Parkway	12/31/16
	Suite 500	or fiscal year ended:
	Greenwood Village, CO 80111	
CONTACT PERSON	Jason Carroll	
PHONE	303-779-5710	
EMAIL	Jason.Carroll@claconnect.com	
FAX	303-779-0348	
	PART 1 - CERTIFICATION OF PRE	PARER

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:	Jason Carroll
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 E Crescent Parkway Suite 500 Greenwood Village, CO 80111
PHONE	303-779-5710
DATE PREPARED	
(Must be prepared prior to	2/19/2017
Roard approval)	

PREPARER (SIGNATURE REQUIRED)

See Accountant's Compilation Report for signature

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

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
2-1	Ta Property	\$ - s
2-2	Specific ownership	\$a
2-3	Sales and use	\$e
2-4	Other (specify):	\$ -
2-5	Licenses and permits	\$
2-6	Intergovernmen Grants	\$
2-7	Conservation Trust Funds (Lottery)	\$
2-8	Highway Users Tax Funds (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	\$
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$
2-16	Lease proceeds	\$ 200
2-17	Developer Advances received (should agree with line 4-4)	\$
2-18	Proceeds from sale of capital assets	\$
2-19	Fire and police pension	\$
2-20	Donations	\$
2-21	Other (specify):	\$
2-22		\$
2-23		\$
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$

Please use this space to provide any necessary explanations

PART 3 - EXPENDITURES

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	MARCH THE	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	Culture and recreation		\$	
3-15	Utility operations		\$ -	
3-16	Capital outlay		\$	
3-17	Debt service principal	(should agree with Part 4)	\$ -	
3-18	Debt service interest		\$	
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): Dues, Elections, Contingency		\$ -	
3-24			\$	
3-25			\$	7
3-26	(add lines 3-1 through 3-24)	TOTAL EXPENDITURES	\$	

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>".

	PART 4 - DEBT OUTSTANDI				AND	RE	TIRED		
4-1	Please answer the following questions by marking Does the entity have outstanding debt?	the ap	propriate boxe	s.			Yes	100	No
4-1	If Yes, please attach a copy of the en	ntity's	Debt Repay	mer	t Schedu	le.			7
4-2	Is the debt repayment schedule attached? If no, MUST expl								V
	N/A - the District has no debt								
4.0		~-							
4-3	Is the entity current in its debt service payments? If no, MUS N/A - the District has no debt	SI ex	plain:						V
	14/A - the District has no debt								
4-4						His		1	
	Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amount as positive		tanding at end	Iss	ued during	Re	etired during	Ou	tstanding at
	numbers)	0	f prior year		year		year		year-end
	General obligation bonds	\$		\$		0		•	
	Revenue bonds	\$		\$		\$		\$	
	Notes/Loans	\$		\$		\$		\$	
	Leases	\$		\$		\$		\$	
	Developer Advances	\$		\$		\$		\$	
	Other (specify):	\$		\$		\$		\$	
	TOTAL	\$		\$		\$		\$	
4-5	Please answer the following questions by marking the appropriate Does the entity have any authorized, but unissued, debt?	boxes					Yes	100	No.
If yes:	How much?	\$	90	00.00	00,000.00		V		
	Date the debt was authorized:		11/8/2						
4-6	Does the entity intend to issue debt within the next calendar	year'	?						V
If yes:	How much?	\$							
4-7	Does the entity have debt that has been refinanced that it is	200	esponsible fo	r?					V
If yes:	What is the amount outstanding? Does the entity have any lease agreements?	\$			-				
If yes:	What is being leased?	C.							✓
	What is the original date of the lease?								
	Number of years of lease?	No.							
	Is the lease subject to annual appropriation? What are the annual lease payments?	\$							V
4-9	Does the entity have a certified Mill Levy?	Ψ					П		✓
If yes:	Please provide the following mills levied for the year reported:	Bond	d Redemption	1					
			eral/Other						
	Disease use this space to preside a	TOT	AND DESCRIPTION OF THE PERSON					ritte a	
	Please use this space to provide a	my ex	cpianations o	or ec	mments:				00 Bd 28
SE VIII	DARTE CASHAN	וחו	NIVECT	NAE	NITC	Volum	STATE OF THE STATE OF		TE WILLIAM
	PART 5 - CASH AN	ו עו	INVEST	MI-	EINIS				
5-1	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts						Amount		Total
5-2	Certificates of deposit					\$			
	Total Cash Deposits					Ψ		\$	
	Investments (if investment is a mutual fund, please list unde	rlying	investments)):					
						\$			
5-3						\$	-		
						\$			
	Total Investments					\$		\$	- Vanie
	Total Cash and Investments				7 7 5 7			\$	
	Please answer the following questions by marking in the appr	ropriat	e boxes		Yes	YOU.	No	THE R	N/A
5-4	Are the entity's Investments legal in accordance with Section								
	seq., C.R.S.?		P. B. Basil						V
5-5	Are the entity's deposits in an eligible (Public Deposit Protect	tion A	ct) public						✓
	depository (Section 11-10.5-101, et seq. C.R.S.)?	17.7							
lf no. MU	ST use this space to provide any explanations:			JUNE	The Assessment	100	A LIBERT OF BRIDE	100	Delay Delay

