DocuSign Envelope ID: 30F3C024-87F9-47A7-9B53-9797AE0691EE

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

Patriot Park Metropolitan District No.1 NAME OF GOVERNMENT 121 South Tejon Street **ADDRESS** Suite 1100

For the Year Ended 12/31/2022 or fiscal year ended:

CONTACT PERSON

Colorado Springs, CO 80903 Carrie Bartow 719-635-0330 PHONE

EMAIL Carrie.Bartow@claconnect.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.

Carrie Bartow NAME:

TITLE Accountant for the District

FIRM NAME (if applicable) CliftonLarsonAllen LLP

ADDRESS 121 South Tejon Street, Suite 1100, Colorado Springs, CO 80903

719-635-0330 PHONE DATE PREPARED 2/28/2023

RELATIONSHIP TO ENTITY CPA Firm providing accounting services to the District

PREPARER (SIGNATURE REQUIRED)

SEE ATTACHED ACCOUNTANT'S COMPILATION REPORT

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	
	Ø	If Yes, date filed:

DocuSign Envelope ID: 30F3C024-87F9-47A7-9B53-9797AE0691EE PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund NOTE: Attach addition

NOTE: A	attach additional sheets as necessary.						
		Governme	ntal Funds		Proprietary/	Fiduciary Funds	Please use this space to
Line #	Description	General Fund*	Debt service Fund*	Description	Fund*	Fund*	provide explanation of any
	Access			Assets			items on this page
4.4	Assets	A 74.000		Assets	•	1.0	
1-1	Cash & Cash Equivalents	\$ 74,820 \$ -	\$ 3,976 \$ -	Cash & Cash Equivalents		- \$ - \$	-
1-2	Investments Receivables		\$ -	Investments		- \$ - \$	_
1-3			•	Receivables		- '	_
1-4	Due from Other Entities or Funds	, ,	\$ -	Due from Other Entities or Funds	Ъ	- \$	
1-5	Property Tax Receivable	\$ 2,557	\$ -	Other Current Assets [specify]	•	1.0	\neg
	All Other Assets [specify]		_			- \$	-
1-6	Prepaid Insurance	\$ 5,282		Total Current Assets	-	- \$	-
1-7			\$ -	Capital & Right to Use Assets, net (from Part 6-4)		- \$	<u>-</u>
1-8			\$ -	Other Long Term Assets [specify]		- \$	<u>-</u>
1-9			\$ -			- \$	<u>-</u>
1-10		•	\$ -		·	- \$	<u>-</u>
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$ 83,685	· , , , , , , , , , , , , , , , , , , ,	, ,	\$	- \$	-
	Deferred Outflows of Resources:			Deferred Outflows of Resources			
1-12	[specify]	\$ -	·	[specify]		- \$	<u>-</u>
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		- \$	<u>- </u>
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 83,685	\$ 3,976	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	- \$	-
	Liabilities			Liabilities			_
1-16	Accounts Payable	\$ 31,904	·	Accounts Payable		- \$	-
1-17	Accrued Payroll and Related Liabilities		\$ -	Accrued Payroll and Related Liabilities		- \$	-
1-18	Unearned Property Tax Revenue		\$ -	Accrued Interest Payable		- \$	<u>- </u>
1-19	Due to Other Entities or Funds		\$ -	Due to Other Entities or Funds		- \$	<u>-</u>
1-20	All Other Current Liabilities		\$ -	All Other Current Liabilities		- \$	<u>-</u>
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		\$ -	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES		- \$	<u>- </u>
1-22	All Other Liabilities [specify]		\$ -	Proprietary Debt Outstanding (from Part 4-4)		- \$	<u>-</u>
1-23			\$ -	Other Liabilities [specify]:		- \$	<u>-</u>
1-24			\$ -			- \$	<u>-</u>
1-25			\$ -			- \$	-
1-26			\$ -			- \$	-
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$ 31,904	\$ -	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	- \$	-
	Deferred Inflows of Resources:			Deferred Inflows of Resources			_
1-28	Deferred Property Taxes	\$ 2,557	\$ -	Pension/OPEB Related		- \$	<u>-</u>
1-29	Lease related (as lessor)		\$ -	Other [specify]		- \$	<u>-</u>
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$ 2,557	· · · · · · · · · · · · · · · · · · ·	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	- \$	-
	Fund Balance			Net Position			\equiv
	Nonspendable Prepaid	\$ 5,282		Net Investment in Capital Assets	\$	- \$	
1-32	Nonspendable Inventory		\$ -				_
1-33	Restricted [Emergency Reserve/Debt Service]	\$ 4,000		Emergency Reserves		- \$	<u>- </u>
1-34	Committed [specify]		\$ -	Other Designations/Reserves		- \$	<u>- </u>
1-35	Assigned [Subsequent Years Expenditures]	\$ 39,942	•	Restricted		- \$	<u>- </u>
1-36	Unassigned:	\$ -	\$ -	Undesignated/Unreserved/Unrestricted	\$	- \$	<u>- </u>
1-37	Add lines 1-31 through 1-36			Add lines 1-31 through 1-36			
	This total should be the same as line 3-33			This total should be the same as line 3-33			
	TOTAL FUND BALANCE	\$ 49,224	\$ 3,976	TOTAL NET POSITION	\$	- \$	-
1-38	Add lines 1-27, 1-30 and 1-37			Add lines 1-27, 1-30 and 1-37			
	This total should be the same as line 1-15			This total should be the same as line 1-15			
	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND			TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET			
	BALANCE	\$ 83,685	\$ 3,976	POSITION	\$	- \$	-

