

APPLICATION FOR EXEMPTION FROM AUDIT

LONG FORM

NAME OF GOVERNMENT ADDRESS	Horizon Metropolitan District No. 1 8390 E Crescent Parkway Suite 300
CONTACT PERSON	Greenwood Village, CO 80111
PHONE	Jason Carroll
EMAIL	303-779-5710
FAX	Jason.Carroll@ci-connect.com
	303-779-0348

For the Year Ended
12/31/2019
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:	Jason Carroll
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	1/29/2020
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	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If Yes, date filed:

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

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

Line #	Description	Governmental Funds		Proprietary/Financial Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund*	Fund*	Fund*	
Assets						
1-1	Cash & Cash Equivalents	\$ 28,012	\$ -	\$ -	\$ -	
1-2	Investments	\$ -	\$ -	\$ -	\$ -	
1-3	Receivables	\$ 2	\$ -	\$ -	\$ -	
1-4	Due from Other Entities or Funds	\$ -	\$ -	\$ -	\$ -	
	All Other Assets [specify...]	\$ -	\$ -	\$ -	\$ -	
1-5	Prepaid Insurance	\$ 3,320	\$ -	\$ -	\$ -	
1-6		\$ -	\$ -	\$ -	\$ -	
1-7		\$ -	\$ -	\$ -	\$ -	
1-8		\$ -	\$ -	\$ -	\$ -	
1-9		\$ -	\$ -	\$ -	\$ -	
1-10		\$ -	\$ -	\$ -	\$ -	
1-11	(add lines 1-1 through 1-10)	TOTAL ASSETS	\$ 31,334	\$ -	\$ -	
1-12	TOTAL DEFERRED OUTFLOWS OF RESOURCES	\$ -	\$ -	\$ -	\$ -	
1-13	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$ 31,334	\$ -	\$ -	\$ -	
Liabilities						
1-14	Accounts Payable	\$ 17,060	\$ -	\$ -	\$ -	
1-15	Accrued Payroll and Related Liabilities	\$ -	\$ -	\$ -	\$ -	
1-16	Accrued Interest Payable	\$ -	\$ -	\$ -	\$ -	
1-17	Due to Other Entities or Funds	\$ -	\$ -	\$ -	\$ -	
1-18	All Other Current Liabilities	\$ -	\$ -	\$ -	\$ -	
1-19	TOTAL CURRENT LIABILITIES	\$ 17,060	\$ -	\$ -	\$ -	
1-20	All Other Liabilities [specify...]	\$ -	\$ -	\$ -	\$ -	
1-21		\$ -	\$ -	\$ -	\$ -	
1-22		\$ -	\$ -	\$ -	\$ -	
1-23		\$ -	\$ -	\$ -	\$ -	
1-24		\$ -	\$ -	\$ -	\$ -	
1-25		\$ -	\$ -	\$ -	\$ -	
1-26		\$ -	\$ -	\$ -	\$ -	
1-27		\$ -	\$ -	\$ -	\$ -	
1-28	(add lines 1-19 through 1-27)	TOTAL LIABILITIES	\$ 17,060	\$ -	\$ -	
1-29	TOTAL DEFERRED INFLOWS OF RESOURCES	\$ -	\$ -	\$ -	\$ -	
Fund Balance						
1-30	Nonspendable Prepaid	\$ 3,320	\$ -	\$ -	\$ -	
1-31	Nonspendable Inventory	\$ -	\$ -	\$ -	\$ -	
1-32	Restricted (RAVOR RESERVE)	\$ 9	\$ -	\$ -	\$ -	
1-33	Committed [specify...]	\$ -	\$ -	\$ -	\$ -	
1-34	Assigned [specify...]	\$ 10,945	\$ -	\$ -	\$ -	
1-35	Unassigned:	\$ -	\$ -	\$ -	\$ -	
1-36		\$ -	\$ -	\$ -	\$ -	
	(add lines 1-30 through 1-35)	TOTAL FUND BALANCE	\$ 14,274	\$ -	\$ -	
1-37	TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$ 31,334	\$ -	\$ -	\$ -	
Net Position						
	Net Investment in Capital Assets	\$ -	\$ -	\$ -	\$ -	
	Emergency Reserves	\$ -	\$ -	\$ -	\$ -	
	Other Designations/Reserves	\$ -	\$ -	\$ -	\$ -	
	Restricted	\$ -	\$ -	\$ -	\$ -	
	Undesignated/Unreserved/Unrestricted	\$ -	\$ -	\$ -	\$ -	
	(add lines 1-30 through 1-35)	TOTAL NET POSITION	\$ -	\$ -	\$ -	
	(add lines 1-28, 1-29 and 1-36)	TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$ -	\$ -	\$ -	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