	Please answer the following questions by marking in the a	appropriate boxe	s.				Yes	No
6-1 Does the entity have capital assets?								V
6-2	Has the entity performed an annual inventory of cap 1-506, C.R.S.,? If no, MUST explain:	ital assets in ac	cordance v	vith Se	ction 29-			v
	No capital assets to inventory							
3-3	Complete the following capital assets table:		e - beginning the year	be incl	ns (Must uded in rt 3)	De	letions	ear-End alance
	Land	\$	4	\$		\$		\$ A-1
	Buildings	\$		\$		\$	-	\$
	Machinery and equipment	\$		\$		\$	-	\$ erande in G
	Furniture and fixtures	\$, <u>-</u> 1	\$	-	\$	-	\$
	Construction In Progress (CIP)	\$	-	\$		\$		\$
	Other (explain):	\$		\$		\$		\$
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$	-	\$		\$		\$
	TOTAL	\$		\$		\$		\$

PA.	PART 7 - PENSION INFORM	IATI	ON	以	A PART
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firemen's pension plan?				V
7-2	Does the entity have a volunteer firemen's pension plan?			TYPE THE PARTY OF	7
If yes:	Who administers the plan?				
	Indicate the contributions from:				
	Tax (property, SO, sales, etc.):	\$	BEIGHT OF A		
	State contribution amount:	\$			
	Other (gifts, donations, etc.):	\$	4		
	TOTAL	\$			
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$			
	Please use this space to provide any explanations	or cor	nments:		

	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 Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	V		
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	V		
	20 F 100 CH MOLT WHOLE OXPICITI			
f yes:	Please indicate the amount appropriated for each fund for the year reported:			
f yes:	Please indicate the amount appropriated for each fund for the year reported:	xpenditures		

	PART 9 - TAXPAY	ER'S B	ILL OF RIGHTS (TA	BOR)	
	Please answer the following question by marking it	n the appropria	te box	Yes	No
9-1	Is the entity in compliance with all the provision Section 20(5)]?	ns of TABOR	[State Constitution, Article X,	V	
	Note: An election to exempt the government from the spending limital emergency reserve requirement. All governments should determine it				
If no, MI	JST explain:				
NI P	PART 10 -	GENER	AL INFORMATION		
	Please answer the following questions by marking			Yes	No
10-1	Is this application for a newly formed government				V
If yes:	Date of formation:				
10-2	Has the entity changed its name in the past or	current year	?	V	
If yes:	Please list the NEW name & PRIOR name: New: Mirabelle Metropolitan District No. 1, old: High	ghlands Ranch	Metropolitan District No. 5		
10-3	Is the entity a metropolitan district?			V	
	Please indicate what services the entity provide				
	Street improvements, water, park and recreati security, transportation, safety protection, telev				
10-4	Does the entity have an agreement with anoth	er governmen	nt to provide services?	7	
If yes:	List the name of the other governmental entity The District operates in connection with Mirab				
10-5	Has the district filed a <i>Title 32</i> , <i>Article 1 Special</i> year? [Applicable to Title 32 special districts of the second structure of the second structu				V
If yes:	32-1-104 (3), C.R.S.] Date Filed:				
I Joseph		to provide a	any explanations or comments:		

	Print the names of ALL current governing board members below.	A <u>MAJORITY</u> of the governing board members must complete and sign in the column below.
Board	Print Board Member's Name	I, Tim Roberts, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 1	Tim Roberts	Signed Date: My term Expires: May 2020
Board	Print Board Member's Name	I, Teresa Kershisnik, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 2	Teresa Kershisnik	Date: May 2020
Board	Print Board Member's Name	I, Brad Wilkin, 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
Member 3	Brad Wilkin	Date: 3-13-17- My term Expires: May 2018
Board	Print Board Member's Name	I, Michele Miller, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 4	Michele Miller	Signed Date: My term Expires: May 2020
Board	Print Board Member's Name	I, Scott Custer, attest am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed
Member 5	Scott Custer	Date: 3/25/17 My term Expires: May 2018
Board	Print Board Member's Name	
Member 6		
Board	Print Board Member's Name	
Member 7		





Board of Directors Mirabelle Metropolitan District No. 1 Douglas County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Mirabelle Metropolitan District No. 1 as of and for the year ended 2016, 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 Mirabelle Metropolitan District No. 1

Greenwood Village, Colorado

Clifton Larson allen LA

SHORT FORM

NAME OF GOVERNMENT	Mirabelle Metropolitan District No. 2	For the Year Ended
ADDRESS	8390 E Crescent Parkway	12/31/16
	Suite 500	or fiscal year ended:
	Greenwood Village, CO 80111	
CONTACT PERSON	Jason Carroll	
PHONE	303-779-5710	
EMAIL	Jason.Carroll@claconnect.com	
FAX	303-779-0348	
Resident Company (Company)	DADT 1 CEDTIFICATION OF DD	EDADED

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:	Jason Carroll
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 E Crescent Parkway Suite 500 Greenwood Village, CO 80111
PHONE	303-779-5710
DATE PREPARED	
(Must be prepared prior to	2/19/2017
Board approval)	

PREPARER (SIGNATURE REQUIRED)

See attached accountant's compilation report for signature

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

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	9
2-1	Ta Property	\$ -	s
2-2	Specific ownership	\$ -	а
2-3	Sales and use	\$	e
2-4	Other (specify):	\$	
2-5	Licenses and permits	\$	N.
2-6	Intergovernmen Grants	\$	
2-7	Conservation Trust Funds (Lottery)	\$	
2-8	Highway Users Tax Funds (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	\$	
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$	
2-16	Lease proceeds	\$	
2-17	Developer Advances received (should agree with line 4-4)	\$	
2-18	Proceeds from sale of capital assets	\$	
2-19	Fire and police pension	\$	
2-20	Donations	\$	
2-21	Other (specify):	\$	
2-22		\$	
2-23		\$	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$	

Please use this space to provide any necessary explanations

PART 3 - EXPENDITURES

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	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	Culture and recreation	\$	
3-15	Utility operations	\$	
3-16	Capital outlay	\$	
3-17	Debt service principal (should agree with Part 4	\$	
3-18	Debt service interest	\$	
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):	\$ 	
3-24		\$	
3-25		\$	7)
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$	

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>".

