

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Riverbend Crossing Metropolitan District	For the Year Ended 12/31/16 or fiscal year ended:
ADDRESS	111 S. Tejon Street Suite 705 Colorado Springs, CO 80903	
CONTACT PERSON	Carrie Bartow	
PHONE	719-635-0330	
EMAIL	Carrie.Bartow@claconnect.com	
FAX	719-473-3630	

PART 1 - CERTIFICATION OF PREPARER

I certify that I am skilled in governmental accounting and that the information in the application is complete and accurate, to the best of my knowledge.

NAME:	Carrie Bartow
TITLE	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 (Must be prepared prior to Board approval)	18-Feb-20

PREPARER (SIGNATURE REQUIRED)

See Attached Accountant's Compilation Report

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PART 2 - REVENUE

REVENUE: All revenues for all funds must be reflected in this section, including proceeds from the sale of the government's land, building, and equipment, and proceeds from debt or lease transactions. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
2-1	Ta Property	\$ -	
2-2	Specific ownership	\$ -	
2-3	Sales and use	\$ -	
2-4	Other (specify):	\$ -	
2-5	Licenses and permits	\$ -	
2-6	Intergovernmental Grants	\$ -	
2-7	Conservation Trust Funds (Lottery)	\$ -	
2-8	Highway Users Tax Funds (HUTF)	\$ -	
2-9	Other (specify):	\$ -	
2-10	Charges for services	\$ -	
2-11	Fines and forfeits	\$ -	
2-12	Special assessments	\$ -	
2-13	Investment income	\$ -	
2-14	Charges for utility services	\$ -	
2-15	Debt proceeds (should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds	\$ -	
2-17	Developer Advances received (should agree with line 4-4)	\$ -	
2-18	Proceeds from sale of capital assets	\$ -	
2-19	Fire and police pension	\$ -	
2-20	Donations	\$ -	
2-21	Other (specify):	\$ -	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ -	

PART 3 - EXPENDITURES

EXPENDITURES: All expenditures for all funds must be reflected in this section, including the purchase of capital assets and principal and interest payments on long-term debt. Financial information will not include fund equity information.

Line#	Description	Round to nearest Dollar	Please use this space to provide any necessary explanations
3-1	Administrative	\$ -	
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ -	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ -	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ -	
3-11	Fire/Police	\$ -	
3-12	Streets and highways	\$ -	
3-13	Public health	\$ -	
3-14	Culture and recreation	\$ -	
3-15	Utility operations	\$ -	
3-16	Capital outlay	\$ -	
3-17	Debt service principal (should agree with Part 4)	\$ -	
3-18	Debt service interest	\$ -	
3-19	Repayment of Developer Advance Principal (should agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest	\$ -	
3-21	Contribution to pension plan (should agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should agree to line 7-2)	\$ -	
3-23	Other (specify):	\$ -	
3-24		\$ -	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$ -	

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

PART 4 - DEBT OUTSTANDING, ISSUED, AND RETIRED

Please answer the following questions by marking the appropriate boxes.					Yes	No			
4-1	Does the entity have outstanding debt?				<input checked="" type="checkbox"/>	<input type="checkbox"/>			
If Yes, please attach a copy of the entity's Debt Repayment Schedule.									
4-2	Is the debt repayment schedule attached? If no, MUST explain: N/A - The District's only debt consists of developer advances, which are not general obligation debt. Repayment of advances is subject to annual appropriation if and when funds become available.				<input type="checkbox"/>	<input checked="" type="checkbox"/>			
4-3	Is the entity current in its debt service payments? If no, MUST explain: N/A - See 4-2				<input type="checkbox"/>	<input checked="" type="checkbox"/>			
4-4	Please complete the following debt schedule, if applicable: (please only include principal amounts)(enter all amount as positive numbers)				Outstanding at end of prior year	Issued during year	Retired during year	Outstanding at year-end	
	General obligation bonds	\$	-	\$	-	\$	-	\$	-
	Revenue bonds	\$	-	\$	-	\$	-	\$	-
	Notes/Loans	\$	-	\$	-	\$	-	\$	-
	Leases	\$	-	\$	-	\$	-	\$	-
	Developer Advances	\$	49,229	\$	-	\$	-	\$	49,229
	Other (specify):	\$	-	\$	-	\$	-	\$	-
	TOTAL	\$	49,229	\$	-	\$	-	\$	49,229
Please answer the following questions by marking the appropriate boxes.					Yes	No			
4-5	Does the entity have any authorized, but unissued, debt?				<input checked="" type="checkbox"/>	<input type="checkbox"/>			
If yes:	How much?	\$	78,000,000						
	Date the debt was authorized:		11/07/2006						
4-6	Does the entity intend to issue debt within the next calendar year?				<input type="checkbox"/>	<input checked="" type="checkbox"/>			
If yes:	How much?	\$	-						
4-7	Does the entity have debt that has been refinanced that it is still responsible for?				<input type="checkbox"/>	<input checked="" type="checkbox"/>			
If yes:	What is the amount outstanding?	\$	-						
4-8	Does the entity have any lease agreements?				<input type="checkbox"/>	<input checked="" type="checkbox"/>			
If yes:	What is being leased?								
	What is the original date of the lease?								
	Number of years of lease?								
	Is the lease subject to annual appropriation?			<input type="checkbox"/>	<input checked="" type="checkbox"/>				
	What are the annual lease payments?	\$	-						
4-9	Does the entity have a certified Mill Levy?				<input type="checkbox"/>	<input checked="" type="checkbox"/>			
If yes:	Please provide the following mills levied for the year reported:			Bond Redemption		-			
				General/Other		-			
				TOTAL		-			