Line #	Description	Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund*	Fund*	Fund*	
2-1	Tax Revenue Property (include mills levied in Question 10-4)	\$ -	\$ -	\$ -	\$ -	
2-2	Specific Ownership	\$ -	\$ -	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	\$ -	\$ -	
2-4	Other Tax Revenue (specify...):	\$ -	\$ -	\$ -	\$ -	
2-5		\$ -	\$ -	\$ -	\$ -	
2-6		\$ -	\$ -	\$ -	\$ -	
2-7		\$ -	\$ -	\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	\$ -	\$ -	
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	Intergovernmental	\$ 291	\$ -	\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 291	\$ -	\$ -	\$ -	
Other Financing Sources						
2-25	Debt Proceeds	\$ -	\$ -	\$ -	\$ -	
2-26	Developer Advances	\$ 100,000	\$ -	\$ -	\$ -	
2-27	Other (specify...):	\$ -	\$ -	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ 100,000	\$ -	\$ -	\$ -	
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 100,291	\$ -	\$ -	\$ -	
GRAND TOTALS						
		\$ 100,291	\$ -	\$ -	\$ -	

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 (800) 869-3000 for assistance.

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

Line#	Description	Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		General Fund	Fund	Fund	Fund	
3-1	Expenditures					
3-2	General Government	\$ 87,241	\$ -	\$ -	\$ -	
3-2	Judicial	\$ -	\$ -	\$ -	\$ -	
3-3	Law Enforcement	\$ -	\$ -	\$ -	\$ -	
3-4	Fire	\$ -	\$ -	\$ -	\$ -	
3-5	Highways & Streets	\$ -	\$ -	\$ -	\$ -	
3-6	Solid Waste	\$ -	\$ -	\$ -	\$ -	
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	\$ -	\$ -	
3-8	Health	\$ -	\$ -	\$ -	\$ -	
3-9	Culture and Recreation	\$ -	\$ -	\$ -	\$ -	
3-10	Transfers to other districts	\$ -	\$ -	\$ -	\$ -	
3-11	Other (specify...):	\$ -	\$ -	\$ -	\$ -	
3-12	Capital Outlay	\$ -	\$ -	\$ -	\$ -	
3-13	Debt Service	\$ -	\$ -	\$ -	\$ -	
3-14	Principal	\$ -	\$ -	\$ -	\$ -	
3-15	Interest	\$ -	\$ -	\$ -	\$ -	
3-16	Bond Issuance Costs	\$ -	\$ -	\$ -	\$ -	
3-17	Developer Principal Repayments	\$ -	\$ -	\$ -	\$ -	
3-18	Developer Interest Repayments	\$ -	\$ -	\$ -	\$ -	
3-19	All Other (specify...):	\$ -	\$ -	\$ -	\$ -	
3-20	TOTAL TRANSFERS AND OTHER EXPENDITURES	\$ 87,241	\$ -	\$ -	\$ -	
3-21	TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	
3-22	Net Interfund Transfers (In) Out	\$ -	\$ -	\$ -	\$ -	
3-23	Other (specify...)(enter negative for expensed)	\$ -	\$ -	\$ -	\$ -	
3-24	Depreciation	\$ -	\$ -	\$ -	\$ -	
3-25	Other Financing Sources (Use) (from line 2-28)	\$ -	\$ -	\$ -	\$ -	
3-26	Capital Outlay (from line 3-14)	\$ -	\$ -	\$ -	\$ -	
3-27	Debt Principal (from line 3-15, 3-16)	\$ -	\$ -	\$ -	\$ -	
3-28	TOTAL GAAP RECONCILING ITEMS	\$ -	\$ -	\$ -	\$ -	
3-29	Net Increase (Decrease) in Net Position	\$ 13,050	\$ -	\$ -	\$ -	
3-30	Line 2-29, less line 3-22, plus line 3-29, plus line 3-23, less line 3-24	\$ -	\$ -	\$ -	\$ -	
3-31	Net Position, January 1 from December 31 prior year report	\$ 1,224	\$ -	\$ -	\$ -	
3-32	Prior Period Adjustment (MUST explain)	\$ -	\$ -	\$ -	\$ -	
3-33	Fund Balance, December 31	\$ 14,274	\$ -	\$ -	\$ -	
	Sum of Line 3-30, 3-31, and 3-32	\$ -	\$ -	\$ -	\$ -	
	This total should be the same as line 1-36.	\$ -	\$ -	\$ -	\$ -	
	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) 859-3000 for assistance.					