4-1 Does the entity have outstanding debt? If Yes, please attach a copy of the entity's bebt Repayment Schedule. If Yes, please attach a copy of the entity's bebt Repayment Schedule. Is the debt repayment schedule attached? Ino, MUST explain: N/A - The District has no debt A-4.3 Is the entity current in its debt service payments? If no, MUST explain: N/A - The District has no debt A-4.4 Please complete the following debt schedule, if applicable: (please only include principal amounts) female and or provide any year of payer of provider and include principal amounts) female and or provide any year of payer and or provide any year or payer and or provide any year of payer and or provide any year or payer and payer and or payer and payer and or payer and payer and or payer and o		PART 4 - DEBT OUTSTANDI	NG	, ISSUE	D,	AND	RET	IRED		
Is the debt renaments schedule attached of Irino, MUST explain: N/A - The District has no debt	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	Please answer the following questions by marking								No
St. the debt repayment schedule attached? If no, MUST explain:	4-1		*** 1	D. L. D.		1011	E-711 L			7
A-3 Is the entity current in its debt service payments? If no, MUST explain: VIA - The District has no debt Please complete the following debt schedule, if applicable:	1_2			Debt Repay	ymer	nt Schedu				
Laboration Lab	7-4		am.							V
N/A - The District has no debt Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amount as positive numbers)		TWA THE BISHICK HAS NO GODE								
A-4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts) (enter all amount as positive numbers) Coutstanding at end of prior, year Secretaria bilities and the property of the please only include principal amounts) (enter all amount as positive numbers) Coutstanding at end of prior, year Secretaria bilities Sec	4-3	Is the entity current in its debt service payments? If no, MUS	ST exi	plain:						V
Please complete the following debt schedule; (please only include principal amounts)(enter all amount as positive numbers) General obligation bonds Revenue										
Please complete the following debt schedule; (please only include principal amounts)(enter all amount as positive numbers) General obligation bonds Revenue										
(please only include principal amounts) (enter all amount as positive unumbers) General obligation bonds Revenue bonds S. S	4-4	Please complete the following debt schedule, if applicables		NAME OF TAXABLE PARTY.						
General obligation bonds \$. \$. \$. \$. \$. \$. \$. \$. \$. \$					Iss	Charles of Section 1	Retir	ed during		
Revenue bonds Notes/Loans Leases Developer Advances Developer Advances Developer Advances S			0	f prior year		year		year	У	ear-end
Revenue bonds Notes/Loans Leases Developer Advances Developer Advances Developer Advances S		General obligation bonds	4		4		•		Ф	
Notes/Loans \$ - \$ - \$ - \$ - \$ - \$ -							10000			
Leases Developer Advances Other (specify): S - S - S - S - S - S - S - S - S - S -										
Developer Advances			EXXX							
Other (specify): TOTAL Please answorthe following questions by marking the appropriate boxes. 4-5 Does the entity have any authorized, but unissued, debt? If yes: How much? Date the debt was authorized: 11/08/2016 4-6 Does the entity intend to issue debt within the next calendar year? If yes: How much? 4-7 Does the entity intend to issue debt within the next calendar year? If yes: How much? 4-8 Does the entity intend to issue debt within the next calendar year? If yes: How much? 4-9 Does the entity have a 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? What is being leased? 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? 4-9 Does the entity have a certified fill Levy? Please provide the following mills levied for the year reported: Bond Redemption General/Other TOTAL Please use this space to provide any explanations or comments: PART 5 - CASH AND INVESTMENTS Please provide the entity's eash deposit and investment balances. 4-9 Does the entity have a certified fill Levy? Please provide the entity's eash deposit and investment balances. 5-1 YEAR-END Total of ALL Checking and Savings Accounts 5-2 Certificates of deposit IOTAL Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): 5-3 Fotal Investments 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? 4-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10,5-101, et seq. C.R.S.)?			and the same of th							
TOTAL S										
Please answer the following questions by marking the appropriate boxes. 1			and the latest and th							
Fig. Soc.					Ψ		Ψ	Yes	Ψ	No
Date the debt was authorized: 4-6 Does the entity intend to issue debt within the next calendar year? If yes: What is the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? \$		Does the entity have any authorized, but unissued, debt?					-1-011			THE RESIDENCE OF THE PERSON NAMED IN
If yes: How much?	If yes:		\$							
If yes: 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? 4-9 Does the entity have a certified Mill Levy? Please provide the following mills levied for the year reported: Bond Redemption General/Other TOTAL Please use this space to provide any explanations or comments: 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 5-2 Certificates of deposit Irotal Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): 5-3 Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes Yes No NIA Are the entity's Investments is an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?					2016					
1			-/							2