Please use this space to provide any explanations or comments:

PART 5 - CASH AND INVESTMENTS

Please provide the entity's cash deposit and investment balances.				Amount	Total	
5-1	YEAR-END Total of ALL Checking and Savings Accounts			\$	-	
5-2	Certificates of deposit			\$	-	
	Total Cash Deposits				\$	
	Investments (if investment is a mutual fund, please list underlying investments):				-	
5-3				\$	-	
				\$	-	
				\$	-	
				\$	-	
	Total Investments				\$	
	Total Cash and Investments				\$	
Please answer the following questions by marking in the appropriate boxes				Yes	No	N/A
5-4	Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.)?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no, MUST use this space to provide any explanations:

The District had no cash deposits

PART 6 - CAPITAL ASSETS

Please answer the following questions by marking in the appropriate boxes.		Yes	No				
6-1	Does the entity have capital assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
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:	<input type="checkbox"/>	<input type="checkbox"/>				
6-3	Complete the following capital assets table:	Balance - beginning of the year	Additions (Must be included in Part 3)				
	Land	\$ -	\$ -	Deletions	\$ -	Year-End Balance	\$ -
	Buildings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Other (explain):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Please use this space to provide any explanations or comments:

PART 7 - PENSION INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Yes	No
7-1	Does the entity have an "old hire" firemen's pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7-2	Does the entity have a volunteer firemen's pension plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Who administers the plan?		
	Indicate the contributions from:		
	Tax (property, SO, sales, etc.):	\$ -	
	State contribution amount:	\$ -	
	Other (gifts, donations, etc.):	\$ -	
	TOTAL	\$ -	
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -	

Please use this space to provide any explanations or comments:

PART 8 - BUDGET INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Yes	No	N/A
8-1	Did the entity file a budget with the Department of Local Affairs for the current year in accordance with Section 29-1-113 C.R.S.? If no, MUST explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	The District was inactive during 2016			
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	No activity during 2016.			
If yes:	Please indicate the amount appropriated for each fund for the year reported:			
	Fund Name	Budgeted Expenditures		

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

Please answer the following question by marking in the appropriate box		Yes	No
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.

If no, MUST explain:

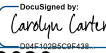
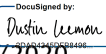

PART 10 - GENERAL INFORMATION

Please answer the following questions by marking in the appropriate boxes.		Yes	No
10-1	Is this application for a newly formed governmental entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Please indicate what services the entity provides: Street improvements, parks and recreation, water facilities, sewer system, transportation system, mosquito control, traffic signals and signage, fire protection, television relay, and perimeter and interior security.		
10-4	Does the entity have an agreement with another government to provide services?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	List the name of the other governmental entity and the services provided:		
10-5	Has the district filed a <i>Title 32, Article 1 Special District Notice of Inactive Status</i> during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	Date Filed: 12/1/2010		

Please use this space to provide any explanations or comments:

PART 11 - GOVERNING BODY APPROVAL

Below is the certification and approval of the governing board. By signing the board member is certifying they are a duly elected or appointed officer of the local government. Governing board members may be verified. Also by signing, the board 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 \$100,000 or less must have an application prepared by a person skilled in governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