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.

- 4-1 Does the entity have outstanding debt? YES NO
- 4-2 Is the debt repayment schedule attached? If no, MUST explain: YES NO
- 4-3 Is the entity current in its debt service payments? If no, MUST explain: YES NO

Please use this space to provide any explanations or comments:

4-2: Not Applicable. The District's debt is comprised of developer advances which are paid as funds become available and are subject to annual appropriation.
4-2: Not Applicable

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	\$ 882,743	\$ 100,000	\$ -	\$ 982,743
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 882,743	\$ 100,000	\$ -	\$ 982,743

*must agree to prior year ending balance

4-5 Does the entity have any authorized, but unissued, debt? YES NO

If yes: How much? \$ 10,995,000,000

Date the debt was authorized: 11/1/2005 & 11/1/2008

4-6 Does the entity intend to issue debt within the next calendar year? YES NO

If yes: How much? \$ -

4-7 Does the entity have debt that has been refinanced that it is still responsible for? YES NO

If yes: What is the amount outstanding? \$ -

4-8 Does the entity have any lease agreements? YES NO

If yes: What is being leased? _____

Number of years of lease? _____

What is the original date of the lease? _____

Is the lease subject to annual appropriation? YES NO

What are the annual lease payments? \$ -

PART 5 - CASH AND INVESTMENTS

Please use this space to provide any explanations or comments:

5-1 Please provide the entity's cash deposit and investment balances. AMOUNT TOTAL

5-1 YEAR-END Total of ALL Checking and Savings accounts \$ 28,012 \$ 28,012

5-2 Certificates of deposit \$ - \$ -

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

Investment 1	\$ -	\$ -	\$ -	\$ -
Investment 2	\$ -	\$ -	\$ -	\$ -
Investment 3	\$ -	\$ -	\$ -	\$ -
TOTAL CASH DEPOSITS	\$ -	\$ -	\$ -	\$ -
TOTAL INVESTMENTS	\$ -	\$ -	\$ -	\$ -
TOTAL CASH AND INVESTMENTS	\$ -	\$ -	\$ -	\$ 28,012

5-3 Please answer the following question by marking in the appropriate box 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.)? If no, MUST explain:

PART 6 - CAPITAL ASSETS

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

6-3 Complete the following Capital Assets table for GOVERNMENTAL 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)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

6-4 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)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

*must agree to prior year ending balance

PART 7 - PENSION INFORMATION

Please use this space to provide any explanations or comments:

- 7-1 Does the entity have a "old hire" firemen's pension plan? YES NO
- 7-2 Does the entity have a volunteer firemen's pension plan? YES NO

If yes: Who administers the plan?