If yes: What is the amount outstanding? 4-8 Does the entity have any lease agreements? If yes: What is being leased? 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? 4-9 Does the entity have a certified Mill Levy? If yes: Please provide the following mills levied for the year reported: PART 5 - CASH AND INVESTMENTS Please provide the entity's cash deposit and investment balances. PART 5 - CASH AND INVESTMENTS Please provide the entity's cash deposit and investment balances. PART 5 - CASH AND INVESTMENTS Please provide the entity's cash deposit and investment balances. PART 5 - CASH AND INVESTMENTS Please provide the entity's cash deposit and investments balances. Amount Total Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): Total Cash and Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes Please answer the following cuestions by marking in the appropriate boxes Yes No N/A 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? 4-8 Does the entity deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?	The second secon		The state of	集工工						_
If yes: What is being leased?			and the second	esponsible to	r?		$\dot{u} = \dot{u}$			✓
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? 4-9 Does the entity have a certified Mill Levy? If yes: Please provide the following mills levied for the year reported: Bond Redemption General/Other TOTAL Please use this space to provide any explanations or comments: 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 5-2 Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): 5-3 S - Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Yes No NIA 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.)?			\$							
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General/Other TOTAL Please use this space to provide any explanations or comments: PART 5 - CASH AND INVESTMENTS Please provide the entity's cash deposit and investment balances. Amount Total YEAR-END Total of ALL Checking and Savings Accounts Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): 5-3 Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes 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.)?	No.		Done	l Dadamatian						V
Please use this space to provide any explanations or comments: 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 5-2 Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): 5-3 S - Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes 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.)?	ii yes.	riease provide the following fillins levied for the year reported.			1					
Please use this space to provide any explanations or comments: 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 Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): 5-3 Total Investments Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes 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.)?				CATION AND INCIDENCE OF THE PARTY OF THE PAR						
PART 5 - CASH AND INVESTMENTS Please provide the entity's cash deposit and investment balances. 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 investments): 5-3 Total Investments Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes 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.)?		Please use this space to provide a			or co	mments:		MICO II	E SHE	OR OTHER
Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): 5-3 Total Investments Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?		A control of the cont	and Discourse	Marian Company of the						
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5-2 Certificates of deposit Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): \$ -	5-1							nount_		Total
Total Cash Deposits Investments (if investment is a mutual fund, please list underlying investments): 5-3 Total Investments Total Cash and Investments Flease answer the following questions by marking in the appropriate boxes Please answer the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? Are the entity's deposits in an eligible (Public Deposit Protection Act) public depository (Section 11-10.5-101, et seq. C.R.S.)?										
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5-3 Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes 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.)?		Investments (if investment is a mutual fund, please list under	rlying	investments)):					
5-3 Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes 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.)?							\$			
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Total Investments Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Please answer the following questions by marking in the appropriate boxes Yes No N/A Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? Total Cash and Investments Please answer the following questions by marking in the appropriate boxes Yes No N/A Total Cash and Investments Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?	3-3									
Total Cash and Investments Please answer the following questions by marking in the appropriate boxes 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.)?										
Please answer the following questions by marking in the appropriate boxes 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.)?			A STATE						\$	
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.)? □ □ □ □		Total Cash and Investments								
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.)?					ALT.	Yes		No		N/A
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.)?			24-7	5-601, et.						
depository (Section 11-10.5-101, et seq. C.R.S.)?										
depository (Section 11-10.5-101, et seq. C.R.S.)?			tion A	ct) public			r			
fine MUST use this space to provide any explanations:				EL Wat						

