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APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

 NAME OF GOVERNMENT
 Paradise of Colorado Metropolitan District

 ADDRESS
 111 S Tejon Street

 Suite 705
 Colorado Springs, CO 80903

 CONTACT PERSON
 Carrie Bartow

 PHONE
 719-635-0330

 EMAIL
 Carrie.Bartow@claconnect.com

For the Year Ended 12/31/2021 or fiscal year ended:

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: Carrie Bartow

Accountant for the District

FIRM NAME (if applicable) CliftonLarsonAllen LLP

ADDRESS 111 S Tejon Street, Suite 705, Colorado Springs, CO 80903

PHONE 719-635-0330
DATE PREPARED 3/21/2022

RELATIONSHIP TO ENTITY CPA Firm providing accounting services to the District

719-473-3630

PREPARER (SIGNATURE REQUIRED)

FAX

TITLE

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	ES NO

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary. Governmental Funds Proprietary/Fiduciary Funds Please use this space to Line # Description **Debt Service** Description Fund* Fund* provide explanation of any items on this page Assets Assets 1-1 Cash & Cash Equivalents \$ 6.604 \$ Cash & Cash Equivalents Investments 1-2 Investments \$ \$ \$ - | \$ 71 \$ 283 1-3 Receivables \$ Receivables \$ - | \$ \$ Due from Other Entities or Funds \$ Due from Other Entities or Funds - \$ 1-4 - | \$ 1-5 Property Tax Receivable \$ 16,515 \$ 66,061 Other Current Assets [specify...] All Other Assets [specify...] \$ - | \$ \$ Total Current Assets \$ - \$ Prepaid insurance 2.880 | \$ 1-6 1-7 \$ \$ Capital Assets, net (from Part 6-4) - | \$ 1-8 \$ - | \$ Other Long Term Assets [specify...] \$ - | \$ 1-9 \$ \$ \$ - \$ 1-10 \$ \$ \$ - \$ TOTAL ASSETS \$ 66,344 1-11 (add lines 1-1 through 1-10) 26,070 \$ (add lines 1-1 through 1-10) TOTAL ASSETS \$ - | \$ **Deferred Outflows of Resources Deferred Outflows of Resources** \$ 1-12 [specify...] - | \$ [specify...] - \$ \$ \$ - \$ 1-13 [specify...] [specify...] (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS \$ (add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS \$ 1-14 - | \$ - | \$ TOTAL ASSETS AND DEFERRED OUTFLOWS \$ 66,344 TOTAL ASSETS AND DEFERRED OUTFLOWS \$ - \$ 1-15 26,070 \$ Liabilities Liabilities 1-16 **Accounts Payable** \$ 16.607 \$ **Accounts Payable** - \$ **Accrued Payroll and Related Liabilities** \$ **Accrued Payroll and Related Liabilities** - \$ 1-17 ∣\$ **Accrued Interest Payable** 1-18 **Unearned Property Tax Revenue** \$ \$ \$ - \$ Due to Other Entities or Funds \$ \$ Due to Other Entities or Funds - \$ 1-19 All Other Current Liabilities \$ \$ 1-20 - | \$ All Other Current Liabilities - \$ (add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES \$ (add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES \$ 16,607 \$ - \$ 1-21 All Other Liabilities [specify...] **Proprietary Debt Outstanding** - \$ 1-22 \$ \$ (from Part 4-4) \$ 1-23 \$ \$ Other Liabilities [specify...]: \$ - \$ 1-24 \$ \$ \$ - | \$ \$ \$ - |\$ 1-25 - | \$ \$ \$ - \$ 1-26 \$ TOTAL LIABILITIES \$ (add lines 1-21 through 1-26) 16,607 \$ (add lines 1-21 through 1-26) **TOTAL LIABILITIES \$** - \$ 1-27 **Deferred Inflows of Resources Deferred Inflows of Resources** 66,061 **Deferred Property Taxes** \$ 16,515 | \$ Pension Related 1-28 - | \$ \$ Other [specify...] - | \$ 1-29 Other [specify...] \$ \$ (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS \$ 16,515 \$ 66,061 (add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS \$ - \$ 1-30 **Fund Balance** Net Position 1-31 Nonspendable Prepaid \$ 2,880 \$ **Net Investment in Capital Assets** \$ - \$ 1-32 Nonspendable Inventory \$ \$ Restricted [specify...] Emergency Reserve/Debt Service \$ 4,800 \$ 283 **Emergency Reserves** \$ - \$ 1-33 1-34 Committed [specify...] \$ \$ Other Designations/Reserves \$ - | \$ Assigned [specify...] \$ Restricted - \$ 1-35 \$ Unassigned: (14,732) \$ Undesignated/Unreserved/Unrestricted 1-36 - | \$ 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 \$ TOTAL NET POSITION S (7,052) \$ 283 - | \$ 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 POSITION S 26,070 \$ 66.344

