

## APPLICATION FOR EXEMPTION FROM AUDIT

## LONG FORM

NAME OF GOVERNMENT ADDRESS	Prairie Center Metropolitan District No. 5 8390 E Crescent Parkway Suite 300	For the Year Ended 12/31/2021 or fiscal year ended:
CONTACT PERSON	Greenwood Village, CO 80111	
PHONE	Gigi Pangindian	
EMAIL	303-779-5710	
FAX	Gigi.Pangindian@claconnect.com	
	303-779-0348	

## CERTIFICATION OF PREPARER

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME:	Gigi Pangindian
TITLE	Accountant for the District
FIRM NAME (if applicable)	CliftonLarsonAllen LLP
ADDRESS	8390 E Crescent Parkway, Suite 300, Greenwood Village, CO 80111
PHONE	303-779-5710
DATE PREPARED	3/7/2022
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	If Yes, date filed:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	

**PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET**

\* Indicate Name of Fund  
NOTE: Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds	Please use this space to provide explanation of any items on this page
		General Fund*	Debt Service Fund*		
	<b>Assets</b>				
1-1	Cash & Cash Equivalents	\$ -	\$ -	\$ -	
1-2	Investments	\$ -	\$ -	\$ -	
1-3	Receivables	\$ -	\$ -	\$ -	
1-4	Due from Other Entities or Funds	\$ -	\$ -	\$ -	
1-5	Property Tax Receivable	\$ 85,409	\$ 341,657	\$ -	
	All Other Assets [specify...]				
1-6	Receivable from County Treasurer	\$ 471	\$ 1,886	\$ -	
1-7		\$ -	\$ -	\$ -	
1-8		\$ -	\$ -	\$ -	
1-9		\$ -	\$ -	\$ -	
1-10		\$ -	\$ -	\$ -	
1-11		\$ 85,880	\$ 343,543	\$ -	
	<b>TOTAL ASSETS (add lines 1-1 through 1-10)</b>	\$ 85,880	\$ 343,543	\$ -	
	<b>Deferred Outflows of Resources</b>				
1-12	[specify...]	\$ -	\$ -	\$ -	
1-13	[specify...]	\$ -	\$ -	\$ -	
1-14		\$ -	\$ -	\$ -	
1-15	<b>TOTAL DEFERRED OUTFLOWS (add lines 1-12 through 1-13)</b>	\$ -	\$ -	\$ -	
	<b>TOTAL ASSETS AND DEFERRED OUTFLOWS</b>	\$ 85,880	\$ 343,543	\$ -	
	<b>Liabilities</b>				
1-16	Accounts Payable	\$ -	\$ -	\$ -	
1-17	Accrued Payroll and Related Liabilities	\$ -	\$ -	\$ -	
1-18	Unearned Property Tax Revenue	\$ -	\$ -	\$ -	
1-19	Due to Other Entities or Funds	\$ -	\$ -	\$ -	
1-20	All Other Current Liabilities	\$ -	\$ -	\$ -	
1-21	<b>TOTAL CURRENT LIABILITIES (add lines 1-16 through 1-20)</b>	\$ -	\$ -	\$ -	
1-22	All Other Liabilities [specify...]	\$ -	\$ -	\$ -	
1-23	Due to Prairie Center MD No. 3	\$ 471	\$ 1,886	\$ -	
1-24		\$ -	\$ -	\$ -	
1-25		\$ -	\$ -	\$ -	
1-26		\$ -	\$ -	\$ -	
1-27	<b>TOTAL LIABILITIES (add lines 1-21 through 1-26)</b>	\$ 471	\$ 1,886	\$ -	
	<b>Deferred Inflows of Resources</b>				
1-28	Deferred Property Taxes	\$ 85,409	\$ 341,657	\$ -	
1-29	Other [specify...]	\$ -	\$ -	\$ -	
1-30	<b>TOTAL DEFERRED INFLOWS (add lines 1-28 through 1-29)</b>	\$ 85,409	\$ 341,657	\$ -	
	<b>Fund Balance</b>				
1-31	Nonspendable Prepaid	\$ -	\$ -	\$ -	
1-32	Nonspendable Inventory	\$ -	\$ -	\$ -	
1-33	Restricted [specify...]	\$ -	\$ -	\$ -	
1-34	Committed [specify...]	\$ -	\$ -	\$ -	
1-35	Assigned [specify...]	\$ -	\$ -	\$ -	
1-36	Unassigned:	\$ -	\$ -	\$ -	
1-37		\$ -	\$ -	\$ -	
	<b>TOTAL FUND BALANCE (add lines 1-31 through 1-36)</b>	\$ -	\$ -	\$ -	
	<b>TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE (add lines 1-27, 1-30 and 1-37)</b>	\$ 85,880	\$ 343,543	\$ -	

## PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #		Description		Governmental Funds		Proprietary/Fiduciary Funds	
		General Fund*	Debt Service Fund*	Fund*	Fund*	Please use this space to provide explanation of any items on this page	
<b>Tax Revenue</b>							
2-1	Property (include mills levied in Question 10-6)	\$ 71,608	\$ 286,454		\$ -		
2-2	Specific Ownership	\$ 6,313	\$ 25,252		\$ -		
2-3	Sales and Use Tax	\$ -	\$ -		\$ -		
2-4	Other Tax Revenue (specify...):	\$ -	\$ -		\$ -		
2-5		\$ -	\$ -		\$ -		
2-6		\$ -	\$ -		\$ -		
2-7		\$ -	\$ -		\$ -		
2-8	<b>Add lines 2-1 through 2-7</b>	<b>\$ 77,921</b>	<b>\$ 311,706</b>		<b>\$ -</b>		
	<b>TOTAL TAX REVENUE</b>						
2-9	Licenses and Permits	\$ -	\$ -		\$ -		
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -		\$ -		
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -		\$ -		
2-12	Community Development Block Grant	\$ -	\$ -		\$ -		
2-13	Fire & Police Pension	\$ -	\$ -		\$ -		
2-14	Grants	\$ -	\$ -		\$ -		
2-15	Donations	\$ -	\$ -		\$ -		
2-16	Charges for Sales and Services	\$ -	\$ -		\$ -		
2-17	Rental Income	\$ -	\$ -		\$ -		
2-18	Fines and Forfeits	\$ -	\$ -		\$ -		
2-19	Interest/Investment Income	\$ -	\$ -		\$ -		
2-20	Tap Fees	\$ -	\$ -		\$ -		
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -		\$ -		
2-22	All Other (specify...):	\$ -	\$ -		\$ -		
2-23		\$ -	\$ -		\$ -		
2-24	<b>Add lines 2-8 through 2-23</b>	<b>\$ 77,921</b>	<b>\$ 311,706</b>		<b>\$ -</b>		
	<b>TOTAL REVENUES</b>						
<b>Other Financing Sources</b>							
2-25	Debt Proceeds	\$ -	\$ -		\$ -		
2-26	Developer Advances	\$ -	\$ -		\$ -		
2-27	Other (specify...):	\$ -	\$ -		\$ -		
2-28	<b>Add lines 2-25 through 2-27</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>		
	<b>TOTAL OTHER FINANCING SOURCES</b>						
2-29	<b>Add lines 2-24 and 2-28</b>	<b>\$ 77,921</b>	<b>\$ 311,706</b>		<b>\$ -</b>		
	<b>TOTAL REVENUES AND OTHER FINANCING SOURCES</b>						
						<b>\$ -</b>	
<b>GRAND TOTALS</b>						<b>\$ -</b>	<b>389,627</b>