	PART 6 - 0			13				
130	Please answer the following questions by marking in the a	ppropriate boxes	i.			NACY.	Yes	No
6-1	Does the entity have capital assets?	oes the entity have capital assets?				V		
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:							v
	No capital assets to inventory							
6-3	Complete the following capital assets table:		- beginning he year	be inc	ons (Must cluded in art 3)	De	letions	ear-End alance
	Land	\$		\$		\$		\$ h line
	Buildings	\$	-	\$		\$	-	\$
	Machinery and equipment	\$		\$		\$		\$
	Furniture and fixtures	\$	-	\$	-	\$	- 3	\$
	Construction In Progress (CIP)	\$	- 1	\$		\$	-	\$ Emile by
	Other (explain):	\$	-	\$	-	\$	-	\$
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$	•	\$		\$		\$
	TOTAL	\$		\$		\$		\$

	PART 7 - PENSION INFORM	IATI	ON		
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1	Does the entity have an "old hire" firemen's pension plan?		V		
7-2	Does the entity have a volunteer firemen's pension plan?				V
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?	\$			
	Please use this space to provide any explanations	or con	nments:		ALL SERVICE

Ψ¢	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 Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	V		
8-2	Did the entity pass an appropriations resolution, in accordance with Section	V		
	29-1-108 C.R.S.? If no, MUST explain:			
yes:	29-1-108 C.R.S.? If no, MUST explain: Please indicate the amount appropriated for each fund for the year reported: Fund Name Budgeted Explain:	penditures		
yes:	Please indicate the amount appropriated for each fund for the year reported:	enditures		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TA	ABOR)	
9-1	Please answer the following question by marking in the appropriate box Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	Yes	No
	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.		
lf no, Ml	JST explain:		
	PART 10 CENERAL INCORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?	✓	
If yes:	Date of formation: 11/17/2016	_	
10-2 If yes:	Has the entity changed its name in the past or current year? Please list the NEW name & PRIOR name:		V
ii yes.	Flease list the NEW hame & PRIOR hame.		
10-3	Is the entity a metropolitan district?	V	
	Please indicate what services the entity provides:		
	Street improvements, water, park and recreation, sanitation/sewer, mosquito control, security, transportation, safety protection, television relay and translation, and fire protection.		
10-4	Does the entity have an agreement with another government to provide services?	V	
If yes:	List the name of the other governmental entity and the services provided:		
	The District operates in connection with Mirabelle Metropolitan District Nos. 1, 3, and 4.		i i
10-5	Has the district filed a <i>Title 32</i> , <i>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.]		V
If yes:	Date Filed:		
	Please use this space to provide any explanations or comments:		

	Print the names of ALL current governing board members below.	A <u>MAJORITY</u> of the governing board members must complete and sign in the column below.
Board Member	Print Board Member's Name Tim Roberts	I, Tim Roberts, 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:
1		My term Expires: May 2020
Board	Print Board Member's Name	I, Teresa Kershisnik, 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
Member 2	Teresa Kershisnik	Date: 3/22/17 My term Expires: May 2020
Board	Print Board Member's Name	I, Brad Wilkin, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 3	Brad Wilkin	Signed
Board	Print Board Member's Name	I, Michele Miller, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 4	Michele Miller	Signed Date: My term Expires: May 2020
Board	Print Board Member's Name	I, Scott Custer, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 5	Scott Custer	Signed Date: 3-22-/7 My term Expires: May 2018
Board	Print Board Member's Name	
Member 6		
Board	Print Board Member's Name	
Member 7		





Board of Directors Mirabelle Metropolitan District No. 2 Douglas County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Mirabelle Metropolitan District No. 2 as of and for the year ended 2016, 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 Mirabelle Metropolitan District No. 2

Greenwood Village, Colorado

Clifton Larson allen LAG

SHORT FORM

NAME OF GOVERNMENT	Mirabelle Metropolitan District No. 3	For the Year Ended
ADDRESS	8390 E Crescent Parkway	12/31/16
	Suite 500	or fiscal year ended:
	Greenwood Village, CO 80111	
CONTACT PERSON	Jason Carroll	
PHONE	303-779-5710	
EMAIL	Jason.Carroll@claconnect.com	
AX	303-779-0348	
	PART 1 - CERTIFICATION OF PREDADER	The second secon

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:	Jason Carroll			
TITLE	Accountant for the District			
FIRM NAME (if applicable)	CliftonLarsonAllen LLP			
ADDRESS	8390 E Crescent Parkway	Suite 500 Greenwood Villa	ge, CO 80111	
PHONE	303-779-5710			
DATE PREPARED				
(Must be prepared prior to	2/19/2017			
Board approval)				

PREPARER (SIGNATURE REQUIRED)

See attached accountant's compilation report for signature

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

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	Ta Property	\$ -	space to provide
2-2	Specific ownership	\$ -	any necessary
2-3	Sales and use	\$ -	explanations
2-4	Other (specify):	\$	
2-5	Licenses and permits	\$	1 1/4
2-6	Intergovernmen Grants	\$	
2-7	Conservation Trust Funds (Lottery)	\$	
2-8	Highway Users Tax Funds (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	\$	
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds	\$ -	
2-17	Developer Advances received (should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capital assets	-	
2-19	Fire and police pension	\$	
2-20	Donations	\$	
2-21	Other (specify):	\$ -	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$	

PART 3 - EXPENDITURES

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		Round to near	est Dollar	Please use this
3-1	Administrative	A. Superint as in many	\$		space to provide
3-2	Salaries		\$		any necessary
3-3	Payroll taxes		\$		explanations
3-4	Contract services		\$		自己的
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		\$	Z' ig ta∀. = `p.	
3-14	Culture and recreation		\$		
3-15	Utility operations		\$		
3-16	Capital outlay		\$		
3-17	Debt service principal	(should agree with Part 4)	\$		
3-18	Debt service interest		\$		
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):	Company of the Company	\$		
3-24			\$		
3-25			\$		
3-26	(add lines 3-1 through 3-24)	TOTAL EXPENDITURES	\$		2

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - STOP. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