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description						Diagon was this successful
1		General Fund*	Debt service Fund*	Description	Fund*	Fund*	Please use this space to provide explanation of any
	Tax Revenue			Tax Revenue			items on this page
2-1	Property [include mills levied in Question 10-6]	\$ 2,555	\$ -	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 266	\$ -	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		\$ -	\$ -	l l	\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ 2,821	-	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	-	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	1
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -	1
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	7
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	7
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	7
2-14	Grants	\$ -	\$ -	Grants	\$ -	\$ -	7
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	7
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	7
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	7
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -]
2-19	Interest/Investment Income	\$ 52	\$ 4	Interest/Investment Income	\$ -	\$ -	7
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]:	\$ -	\$ -	All Other [specify]:	\$ -	\$ -	
2-23 l	ntergovernmental Revenue	\$ 128,572	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 131,445	\$ 4	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	-	
	Other Financing Sources			Other Financing Sources			_
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -]
2-26	Lease Proceeds	\$ -	\$ -	Lease Proceeds	\$ -	\$ -	1
2-27	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	1
2-28	Other [specify]:	\$ -	\$ -	Other [specify]:	\$ -	\$ -	1
2-29	Add lines 2-25 through 2-28			Add lines 2-25 through 2-28			GRAND TOTALS
	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	OKAND TOTALS
2-30	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 131,445	\$ 4	Add lines 2-24 and 2-29 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	\$ 131,44 9

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) 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.

Line # Description General Fund* Debt service Fund* Expenditures Expenses	Fiduciary Fund* - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Please use this space to provide explanation of any items on this page
Expenditures	- \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	provide explanation of any
3-1 General Government \$ 160,583 \$ - General Operating & Administrative \$ 3-2 Judicial \$ - \$ - Salaries \$ 3-3 Law Enforcement \$ - \$ - Payroll Taxes \$ 3-4 Fire \$ - \$ - \$ - Contract Services \$ 3-5 Highways & Streets \$ - \$ - \$ - Employee Benefits \$	- \$ - \$ - \$ - \$ - \$	
3-2 Judicial \$ - \$ - \$ Salaries \$ 3-3 Law Enforcement \$ - \$ - \$ Payroll Taxes \$ 3-4 Fire \$ - \$ - \$ Contract Services \$ 3-5 Highways & Streets \$ - \$ - \$ Employee Benefits \$	- \$ - \$ - \$ - \$ - \$	• • •
3-3 Law Enforcement \$ - \$ - \$ Payroll Taxes \$ 3-4 Fire \$ - \$ - \$ Contract Services \$ 3-5 Highways & Streets \$ - \$ - \$ Employee Benefits \$	- \$ - \$ - \$ - \$	<u>.</u>
3-4 Fire \$ - \$ - Contract Services \$ 3-5 Highways & Streets \$ - \$ - Employee Benefits \$	- \$ - \$ - \$	<u>-</u> -
3-5 Highways & Streets \$ - \$ - Employee Benefits \$	- \$ - \$ - \$	<u>-</u>
<u> </u>	- \$ - \$	-
3-6 Solid Waste \$ - \$ - Insurance \$	- \$	
		-
	I 🛧	-
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 \$ - \$ - Other [specify] \$	- \$	-
3-13	- \$	-
3-14 Capital Outlay \$ - \$ - Capital Outlay \$	- \$	-
Debt Service Debt Service	·	<u> </u>
3-15 Principal (should match amount in 4-4) \$ - Principal (should match amount in 4-4) \$	- \$	-
3-16 Interest \$ - \$ - Interest \$	- \$	_
	- \$	_
	- \$	_
	- \$	_
	- \$	-
	- \$	- GRAND TOTAL
Add lines 3-1 through 3-21 Add lines 3-1 through 3-21	- \$	- \$ 160,584
TOTAL EXPENDITURES TOTAL EXPENSES	,	100,304
-	- \$	<u>-</u>
The state of the s	- \$	<u>-</u>
	- \$	<u>-</u>
	- \$	-
	- \$	-
3-28 \$ - \$ - Debt Principal (from line 3-15, 3-18) \$	- \$	-
3-29 (Add lines 3-23 through 3-28) TOTAL (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus		
TRANSFERS AND OTHER EXPENDITURES \$ S line 3-24) TOTAL GAAP RECONCILING ITEMS \$	- \$	-
3-30 Excess (Deficiency) of Revenues and Other Financing		
Sources Over (Under) Expanditures		
Line 2-29, less line 3-22, less line 3-29 \$ (29,138) \$ 4	- \$	-
3-31 Fund Balance, January 1 from December 31 prior year report		
l l l l l l l l l l l l l l l l l l l	- \$	-
3-32 Prior Period Adjustment (MUST explain) \$ - \\$ - Prior Period Adjustment (MUST explain) \$	- \$	
3-33 Fund Balance, December 31 Net Position, December 31	- Ψ	_
Sum of Lines 3-30, 3-31, and 3-32 Sum of Lines 3-30, 3-31, and 3-32		
This total should be the same as line 1-37. \$ 49.224 \$ 3.976 This total should be the same as line 1-37. \$	- \$	-