**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.**

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

Line #	Description	Governmental Funds		Debt Service Fund*	Expenses	Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund*					Fund*	Fund*	
3-1	Expenditures								
3-2	General Government	1,074	\$	4,296		General Operating & Administrative			
3-3	Judicial	-	\$	-		Salaries			
3-4	Law Enforcement	-	\$	-		Payroll Taxes			
3-5	Fire	-	\$	-		Contract Services			
3-6	Highways & Streets	-	\$	-		Employee Benefits			
3-7	Solid Waste	-	\$	-		Insurance			
3-8	Contributions to Fire & Police Pension Assoc.	-	\$	-		Accounting and Legal Fees			
3-9	Health	-	\$	-		Repair and Maintenance			
3-10	Culture and Recreation	-	\$	-		Supplies			
3-11	Transfers to other districts	-	\$	-		Utilities			
3-12	Other [specify...]:					Contributions to Fire & Police Pension Assoc.			
3-13	Transfers to Prairie Center MD No. 3	76,847	\$	307,410		Other [specify...]			
3-14	Capital Outlay	-	\$	-		Capital Outlay			
3-15	Debt Service					Debt Service			
3-16	Principal (should match amount in 4-4)	-	\$	-		Principal (should match amount in 4-4)			
3-17	Interest	-	\$	-		Interest			
3-18	Bond Issuance Costs	-	\$	-		Bond Issuance Costs			
3-19	Developer Principal Repayments	-	\$	-		Developer Principal Repayments			
3-20	Developer Interest Repayments	-	\$	-		Developer Interest Repayments			
3-21	All Other [specify...]:	-	\$	-		All Other [specify...]:			
3-22	<b>Add lines 3-1 through 3-21</b>	<b>77,921</b>	<b>\$</b>	<b>311,706</b>		<b>Add lines 3-1 through 3-21</b>			<b>389,627</b>
3-23	<b>TOTAL EXPENDITURES</b>					<b>TOTAL EXPENSES</b>			<b>\$</b>
3-24	Interfund Transfers (In)	-	\$	-		Net Interfund Transfers (In) Out			
3-25	Interfund Transfers Out	-	\$	-		Other [specify...][enter negative for expense]			
3-26	Other Expenditures (Revenues):	-	\$	-		Depreciation			
3-27		-	\$	-		Other Financing Sources (Uses) (from line 2-28)			
3-28		-	\$	-		Capital Outlay (from line 3-14)			
3-29		-	\$	-		Debt Principal (from line 3-15, 3-18)			
3-30	<b>(Add lines 3-23 through 3-28)</b>					<b>(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS</b>			
3-31	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures	-	\$	-		Net Increase (Decrease) in Net Position			
3-32	Line 2-29, less line 3-22, less line 3-29	-	\$	-		Line 2-29, less line 3-22, plus line 3-29, less line 3-23			
3-33	Fund Balance, January 1 from December 31 prior year report	-	\$	-		Net Position, January 1 from December 31 prior year report			
3-34	Prior Period Adjustment (MUST explain)	-	\$	-		Prior Period Adjustment (MUST explain)			
3-35	Fund Balance, December 31	-	\$	-		Net Position, December 31			
3-36	Sum of Lines 3-30, 3-31, and 3-32	-	\$	-		Sum of Lines 3-30, 3-31, and 3-32			
3-37	This total should be the same as line 1-37.	-	\$	-		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.**

**PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED**

Please answer the following questions by marking the appropriate boxes.

Please use this space to provide any explanations or comments:

4-1 Does the entity have outstanding debt? YES  NO

4-2 Is the debt repayment schedule attached? If no, MUST explain:   
 The District has no outstanding debt.

4-3 Is the entity current in its debt service payments? If no, MUST explain:   
 The District has no outstanding debt.

4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts)

	Outstanding at beginning of year*	Issued during year	Retired during year	Outstanding at year-end
General obligation bonds	\$ -	\$ -	\$ -	\$ -
Revenue bonds	\$ -	\$ -	\$ -	\$ -
Notes/Loans	\$ -	\$ -	\$ -	\$ -
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\*must agree to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

4-5 Does the entity have any authorized, but unissued, debt [Section 29-1-605(2) C.R.S.]? YES  NO   
 How much? \$ 6,790,000.000  
 Date the debt was authorized: 5/2/2006

4-6 Does the entity intend to issue debt within the next calendar year?

4-7 Does the entity have debt that has been refinanced that it is still responsible for?   
 What is the amount outstanding? \$ -

4-8 Does the entity have any lease agreements?   
 What is being leased?   
 What is the original date of the lease?   
 Number of years of lease?   
 Is the lease subject to annual appropriation?   
 What are the annual lease payments? \$ -

**PART 5 - CASH AND INVESTMENTS**

Please provide the entity's cash deposit and investment balances.

Please use this space to provide any explanations or comments:

5-1 YEAR-END Total of ALL Checking and Savings accounts

	AMOUNT	TOTAL
5-2 Certificates of deposit	\$ -	\$ -
<b>TOTAL CASH DEPOSITS</b>		
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
<b>TOTAL INVESTMENTS</b>		
	\$ -	\$ -
<b>TOTAL CASH AND INVESTMENTS</b>		
	\$ -	\$ -

Investments (if investment is a mutual fund, please list underlying investments):

5-3

Please answer the following question by marking in the appropriate box

5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?  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.)? If no, MUST explain:  YES  NO  N/A   
 The District has no Checking or Savings Account.

**PART 6 - CAPITAL ASSETS**

Please answer the following question by marking in the appropriate box

Please use this space to provide any explanations or comments:

6-1 Does the entity have capitalized assets?  YES  NO

6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUST explain:  YES  NO

The District has no capitalized assets.