	PART 4 - DEBT OUTSTANDI	NG	, ISSUE	D,	AND	RET	IRED		
	Please answer the following questions by marking	the ap	propriate boxe	s.			Yes		No
4-1	Does the entity have outstanding debt?	414.14	Daht Dane		Cabada				7
4-2	If Yes, please attach a copy of the er Is the debt repayment schedule attached? If no, MUST expl		Debt Repay	ymen	Schedu	100			7
	N/A - the District has no debt	all I.							<u> </u>
4-3	Is the entity current in its debt service payments? If no, MUS	ST ex	olain:			l'agra[V
	N/A - the District has no debt								
4-4	Please complete the following debt schedule, if applicable:								
	(please only include principal amounts)(enter all amount as positive		tanding at end		ed during		d during		tanding at
	numbers)	O	f prior year		year	3	/ear	ye	ar-end
	General obligation bonds	\$, LOTING LEIGH	\$		\$		\$	
	Revenue bonds	\$		\$		\$		\$	
	Notes/Loans	\$		\$		\$		\$	
	Leases	\$		\$		\$		\$	
	Developer Advances	\$		\$		\$	-	\$	
	Other (specify):	\$		\$	- 1	\$		\$	
	TOTAL	\$		\$		\$		\$	
4-5	Please answer the following questions by marking the appropriate Does the entity have any authorized, but unissued, debt?	boxes			MALE AND		/es	il de	No
If yes:	How much?	\$	QI	00 00	0,000.00				
ii you.	Date the debt was authorized:	Ψ	11/8/2	DESCRIPTION OF THE PARTY OF	3,000.00				
4-6	Does the entity intend to issue debt within the next calendar	vear		0,0		1000			V
If yes:	How much?	\$	a Talenav	11,00		-			
4-7	Does the entity have debt that has been refinanced that it is	still re	esponsible fo	r?				3630	7
If yes:	What is the amount outstanding?	\$							
4-8	Does the entity have any lease agreements?								7
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?					riouser i			7
	What are the annual lease payments?	\$	A programme and	and the				MINISTER IS	
4-9	Does the entity have a certified Mill Levy?								7
If yes:	Please provide the following mills levied for the year reported:		I Redemption	1					-
			eral/Other						
	Please use this space to provide a	TOT		0,000	a sa a sata i				
	Trease use this space to provide a	ily CA	piariations	טו כטו	illilents.				
	DARTE CACH AN	ותו	NIVE CT	ME	NITO	2	Girls Co.	No.	
	PART 5 - CASH AN	ושו	NAEQI	ME	N 12				
5-1	Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts					The state of the s	ount	Harris .	otal
5-2	Certificates of deposit					\$	-		
0-2	Total Cash Deposits	THE REAL PROPERTY.	The state of the s	-		\$	-	\$	
	Investments (if investment is a mutual fund, please list under	rlying	investments)	:				Ψ	
				TSO TH		\$			
5-3						\$			
5*3						\$			
						\$	<u>.</u>		
	Total Investments							\$	
	Total Cash and Investments							\$	(6
	Please answer the following questions by marking in the appr			Territory.	Yes		No		N/A
	Are the entity's Investments legal in accordance with Section	24-7	5-601, et.					[7
	seq., C.R.S.?								
	Are the entity's deposits in an eligible (Public Deposit Protect	tion A	ct) public					E L	7
6	depository (Section 11-10.5-101, et seq. C.R.S.)?								

ME UN	PART 6 - C							
	Please answer the following questions by marking in the a	ppropriate boxes		W 614			Yes	No
6-1	Does the entity have capital assets?							~
6-2	Has the entity performed an annual inventory of capit 1-506, C.R.S.,? If no, MUST explain:	al assets in ac	cordance v	vith Se	ection 29			V
	No capital assets to inventory							
6-3	Complete the following capital assets table:		- beginning he year	be inc	ons (Must cluded in art 3)	De	eletions	ear-End alance
	Land	\$		\$	William -	\$		\$
	Buildings	\$		\$		\$	-	\$
	Machinery and equipment	\$		\$	- 1	\$	-	\$ Capalina'i
	Furniture and fixtures	\$	Till	\$		\$		\$ 1.4
	Construction In Progress (CIP)	\$	-	\$		\$	-	\$
	Other (explain):	\$		\$		\$	-	\$
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$		\$		\$	•	\$ ts
	TOTAL	\$		\$		\$		\$

THE S	PART 7 - PENSION INFORM	IAT	ION	16 X 11 Y	
	Please answer the following questions by marking in the appropriate boxes.			Yes	No
7-1					7
7-2					7
If yes:					
	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?	\$			
STATE OF	Please use this space to provide any explanations	or co	omments:		

		UDGET INFORM	ATION		
8-1	Please answer the following questions by marking in to Did the entity file a budget with the Department of current year in accordance with Section 29-1-113 If no, MUST explain:	of Local Affairs for the	Yes	No	N/A
8-2	Did the entity pass an appropriations resolution, 29-1-108 C.R.S.? If no, MUST explain:	in accordance with Section	V.		
If yes:	Please indicate the amount appropriated for each	n fund for the year reported: Budgeted Ex	m an diffuse a		
	General General	\$	penditures -		

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TA	ABOR)	
	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)]?	✓	
	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.		
If no, MU	IST explain:		
	PART 10 - GENERAL INFORMATION		A TOP A TE
101	Please answer the following questions by marking in the appropriate boxes.	Yes	No
10-1	Is this application for a newly formed governmental entity?	V	
If yes:	Date of formation: 11/17/2016 Has the entity changed its name in the past or current year?		V
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:		
	Street improvements, water, park and recreation, sanitation/ sewer, mosquito control, security, transportation, safety protection, television relay and translation, and fire protection.		
10-4	Does the entity have an agreement with another government to provide services?	V	
If yes:	List the name of the other governmental entity and the services provided: The District operates in connection with Mirabelle Metropolitan District Nos. 1, 2, and 4.		
40 F	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the		
10-5	rido die diodice lilea a ride oz. Milicie i obecidi Diodici Nodice di mactive otatus didina me		
10-5	year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and		
If yes:	year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] Date Filed: 12/13/2016		
Vest	year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]		
Vest	year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] Date Filed: 12/13/2016		
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Vest	year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] Date Filed: 12/13/2016		