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) 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.

10.5-101, et seq. C.R.S.)? If no, MUST explain:

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		<u>6 - CAPITAL A</u>	AND RIGH		SE AS		Discourse this constant and the constant of th
C 4	Please answer the following question by marking in the appropriate box Does the entity have capitalized assets?			YES		NO ☑	Please use this space to provide any explanations or comments:
6-1 6-2	Has the entity performed an annual inventory of capital assets in accordance with MUST explain:	Section 29-1-506, C.R	R.S.? If no,			☑	
6-3	Complete the following Capital & Right-To-Use Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year 1	Additions 2	Deletion	s Ye	ar-End Balance	
	Land	\$ - 9		\$	- \$		
	Buildings	\$ - 9		1.7	- \$		
	Machinery and equipment Furniture and fixtures	\$ - 9		1 4	- \$		· <u> </u>
	Infrastructure	\$ - \$ \$ - \$		ļ Ÿ	- \$ - \$		<u>-</u>
	Construction In Progress (CIP)	\$ - 9			- \$		
	Leased Right-to-Use Assets	\$ - 8		\$	- \$.†
	Intangible Assets	\$ - 8		\$	- \$		
	Other (explain):	\$ - 9		\$	- \$		
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)	\$ - \$		\$	- \$		·
	Accumulated Depreciation (Enter a negative, or credit, balance)	\$ - 9		\$	- \$		· <u> </u>
	TOTAL		-	\$	- \$		·_
6-4	Complete the following Capital & Right-To-Use Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year*	Additions	Deletion	s Ye	ar-End Balance	
	Land	\$ - 9		\$	- \$		
	Buildings	\$ - 9			- \$		· <u> </u>
	Machinery and equipment Furniture and fixtures	\$ - 9		1:	- \$ - \$		-
	Infrastructure	\$ - 9		1 4	- \$ - \$		·
	Construction In Progress (CIP)	\$ - 8		-	- \$		_
	Leased Right-to-Use Assets	\$ - 9		\$	- \$		
	Intangible Assets	\$ - \$		ΙΨ	- \$		
	Other (explain):	\$ - 9		\$	- \$		·
	Accumulated Amortization Right to Use Leased Assets (Enter a negative, or credit, balance)	\$ - \$ \$ - \$		\$	- \$ - \$		· <u> </u>
	Accumulated Depreciation (Enter a negative, or credit, balance) TOTAL			\$	- \$ - \$		-
	IOTAL	* Must agree to prior year-		a	- \$		
		- Generally capital asset ac accordance with the govern	ditions should be re				n
		PART 7 - PEI	NSION IN	FORMA	TION		
	*			YES		NO	Please use this space to provide any explanations or comments
	Does the entity have an "old hire" firefighters' pension plan?					☑	
	Does the entity have a volunteer firefighters' pension plan? Who administers the plan?						
	Indicate the contributions from:			_			
	Tax (property, SO, sales, etc.):	9	-				
	State contribution amount:	9		1			
	Other (gifts, donations, etc.):	9		-			
	Curior (grits, doriditions, etc.).	TOTAL	<u> </u>	-			
	What is the monthly handle noid for 00 and of a side of the control of the contro			-			
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	9	-	1			

