APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Colorado International Center Metropolitan District No. 13
ADDRESS	8390 E. Crescent Parkway
	Suite 300
	Greenwood Village, CO 80111
CONTACT PERSON	Debra Sedgeley
PHONE	303-779-5710
EMAIL	Debra.Sedgeley@claconnect.com
FAX	303-779-0348
P	ART 1 - CERTIFICATION OF PREPARER

For the Year Ended 12/31/20 or fiscal year ended:

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.

my knowlodgo.	
NAME:	Debra Sedgeley
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	March 10, 2021

PREPARER (SIGNATURE REQUIRED)

See attached accountant's compilation report

Please indicate whether the following financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprietary fund types	v	

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#		De	scription		Round to nearest Doll	ar	Please use this
2-1	Taxes:	Property	(report mills levied in Que	stion 10-6)	\$	456	space to provide
2-2		Specific owners	ship		\$	-	any necessary
2-3		Sales and use			\$	-	explanations
2-4		Other (specify):			\$	-	
2-5	Licenses and permi	ts			\$	-	
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	S			\$	-	
2-11	Fines and forfeits				\$	-	
2-12	Special assessment	S			\$	-	
2-13	Investment income				\$	-	
2-14	Charges for utility s	ervices			\$	-	
2-15	Debt proceeds		(should ag	ree with line 4-4, column 2)	\$	-	
2-16	Lease proceeds				\$	-	
2-17	Developer Advances	s received		should agree with line 4-4)	\$	-	
2-18	Proceeds from sale	of capital assets			\$	-	
2-19	Fire and police pens	sion			\$	-	
2-20	Donations				\$	-	
2-21	Other (specify):				\$	-	
2-22					\$	-	
2-23					\$	-	
2-24		(add lin	es 2-1 through 2-23)	TOTAL REVENUE	\$	456	
							4

PART 3 - EXPENDITURES/EXPENSES

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
3-1	Administrative	ĺ	\$ -	space to provide
3-2	Salaries		\$ -	any necessary
3-3	Payroll taxes		\$ -	explanations
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	Capital outlay		\$ -	
3-15	Utility operations		\$ -	
3-16	Culture and recreation		\$ -	
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): County Treasurer's Fees		\$ 5	
3-24	Intergovernmental expenditures		\$ 451	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPE	NDITURES/EXPENSES	\$ 456	

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

	PART 4 - DEBT OUTSTANDING	2			Λ					
					,		_)			Ne
4-1	Please answer the following questions by marking the appropriate boxes. 4-1 Does the entity have outstanding debt?							Yes I		No
	If Yes, please attach a copy of the entity's Debt Repayment Se	chec	dule.					_		_
4-2	is the debt repayment schedule attached? If no, MUST explain:				, I			7		
	This district's debt is comprised of developer advances, which are not general of Repayment of the advances is subject to annual appropriation, if and when elgible				ilable.					
4-3	Is the entity current in its debt service payments? If no, MUST	exp	plain:				, I			
	N/A		-]			
4-4	Please complete the following debt schedule, if applicable:	0			lasi		Detin		0	tendiner et
	(please only include principal amounts)(enter all amount as positive			ding at or vear*	ISSI	ued during vear		ed during year		standing at rear-end
	numbers)	ona		o. your		Joan		your	, ,	
	General obligation bonds	\$		-	\$	-	\$	-	\$	-
	Revenue bonds	\$		-	\$	-	\$	-	\$	-
	Notes/Loans	\$		-	\$	-	\$	-	\$	-
	Leases	\$		-	\$	-	\$	-	\$	-
	Developer Advances	\$	2	20,021	\$	-	\$	-	\$	20,021
	Other (specify):	\$		-	\$	-	\$	-	\$	-
	TOTAL	\$	2	20,021	\$	-	\$	-	\$	20,021
			ust tie to	o prior ye	ar en	ding balance				
4.5	Please answer the following questions by marking the appropriate boxes.							Yes		No
4-5 If yes:	Does the entity have any authorized, but unissued, debt? How much?	\$			1 21	3,000,000	l	4		
II yes.	Date the debt was authorized:	Ψ	5/2/2	2006 an			1			
4-6	Does the entity intend to issue debt within the next calendar	Voar		2000 an	u 0/0	/2010]			~
If yes:	How much?	\$:				1			
4-7	Does the entity have debt that has been refinanced that it is s	Ŧ	roeno	nsihlo	for?	_]			7
If yes:	What is the amount outstanding?	\$	cspo	1131010	101 :		1			
4-8	Does the entity have any lease agreements?	Ψ]			1
If yes:	What is being leased?						1			
,	What is the original date of the lease?]			
	Number of years of lease?							_		_
	Is the lease subject to annual appropriation?						1			
	What are the annual lease payments?	\$				-				
	Please use this space to provide any	expl	lanati	ons or	com	ments:				