	Print the names of ALL current governing board members below.	A MAJORITY of the governing board members must complete and sign in the column below.
Board Member 1	Print Board Member's Name Jeff Carter	I <u>Jeff Carter</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: <u>May 2020</u>
Board Member 2	Print Board Member's Name Carolyn Carter	I <u>Carolyn Carter</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  _____ Date: <u>3/23/2020</u> My term Expires: <u>May 2020</u>
Board Member 3	Print Board Member's Name Dustin Leemon	I <u>Dustin Leemon</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  _____ Date: <u>3/23/2020</u> My term Expires: <u>May 2020</u>
Board Member 4	Print Board Member's Name Meghan Leemon	I <u>Meghan Leemon</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: <u>May 2020</u>
Board Member 5	Print Board Member's Name Eric Diesch	I <u>Eric Diesch</u> , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed  _____ Date: <u>3/26/2020</u> My term Expires: <u>May 2020</u>
Board Member 6	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____
Board Member 7	Print Board Member's Name	I _____, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed _____ Date: _____ My term Expires: _____



CliftonLarsonAllen

CliftonLarsonAllen LLP
www.CLACONnect.com

Accountant's Compilation Report

Board of Directors
Riverbend Crossing Metropolitan District
El Paso County, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Riverbend Crossing Metropolitan District as of and for the year ended December 31, 2016, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the financial statements included in the accompanying prescribed form.

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

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

We are not independent with respect to Riverbend Crossing Metropolitan District.

CliftonLarsonAllen LLP

Colorado Springs, Colorado
February 20, 2020

Certificate Of Completion

Envelope Id: 7AF65250A02B4527BBB980751512FCA0

Status: Completed

Subject: Please DocuSign: RiverbendCrossingMD_AuditExemption_2016.pdf

Client Name: Riverbend Crossing Metropolitan District

Client Number: 011-049235-00

Source Envelope:

Document Pages: 7

Signatures: 3

Envelope Originator:

Certificate Pages: 5

Initials: 0

Alonso DuranRodriguez

AutoNav: Enabled

220 South 6th Street

Envelopeld Stamping: Enabled

Suite 300

Time Zone: (UTC-06:00) Central Time (US & Canada)

Minneapolis, MN 55402

Alonso.DuranRodriguez@claconnect.com

IP Address: 65.59.88.254

Record Tracking

Status: Original

Holder: Alonso DuranRodriguez

Location: DocuSign

3/23/2020 12:48:06 PM

Alonso.DuranRodriguez@claconnect.com

Signer Events

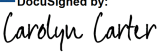
Carolyn Carter

carolyn.carter@mountainpropertybuilders.com

Vice-President

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:

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Signature Adoption: Pre-selected Style
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Timestamp

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Signed: 3/23/2020 12:52:16 PM

Electronic Record and Signature Disclosure:

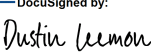
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Dustin Leemon

dleemon05@gmail.com

Security Level: Email, Account Authentication
(None)

DocuSigned by:

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Signed using mobile

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Viewed: 3/23/2020 1:55:19 PM

Signed: 3/23/2020 1:55:41 PM

Electronic Record and Signature Disclosure:

Accepted: 3/23/2020 1:55:19 PM

ID: 6ed57d6e-4594-4d16-ad77-996e11df83ef

Eric Diesch

ediesch@pinnaclerea.com

Security Level: Email, Account Authentication
(None)

DocuSigned by:

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Signature Adoption: Drawn on Device
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Resent: 3/26/2020 9:38:21 AM

Viewed: 3/26/2020 9:42:00 AM

Signed: 3/26/2020 10:15:13 AM

Electronic Record and Signature Disclosure:

Accepted: 3/26/2020 9:42:00 AM

ID: c7881718-2503-4cc0-8361-ccc25bf977e6

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	3/26/2020 9:38:21 AM
Certified Delivered	Security Checked	3/26/2020 10:26:22 AM
Signing Complete	Security Checked	3/26/2020 10:26:22 AM
Completed	Security Checked	3/26/2020 10:26:22 AM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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How to contact CliftonLarsonAllen LLP:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: BusinessTechnology@CLAconnect.com

To advise CliftonLarsonAllen LLP of your new email address

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To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

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ii. send us an email to BusinessTechnology@CLAconnect.com and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

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- Until or unless you notify CliftonLarsonAllen LLP as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by CliftonLarsonAllen LLP during the course of your relationship with CliftonLarsonAllen LLP.