	Print the names of ALL current governing board members below.	A MAJORITY of the governing board members must complete and sign in the column below.
Board	Print Board Member's Name	I, Tim Roberts, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 1	Tim Roberts	Signed Date: My term Expires: May 2020
Board	Print Board Member's Name	I, Teresa Kershisnik, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 2	Teresa Kershisnik	Signed 150 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Board	Print Board Member's Name	I, Brad Wilkin, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 3	Brad Wilkin	Signed Signed Date: 7 22 17 My term Expires: May 2018
Board	Print Board Member's Name	I, Michele Miller, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 4	Michele Miller	Signed Date: My term Expires: May 2020
Board	Print Board Member's Name	I, Scott Custer, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 5	Scott Custer	Signed Date: 3-22-17 My term Expires: May 2018
Board	Print Board Member's Name	
Member 6		
Board	Print Board Member's Name	
Member 7		





Board of Directors Mirabelle Metropolitan District No. 3 Douglas County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Mirabelle Metropolitan District No. 3 as of and for the year ended 2016, 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 Mirabelle Metropolitan District No. 3.

Greenwood Village, Colorado

Clifton Larson allen LLG

SHORT FORM

NAME OF GOVERNMENT	Mirabelle Metropolitan District No. 4	For the Year Ended
ADDRESS	8390 E Crescent Parkway	12/31/16
	Suite 500	or fiscal year ended:
	Greenwood Village, CO 80111	
CONTACT PERSON	Jason Carroll	
PHONE	303-779-5710	
EMAIL	Jason.Carroll@claconnect.com	
AX	303-779-0348	
	PART 1 - CERTIFICATION OF PRE	DARER

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:	Jason Carroll
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 E Crescent Parkway Suite 500 Greenwood Village, CO 80111
PHONE	303-779-5710
DATE PREPARED	
(Must be prepared prior to	2/19/2017
Board approval)	

PREPARER (SIGNATURE REQUIRED)

See attached accountant's compilation report for signature

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

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	Ta Property	\$ -	space to provide
2-2	Specific ownership	\$	any necessary
2-3	Sales and use	\$ -	explanations
2-4	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmen Grants	\$ -	
2-7	Conservation Trust Funds (Lottery)	\$ -	
2-8	Highway Users Tax Funds (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	\$	
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$	
2-16	Lease proceeds	\$	
2-17	Developer Advances received (should agree with line 4-4)	\$	
2-18	Proceeds from sale of capital assets	\$	
2-19	Fire and police pension	\$ -	
2-20	Donations	\$ -	
2-21	Other (specify):	\$	
2-22		\$ -	
2-23		\$	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$	

PART 3 - EXPENDITURES

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		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		5	
3-7	Accounting and legal fees		\$	
3-8	Repair and maintenance		-	
3-9	Supplies		\$ -	
3-10	Utilities and telephone		5	
3-11	Fire/Police		6	
3-12	Streets and highways			
3-13	Public health	9	6	
3-14	Culture and recreation		6	
3-15	Utility operations	\$	6	
3-16	Capital outlay	3	-	
3-17	Debt service principal (should agree with I	Part 4)	-	
3-18	Debt service interest	\$	6	
3-19	Repayment of Developer Advance Principal (should agree with lin			
3-20	Repayment of Developer Advance Interest	9		
3-21	Contribution to pension plan (should agree to lin	e 7-2)	-	
3-22	Contribution to Fire & Police Pension Assoc. (should agree to lin	e 7-2)	-	
3-23	Other (specify):	9		
3-24		9		
3-25				
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITU	RES 3		8

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - STOP. You may not use this form. Please use the "Application for Exemption from Audit - LONG FORM".

	PART 4 - DEBT OUTSTANDI	NG	, ISSUI	ED	, AND	RET	TIRED		
	Please answer the following questions by marking	the a	opropriate box	es.			Yes		No
4-1	Does the entity have outstanding debt? If Yes, please attach a copy of the entity's Debt Repayment Schedule.								7
4-2			s Dept Repa	aym	ent Scheau	ie.			7
-4-2	Is the debt repayment schedule attached? If no, MUST explain:								7
	With the District has no debt								
4-3	Is the entity current in its debt service payments? If no, MUS	ST ON	volain:						7
4-0	N/A - the District has no debt	31 67	сріані.			lone.			
	14/71 - the District has no dest								
4-4									
The state of	Please complete the following debt schedule, if applicable:	Out	standing at end	1 10	sued during	Ret	ired during	Out	standing at
	(please only include principal amounts)(enter all amount as positive		of prior year		year	year		year-end	
	numbers)								
	General obligation bonds	\$		\$		\$		\$	-
	Revenue bonds	\$		\$		\$		\$	
	Notes/Loans	\$. +	\$		\$		\$	
	Leases	\$		\$	-	\$		\$	
	Developer Advances	\$		\$		\$		\$	
	Other (specify):	\$		\$		\$		\$	
	TOTAL	\$		\$		\$		\$	e de la compansa del compansa de la compansa del compansa de la co
4.5	Please answer the following questions by marking the appropriate	boxe	s.			1	Yes		No
4-5 If yes:	Does the entity have any authorized, but unissued, debt? How much?	\$		200	00,000.00	- 5000	7		
ii yos.	Date the debt was authorized:	Ψ	11/8/						
4-6	Does the entity intend to issue debt within the next calendar	Vear		2010					7
If yes:	How much?	\$							
4-7	Does the entity have debt that has been refinanced that it is	still	responsible f	or?					v
If yes:	What is the amount outstanding?	\$ -					- Haritaining		
4-8	Does the entity have any lease agreements?								7
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?								7
	What are the annual lease payments?	\$							
4-9	Does the entity have a certified Mill Levy?								v
If yes:	——————————————————————————————————————								
		General/Other							
		TOT							-
	Please use this space to provide a	iny e	xplanations	or (comments:	فليتوسا	55 (S)		
1.0		all makes to		EQUITY INC.					
	PART 5 - CASH AN	D	INVEST	M	ENTS				
	Please provide the entity's cash deposit and investment balances.	No.				A	mount		Total
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 unde	rlying	investments	s):					
						\$			
5-3						\$	•		
						\$	-		
	Total Investments					\$			
	Total Investments Total Cash and Investments							\$	•
								\$	-
5-4	Please answer the following questions by marking in the appr				Yes	N. HETT	No		N/A
3-4	Are the entity's Investments legal in accordance with Section seq., C.R.S.?	1 24-	73-601, et.						V
5-5	Are the entity's deposits in an eligible (Public Deposit Protec	tion /	Act) public						
0-0	depository (Section 11-10.5-101, et seq. C.R.S.)?	LIOIT F	ver) bapile						V
fno MU	ST use this space to provide any explanations:	No.	THE RESERVE TO THE PERSON NAMED IN						