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governme	ental Funds		Proprietary/F	iduciary Funds	3 1
Line #	Description	General	Debt Service	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]	\$ 9,982	\$ 39,929	Property [include mills levied in Question 10-6]	\$ -	\$ -	
2-2	Specific Ownership	\$ 1,095	\$ 4,380	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue [specify]:	\$ -	\$ -	Other Tax Revenue [specify]:	\$ -	\$ -	
2-5		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE		\$ 44,309	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -	1
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	Grants	\$ -	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -]
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ -	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ 9	\$ 31	Interest/Investment Income	\$ -	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-22	All Other [specify]:	\$ -	\$ -	All Other [specify]:	\$ -	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES		\$ 44,340	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	
	Other Financing Sources			Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -]
2-26	Developer Advances	\$ 19,371	\$ -	Developer Advances	\$ -	\$ -	1
2-27	Funding Contributions	\$ 147,652	\$ -	Other [specify]:	\$ -	\$ -	1
2-28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES		\$ -	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	GRAND TOTALS
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES			Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES			\$ 222,449

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.

This total should be the same as line 1-37.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES **Governmental Funds** Proprietary/Fiduciary Funds Please use this space to Line # Description Description provide explanation of any Expenditures Expenses items on this page 3-1 **General Government** 52.166 \$ 148,991 **General Operating & Administrative** Judicial Salaries - \$ 3-2 \$ - | \$ 3-3 Law Enforcement \$ - \$ **Payroll Taxes** \$ - \$ 3-4 \$ - | \$ **Contract Services** \$ - | \$ \$ 3-5 **Highways & Streets** \$ - | \$ **Employee Benefits** - | \$ \$ 3-6 Solid Waste \$ - | \$ Insurance - | \$ 3-7 Contributions to Fire & Police Pension Assoc. \$ \$ Accounting and Legal Fees - | \$ Repair and Maintenance Health \$ \$ 3-8 - | \$ - | \$ 3-9 **Culture and Recreation** \$ - | \$ Supplies - \$ 3-10 Transfers to other districts \$ - \$ Utilities - \$ \$ Contributions to Fire & Police Pension Assoc. Other [specify...]: - | \$ - | \$ 3-11 3-12 \$ - | \$ Other [specify...] - \$ 3-13 \$ - | \$ - | \$ Capital Outlay \$ **Capital Outlay** \$ - | \$ 3-14 - | \$ **Debt Service Debt Service** Principal \$ Principal 3-15 (should match amount in 4-4) - | \$ (should match amount in 4-4) 3-16 Interest \$ - | \$ Interest \$ - | \$ **Bond Issuance Costs** \$ **Bond Issuance Costs** \$ 3-17 - | \$ - | \$ **Developer Principal Repayments** \$ 107,624 \$ **Developer Principal Repayments** 3-18 - | \$ 13,244 \$ 3-19 **Developer Interest Repayments** \$ **Developer Interest Repayments** - | \$ 3-20 All Other [specify...]: \$ \$ All Other [specify...]: - \$ **GRAND TOTAL** 3-21 \$ - \$ \$ - \$ Add lines 3-1 through 3-21 Add lines 3-1 through 3-21 3-22 173,034 | \$ 148,991 - | \$ 322.025 TOTAL EXPENDITURES **TOTAL EXPENSES** 3-23 Interfund Transfers (In) \$ - Net Interfund Transfers (In) Out - \$ 3-24 Interfund Transfers Out \$ - \$ Other [specify...][enter negative for expense] \$ - \$ Other Expenditures (Revenues): \$ - | \$ Depreciation - | \$ 3-26 \$ - | \$ Other Financing Sources (Uses) (from line 2-28) \$ - | \$ 3-27 \$ - \$ Capital Outlay - | \$ **Debt Principal** 3-28 \$ \$ (from line 3-15, 3-18) 3-29 (Add lines 3-23 through 3-28) (Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS & TRANSFERS AND OTHER EXPENDITURES 3-30 Excess (Deficiency) of Revenues and Other Financing Net Increase (Decrease) in Net Position Sources Over (Under) Expenditures Line 2-29, less line 3-22, plus line 3-29, less line 3-23 Line 2-29, less line 3-22, less line 3-29 \$ 5,075 | \$ - | \$ Net Position, January 1 from December 31 prior year 3-31 Fund Balance, January 1 from December 31 prior year report (12,127) \$ 104.934 \$ \$ - | \$ 3-32 Prior Period Adjustment (MUST explain) Prior Period Adjustment (MUST explain) \$ \$ - | \$ \$ 3-33 Fund Balance, December 31 Net Position, December 31 Sum of Lines 3-30, 3-31, and 3-32 Sum of Lines 3-30, 3-31, and 3-32

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.