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		PART 8 - BUDGE	TINFO	DRMATIO	N	
	Please answer the following question by marking in the appropriate box	YE		NO	N/A	Please use this space to provide any explanations or comments:
8-1	Did the entity file a current year budget with the Department of Local Affairs, in according 29-1-113 C.R.S.? If no. MUST explain:	ordance with				, , , , , , , , , , , , , , , , , , , ,
8-2	Did the entity pass an appropriations resolution in accordance with Section 29-1-10	8 C.R.S.? ☑				
	If no, MUST explain: Please indicate the amount appropriated for each fund separately for the year repor			_	_	
11 y 00.	Governmental/Proprietary Fund Name	Total Appropriations By F	und			
	General Fund	5	201,500			
		<u> </u>	-			
		5	-			
	PART 9	- TAX PAYER'S E	BILL OF	RIGHTS	(TABOR)	
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Arti-	, , , , ,	ncv reserve	☑		
	requirement. All governments should determine if they meet this requirement of TABOR.		-	ODMATI	2 N	
	P	ART 10 - GENER	AL INF	ORMATI	JN	
	Please answer the following question by marking in the appropriate box			YES	NO	Please use this space to provide any explanations or comments:
10-1	Is this application for a newly formed governmental entity?				Ø	10-4: The District was organized to provide financing, construction
If yes:	Date of formation:					and/or acquisition for water, sanitation, streets, traffic and safety, parks and recreation, transportation, television relay and translation,
						mosquito
10-2	Has the entity changed its name in the past or current year?				Ø	control, security, fire protection and emergency medical. 10-5: The District was formed in conjunction with Patriot Park
If Yes:	NEW name					Metropolitan District No. 2 to provide the services listed above.
	PRIOR name					
	Is the entity a metropolitan district?			✓		
10-4	Please indicate what services the entity provides:					
10-5	Does the entity have an agreement with another government to provide services?			☑		
If yes: List the name of the other governmental entity and the services provided:						
	Does the entity have a certified mill levy?			☑		
If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts):						
	Bond Redemption mills General/Other mills	0.000 15.000				
	Total mills	15.000				
	Please use this space to	provide any additional ex	planation	s or comment	s not previously incl	ıded:

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				OSA USE ONLY		
Entity Wide:		General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$	78,796 Unrestricted Fund Bala	n \$	39,942 Total Tax Revenue	\$	2,821
Current Liabilities	\$	31,904 Total Fund Balance	\$	49,224 Revenue Paying Debt Service	\$	
Deferred Inflow	\$	2,557 PY Fund Balance	\$	78,362 Total Revenue	\$	131,449
		Total Revenue	\$	131,445 Total Debt Service Principal	\$	
		Total Expenditures	\$	160,584 Total Debt Service Interest	\$	
Governmental		Interfund In	\$	· •		
Total Cash & Investments	\$	78,796 Interfund Out	\$	- Enterprise Funds		
Fransfers In	\$	- Proprietary		Net Position	\$	
Fransfers Out	\$	- Current Assets	\$	- PY Net Position	\$	
Property Tax	\$	2,555 Deferred Outflow	\$	- Government-Wide	· ·	
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$	80,236
Total Expenditures	\$	160,584 Deferred Inflow	\$	- Authorized but Unissued	\$	134,400,000
Total Developer Advances	s	- Cash & Investments	s	- Year Authorized	·	5/8/2018
Total Developer Renayments	Š	- Principal Expense	Š	-		0,0,2010

PART 12 - 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 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 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.

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 revenue and expenditures of \$750,000 or less 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 the names of ALL members of the governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
1	Full Name Sam Cameron	I, Sam Cameron, attest that 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: 3/31/2023 My term Expires: May 2025
2	Full Name Cheryl Flynn	I, Cheryl Flynn, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires: May 2023
3	Full Name Bradley Brunk	I, Bradley Brunk, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this appli cation for exemption from audit. Signed
4	Full Name Kevin Butcher	I, Kevin Butcher, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this appli cation for exemption from audit. Signed <u>kuin buldur</u> Date: 3/31/2023 My term Expires: Way 2025
5	Full Name	I,, attest that 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:
6	Full Name	I,, attest that 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:
7	Full Name	I,, attest that 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:



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

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

Accountant's Compilation Report

Board of Directors
Patriot Park Metropolitan District No. 1
El Paso County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Patriot Park Metropolitan District No. 1 as of and for the year ended December 31, 2022, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

The Application for Exemption from Audit is presented in accordance with the requirements of the Colorado Office of the State Auditor, which differ from accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be and should not be used by anyone other than this specified party.

We are not independent with respect to Patriot Park Metropolitan District No. 1.

Colorado Springs, Colorado

Clifton Larson allen LLF

March 7, 2023

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President

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