- Indicate the contributions from:
- Tax (property, SO, sales, etc.): \$ -
 - State contribution amount: \$ -
 - Other (gifts, donations, etc.): \$ -

What is the monthly benefit paid for 20 years of service per retiree as of Jan 17

TOTAL	\$ -
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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 29-1-13 C.R.S.? If no, MUST explain: YES NO N/A Please use this space to provide any explanations or comments:

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 budgeted for each fund for the year reported

Fund Name	Budgeted Expenditures/Expenses
General Fund	\$ 150,000
	\$ -
	\$ -

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))? government from the 3 percent emergency reserve requirement. All governments should determine if they meet this YES NO 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 Please use this space to provide any explanations or comments:

If yes: Date of formation:

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

If Yes: NEW name

PRIOR name

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

10-4 Please indicate what services the entity provides:

If Yes: See comment

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

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

See comment

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

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

Bond Redemption mills	0.000
General/Other mills	0.000
Total mills	0.000

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	28,012	10,845	-
Current Liabilities	17,090	14,274	-
Deferred Inflow	-	1,224	-
		100,291	100,291
Governmental			
Total Cash & Investments	28,012	-	-
Transfers In	-	-	-
Transfers Out	-	-	-
Property Tax	-	-	-
Debt Service Principal	87,241	-	982,743
Total Expenditures	-	-	-
Total Developer Advances	-	-	-
Total Developer Repayments	-	-	-
			11/1/2005 & 11/4/2008
			10,995,000,000

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	<p>Full Name: <u>KAREN VOIT</u></p> <p>Personally reviewed and approve this application for exemption from audit. Signed: <u>KAREN VOIT</u> Date: <u>2/6/2020</u></p> <p>My term Expires: <u>MAY 2022</u></p> <p>I, <u>Nikki Erbele</u>, 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>Nikki Erbele</u> Date: <u>2/6/2020</u></p> <p>My term Expires: <u>MAY 2022</u></p>
2	<p>Full Name: <u>Nikki Erbele</u></p> <p>Personally reviewed and approve this application for exemption from audit. Signed: <u>Nikki Erbele</u> Date: <u>2/6/2020</u></p> <p>My term Expires: <u>MAY 2022</u></p> <p>I, <u>Lisa M. Garcia</u>, 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>Lisa M. Garcia</u> Date: <u>2/6/20</u></p> <p>My term Expires: <u>MAY 2022</u></p>
3	<p>Full Name: <u>Lisa Garcia</u></p> <p>Personally reviewed and approve this application for exemption from audit. Signed: <u>Lisa Garcia</u> Date: <u>2/6/20</u></p> <p>My term Expires: <u>MAY 2022</u></p> <p>I, <u>Bruce Anderson</u>, 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>Bruce Anderson</u> Date: <u>2/6/20</u></p> <p>My term Expires: <u>MAY 2022</u></p>
4	<p>Full Name: <u>Bruce Anderson</u></p> <p>Personally reviewed and approve this application for exemption from audit. Signed: <u>Bruce Anderson</u> Date: <u>2/6/20</u></p> <p>My term Expires: <u>MAY 2022</u></p> <p>I, <u>Bruce Anderson</u>, 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>Bruce Anderson</u> Date: <u>2/6/20</u></p> <p>My term Expires: <u>MAY 2022</u></p>
5	<p>Full Name: _____</p> <p>Personally reviewed and approve this application for exemption from audit. Signed: _____ Date: _____</p> <p>My term Expires: _____</p> <p>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: _____</p> <p>My term Expires: _____</p>
6	<p>Full Name: _____</p> <p>Personally reviewed and approve this application for exemption from audit. Signed: _____ Date: _____</p> <p>My term Expires: _____</p> <p>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: _____</p> <p>My term Expires: _____</p>
7	<p>Full Name: _____</p> <p>Personally reviewed and approve this application for exemption from audit. Signed: _____ Date: _____</p> <p>My term Expires: _____</p> <p>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: _____</p> <p>My term Expires: _____</p>

Greenwood Village, Colorado
January 29, 2020



We are not independent with respect to Horizon Metropolitan District No. 1.
This report is intended solely for the information and use of the Colorado Office of the State Auditor and is not intended to be used by anyone other than this specified party.

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.

Management is responsible for the accompanying Application for Exemption from Audit of Horizon Metropolitan District No. 1 as of and for the year ended December 31, 2019, 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.

Board of Directors
Horizon Metropolitan District No. 1
Arapahoe County, Colorado

Accountant's Compilation Report

CliftonLarsonAllen



CliftonLarsonAllen LLP
www.CLACONnect.com