283 This total should be the same as line 1-37.

(7,052) \$

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

 7-1 Does the entity have an "old hire" firefighters' pension plan? 7-2 Does the entity have a volunteer firefighters' pension plan? If yes: Who administers the plan? 		<u> </u>	· · · · · ·
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 answer the following question by marking in the appropriate box YES NO NA Please use this space to provide any explanations or comments: 10	DocuS	ign Envelope ID: 082FB518-48FC-4873-B438-2F01447DFA0B	DADT O DIIC	CET INE	DDMATIC	M	
10 the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-113 C.R.S.? In N. IMUST excellant. 17 Section 29-113 C.R.S.? In N. IMUST excellant. 18 Section 29-113 C.R.S.? In N. IMUST excellant. 18 In N. IMUST explain. 19 In Debt Service Fund - Amended 19 Section 29-114 C.R.S.? In Amended 10 Section 29-114 C.R.S.? In Imuse In		Places answer the following question by marking in the appropriate box	PARIO-DUL				
Section 29-1-13 C.R.S.? If no, MUST explain: The control of the section of the control of the c			ordance with				Please use this space to provide any explanations or comments:
Formation September Sept		Section 29-1-113 C.R.S.? If no, MUST explain:		4	Ш	Ш	
	8-2		08 C.R.S.?	V			
General Find - Amended S 150,000 S S 150,000 S S S S S S S S S S	If ves:		rted				
General Fund - Amended Debt Service Fund - Amended S 150,000 S 1	,			s By Fund			
Please answer the following question by marking in the appropriate box PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR) 9-1 Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))? Note: An election to exampt the government from the spending limitations of TABOR (State Constitution, Article X, Section 20(5))? Please answer the following question from the spending limitations of TABOR soe not exempt the government from the 3 percent emergency reserve requirement. PART 10 - GENERAL INFORMATION Please answer the following question by marking in the appropriate box YES NO Please use this space to provide any explanations or comments in the space of provide any explanations or comments. 10-2 It is this application for a newly formed governmental entity? Date of formation: 10-2 Has the entity changed its name in the past or current year? 10-3 Is the entity changed its name in the past or current year? 10-4 Please indicate what services the entity provides: Valuer, drainage, parks and recreation and covernment to provide services?							
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Please answer the following question by marking in the appropriate box YES NO Please use this space to provide any explanations or comments:			·	'S BILL O	F RIGHTS	S (TABOR)	
so the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))? Note: An election to exempt the peanting limitation of TABOR (so and exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR. Please answer the following question by marking in the appropriate box Please answer the following question by marking in the appropriate box YES NO Please use this space to provide any explanations or comments of formation: 10-1 Is this application for a newly formed governmental entity? Date of formation: 10-2 Has the entity changed its name in the past or current year? If Yes: NEW name PRIOR name 10-3 Is the entity a metropolitan district? 10-4 Please indicate what services the entity provides: Water, drainage, parks and recreation and covenenat enforcement. 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: If yes: List the name of the other governmental entity and the services provided: If yes: List the name of the other governmental entity and the services provided: If yes: List the name of the other governmental entity and the services provided: If yes: List the name of the other governmental entity and the services provided: If yes: List the name of the other governments Services			170(17(12)(O DIEE OI			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 YES NO Please use this space to provide any explanations or comments 10-1 Is this application for a newly formed governmental entity? Date of formation: 10-2 Has the entity changed its name in the past or current year? PRIOR name PRIOR name PRIOR name Water, drainage, parks and recreation and covenenat enforcement. 10-3 Is the entity a metropolitan district? Water, drainage, parks and recreation and covenenat enforcement to provide services? If yes: List the name of the other governmental entity and the services provided: If yes: PRIOR name			cicle X, Section 20(5)]?		V		, , , , , , , , , , , , , , , , , , , ,
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Please answer the following question by marking in the appropriate box YES NO			PART 10 - GEN	JERAL INF	ORMAT	ION	
10-1 Is this application for a newly formed governmental entity? If yes: Date of formation:			7.1.1.10 02.1				
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10-6 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 20.000 General/Other mills 5.000 Total mills 25.000		, , , , , , , , , , , , , , , , , , , ,				V	
If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts): Bond Redemption mills 20.000 General/Other mills 5.000 Total mills 25.000	If yes:	List the name of the other governmental entity and the services provided:					
If yes: Please provide the number of mills levied for the year reported (do not enter \$ amounts): Bond Redemption mills 20.000 General/Other mills 5.000 Total mills 25.000							
Bond Redemption mills		•			✓		
	If yes:	<u> </u>	<u>, </u>				
Total mills 25.000		• •					
Please use this space to provide any additional explanations or comments not previously included:							
		Please use this space to	provide any addition	nal explanation	s or commen	its not previously inc	luded:
	-						