Complete the following Capital Assets table for GOVERNMENTAL FUNDS:	Balance - beginning of the year 1	Additions 2	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

  

Complete the following Capital Assets table for PROPRIETARY FUNDS:	Balance - beginning of the year*	Additions	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

\* Must agree to prior year-end balance  
 - Generally capital asset additions should be reported at capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

**PART 7 - PENSION INFORMATION**

7-1 Does the entity have an "old hire" firefighters' pension plan?  YES  NO

7-2 Does the entity have a volunteer firefighters' pension plan?  YES  NO

If yes: Who administers the plan?  YES  NO

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
<b>TOTAL</b>	<b>\$ -</b>

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 comments:

**PART 8 - BUDGET INFORMATION**

Please answer the following question by marking in the appropriate box

- 8-1 Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:  YES  NO  N/A
- 8-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:  YES  NO  N/A

If yes: Please indicate the amount appropriated for each fund separately for the year reported

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General Fund	\$ 78,665
Debt Service Fund	\$ 316,684
	\$ -
	\$ -

Please use this space to provide any explanations or comments:

**PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)**

Please answer the following question by marking in the appropriate box

- 9-1 Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?  YES  NO  N/A

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.

Please use this space to provide any explanations or comments:

**PART 10 - GENERAL INFORMATION**

Please answer the following question by marking in the appropriate box

- 10-1 Is this application for a newly formed governmental entity?  YES  NO  N/A

If yes:

Date of formation:

- 10-2 Has the entity changed its name in the past or current year?  YES  NO  N/A

If Yes:

NEW name

PRIOR name

- 10-3 Is the entity a metropolitan district?  YES  NO  N/A

- 10-4 Please indicate what services the entity provides:  YES  NO  N/A

See Notes section.

- 10-5 Does the entity have an agreement with another government to provide services?  YES  NO  N/A

If yes:

List the name of the other governmental entity and the services provided:

- 10-6 Does the entity have a certified mill levy?  YES  NO  N/A

If yes:

Please provide the number of mills levied for the year reported (do not enter \$ amounts):

Bond Redemption mills	44.531
General/Other mills	11.132
<b>Total mills</b>	<b>55.663</b>

Please use this space to provide any explanations or comments:  
 10-4: The District was established to provide financing for the design, acquisition, installation, construction and completion of public improvements and services, including streets, transportation, drainage improvements, traffic and safety controls, park and recreation facilities, water, sewer, television relay and translator, and mosquito and pest control services.

Please use this space to provide any additional explanations or comments not previously included:

**OSA USE ONLY**

Entity Wide:		General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$	-	Unrestricted Fund Balan	\$	-	389,627
Current Liabilities	\$	-	Total Fund Balance	\$	-	-
Deferred Inflow	\$	427,066	PY Fund Balance	\$	-	389,627
			Total Revenue	\$	77,921	-
			Total Expenditures	\$	77,921	-
			Interfund In	\$	-	-
			- Interfund Out	\$	-	-
			- Proprietary	\$	-	-
			- Current Assets	\$	-	-
			358,062 Deferred Outflow	\$	-	-
			- Current Liabilities	\$	-	-
			389,627 Deferred Inflow	\$	-	-
			- Cash & Investments	\$	-	6,790,000,000
			- Principal Expense	\$	-	5/12/2006
<b>Governmental</b>						
Total Cash & Investments	\$			\$		
Transfers In	\$			\$		
Transfers Out	\$			\$		
Property Tax	\$			\$		
Debt Service Principal	\$			\$		
Total Expenditures	\$			\$		
Total Developer Advances	\$			\$		
Total Developer Repayments	\$			\$		



**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 MAJORITY of the members of the governing body must complete and sign in the column below.

1	Full Name <b>Michael Tamblyn</b>	I, Michael Tamblyn, 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: <u>Michael Tamblyn</u> Date: <u>3/25/2022</u> My term Expires: <u>May 2022</u>
2	Full Name <b>Rick Merkel</b>	I, Rick Merkel, 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: <u>Rick Merkel</u> Date: <u>3/29/2022</u> My term Expires: <u>May 2022</u>
3	Full Name <b>Brandon Schenberg</b>	I, Brandon Schenberg, 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: <u>May 2023</u>
4	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: _____
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  
Prairie Center Metropolitan District No. 5  
Adams County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Prairie Center Metropolitan District No. 5 as of and for the year ended December 31, 2021, 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 Prairie Center Metropolitan District No. 5.

*CliftonLarsonAllen LLP*

Greenwood Village, Colorado  
March 7, 2022

**Certificate Of Completion**

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Source Envelope:	
Document Pages: 10	Signatures: 2
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Time Zone: (UTC-06:00) Central Time (US & Canada)	220 South 6th Street
	Suite 300
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Envelope Sent	Hashed/Encrypted	3/25/2022 1:36:09 PM
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