	Please answer the following questions by marking in the a	ppropriate boxes	i, Elian			Yes			No	
6-1	Does the entity have capital assets?									
6-2	Has the entity performed an annual inventory of capi 1-506, C.R.S.,? If no, MUST explain:	tal assets in ac	cordance v	vith Se	ction 29-				7	
	No capital assets to inventory									
6-3	Complete the following capital assets table:		- beginning he year	Additions (Must be included in Part 3)		De	Deletions		Year-End Balance	
	Land	\$		\$		\$	-	\$		
	Buildings	\$	-11	\$	-	\$		\$		
	Machinery and equipment	\$		\$	4	\$	-	\$		
	Furniture and fixtures	\$	- 1	\$		\$		\$		
	Construction In Progress (CIP)	\$	•	\$		\$		\$		
	Other (explain):	\$		\$	- 10	\$	-	\$		
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$		\$	-	\$		\$		
	TOTAL	\$		\$		\$		\$	S ()	

No.	PART 7 - PENSION INFORM	IATI	ON	404			
	Please answer the following questions by marking in the appropriate boxes.			Yes	No		
7-1	Does the entity have an "old hire" firemen's pension plan?				7		
7-2	Does the entity have a volunteer firemen's pension plan?				V		
If yes:							
	Indicate the contributions from:						
	Tax (property, SO, sales, etc.):	-					
	State contribution amount: \$ -						
	Other (gifts, donations, etc.):						
	Other (gifts, donations, etc.): TOTAL \$ -						
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$	=				
	Please use this space to provide any explanations	or cor	nments:				

	PART 8 - BUDGET	INFORM	ATION		
	Please answer the following questions by marking in the appropria	te boxes.	Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:				
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:		V		
If yes:	Please indicate the amount appropriated for each fund for th	e year reported:			
	Fund Name	Budgeted Ex	penditures		
	General	\$			

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TA	ABOR)	
9-1	Please answer the following question by marking in the appropriate box Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	Yes	No
	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.		
lf no, Ml	JST explain:		
PION	PART 10 - GENERAL INFORMATION	THE REAL PROPERTY.	
	Please answer the following questions by marking in the appropriate boxes.	Yes	No No
10-1	Is this application for a newly formed governmental entity?	V	
If yes:	Date of formation: 11/17/2016		
10-2	Has the entity changed its name in the past or current year?		V
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	7	Indiana 🔲 Parawan
10-0	Please indicate what services the entity provides:		
	Street improvements, water, park and recreation, sanitation/ sewer, mosquito control, security, transportation, safety protection, televisioin relay and translation, and fire protection		
10-4	Does the entity have an agreement with another government to provide services?	7	
If yes:	List the name of the other governmental entity and the services provided:		
	The District operates in connection with Mirabelle Metropolitan District Nos. 1, 2, and 3.		
10-5	Has the district filed a <i>Title 32</i> , <i>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.]	V	
If yes:	Date Filed: 12/13/2016		
	Please use this space to provide any explanations or comments:		

	Print the names of ALL current governing board members below.	A <u>MAJORITY</u> of the governing board members must complete and sign in the column below.
Board Member 1	Print Board Member's Name Tim Roberts	I, Tim Roberts, 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 2020
Board Member 2	Print Board Member's Name Teresa Kershisnik	I, Teresa Kershisnik, 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: 3/22/17 My term Expires: May 2020
Board Member 3	Print Board Member's Name Brad Wilkin	I, Brad Wilkin, 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: 3 3 1 7 My term Expires: May 2018
Board Member 4	Print Board Member's Name Michele Miller	I, Michele Miller, 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 2020
Board Member 5	Print Board Member's Name Scott Custer	I, Scott Custer, 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: 3-22-7 My term Expires: May 2018
Board Member 6	Print Board Member's Name	
Board Member 7	Print Board Member's Name	





Board of Directors Mirabelle Metropolitan District No. 4 Douglas County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Mirabelle Metropolitan District No. 4 as of and for the year ended 2016, 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 Mirabelle Metropolitan District No. 4.

Greenwood Village, Colorado

Clifton Larson allen LA