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				OSA USE ONLY		
Entity Wide:		General Fund		Governmental Funds		Notes
Unrestricted Cash & Investments	\$	6,604 Unrestricted Fund Balar	n \$	(14,732) Total Tax Revenue	\$ 55,386	
Current Liabilities	\$	16,607 Total Fund Balance	\$	(7,052) Revenue Paying Debt Service	\$ -	
Deferred Inflow	\$	82,576 PY Fund Balance	\$	(12,127) Total Revenue	\$ 222,449	
		Total Revenue	\$	178,109 Total Debt Service Principal	\$ -	
		Total Expenditures	\$	173,034 Total Debt Service Interest	\$ -	
Governmental		Interfund In	\$			
Total Cash & Investments	\$	6,604 Interfund Out	\$	- Enterprise Funds		
ransfers In	\$	- Proprietary		Net Position	\$ -	
ransfers Out	\$	- Current Assets	\$	- PY Net Position	\$ -	
Property Tax	\$	49,911 Deferred Outflow	\$	- Government-Wide		
Debt Service Principal	\$	- Current Liabilities	\$	- Total Outstanding Debt	\$ 2,161,901	
Total Expenditures	\$	322,025 Deferred Inflow	\$	- Authorized but Unissued	\$ 8,700,000	
Fotal Developer Advances	\$	- Cash & Investments	\$	- Year Authorized	5/2/2006	
Fotal Davidonar Banaumanta	¢	107 624 Principal Evpansa	•			

D O'	ACCEPTAGE ACEC	-4873-B438-2F01447DFA0B

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?	V	

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, 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 <u>ALL</u> 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 Tony Perry	I, Toni Perry, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for axemption from audit. Signed Tony Perry My term Expires: May 2022
	Full Name	I Charle Mahara a control for a dark all are a dark at a consistent descend manufacture and that I have consistent and
2	Chuck Mahoney	I, Chuck Mahoney, 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 (Larts Natury Date:
	Full Name	I, Frank Beaman, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve
3	Frank Beaman	this application for exemption from audit. Signed Date: My term Expires: May 2022
	Full Name	I, John Smolenski, attest that I am a duly elected or appointed board member, and that I have personally reviewed and
4	John Smolenski	approve this application for exemption from audit. Signed
	Full Name	I, Arthur Wannlund, attest that I am a duly elected or appointed board member, and that I have personally reviewed and
5	Arthur Wannlund	approve this application for exemption from audit. Signed
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
6		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:
	Full Name	I, , attest that I am a duly elected or appointed board member, and that I have
7		personally reviewed and approve this application for exemption from audit. Signed Date: My term Expires:



CliftonLarsonAllen LLP
111 S. Tejon St., Suite 705
Colorado Springs, CO 80903
phone 719-635-0330 fax 719-473-3630
CLAconnect.com

Accountant's Compilation Report

Board of Directors Paradise of Colorado Metropolitan District Teller County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Paradise of Colorado Metropolitan District 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 Paradise of Colorado Metropolitan District

Colorado Springs, Colorado

Clifton Larson allen LAG

March 21, 2022



DocuSign

Certificate Of Completion

Envelope Id: 082FB51848FC4873B4382F01447DFA0B

Subject: Please DocuSign: PCMD - 2021 Audit Exemption.pdf Client Name: Paradise of Colorado Metropolitan District

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Charles Mahoney

Chuck.Mahoney@psbtrust.com

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Signature

Charles Malioney

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John Smolenski

jvsmolenski@verizon.net

Security Level: Email, Account Authentication

(None)

John Smolenski

Signature Adoption: Pre-selected Style Using IP Address: 208.85.181.33

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Tony Perry

Tony.Perry@psbtrust.com

President & CEO

Park State Bank & Trust

Security Level: Email, Account Authentication

(None)

Tony Perry

—C138B7F8297041C...

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