	PART 5 - CASH AND INVESTME	ENTS		
	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):			
			\$-	Г
			\$ -	-
5-3			\$ -	-
			\$-	1
	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.			7
	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.)?			<u>,</u>
If no, M	UST use this space to provide any explanations:			

	PART 6 - CAPITAL ASSETS							
	Please answer the following questions by marking in the appropriate box	es.		Yes	No			
6-1	Does the entity have capital assets?		7					
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:							
	N/A							
6-3	Complete the following capital assets table:	Balance - beginning of the year*	Additions (Must be included in Part 3)	Deletions	Year-End Balance			
	Land	\$ -	\$ -	\$ -	\$ -			
	Buildings	\$ -	\$ -	\$ -	\$ -			
	Machinery and equipment	\$ -	\$ -	\$ -	\$ -			
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -			
	Infrastructure	\$ -	\$ -	\$ -	\$ -			
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -			
	Other (explain):	\$ -	\$ -	\$ -	\$ -			
	Accumulated Depreciation	\$ -	\$ -	\$ -	\$ -			
	TOTAL	\$-	\$-	\$ -	\$ -			

Please use this space to provide any explanations or comments:

	PART 7 - PENSION INFORMA	TIO	N		
	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?				7
7-2	Does the entity have a volunteer firemen's pension plan?				7
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	\$	-		
	Please use this space to provide any explanations or	comm	ents:		

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.?	7				
8-2	Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain:	7				

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

Fund Name	Budgeted Exper	ditures/Expenses
General Fund	\$	599
Debt Service Fund	\$	992
Capital Projects Fund	\$	629

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TA	BOR)	
	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)]?	7	Π
	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emerger reserve requirement. All governments should determine if they meet this requirement of TABOR.	псу	
If no, M	UST explain:		
	PART 10 - GENERAL INFORMATION		
	Please answer the following questions by marking in the appropriate boxes.	Yes	No
	Is this application for a newly formed governmental entity?		
10-1		_	
If yes:			_
10-2	Has the entity changed its name in the past or current year?		7
If yes:	Please list the NEW name & PRIOR name:		
,			
10-3	Is the entity a metropolitan district?		
	Please indicate what services the entity provides:		
	See below		
10-4	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:		
	See below		
10-5	Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during		~
If yes:	Date Filed:		
10-6	Does the entity have a certified Mill Levy?	4	
If yes:			
	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		70.664
	General/Other mills		11.133
	Total mills		81.797

General/Othe	r mills	11.13
Total mills		81.79
Please use this space to provide any explanations	or comments:	

10-3: Street improvements, water, sanitary and storm sewer, park and recreation, mosquito control, public transportation, and traffic and safety control.

10-4: The District operates in conjunction with Denver High Point at DIA Metropolitan District and Colorado International Center Metropolitan District No. 14. There are also IGA's with the City and County of Denver and with Gateway Regional Metropolitan District regarding operation and maintenance costs.

	PART 11 - 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	7	

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 Procedure

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.

	Print the names of ALL members of current governing body below.	A <u>MAJORITY</u> of the members of the governing body must complete and sign in the column below.
Board	Print Board Member's Name	I, Andrew Klein, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 1	Andrew Klein	Signed
Board	Print Board Member's Name	I, Theodore Laudick, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 2	Theodore Laudick	Signed Date: My term Expires: May 2022
Board	Print Board Member's Name	I, Otis Moore, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 3	Otis Moore	SignedØtis (. Moore III Date:3/1/^@@@@@@@@@ My term Expires: May 2022
Board	Print Board Member's Name	I, Kevin Smith, attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.
Member 4	Kevin Smith	Signed
Board Member	Print Board Member's Name	
5		
Board	Print Board Member's Name	
Member 6		
Board	Print Board Member's Name	
Member 7		



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Accountant's Compilation Report

Board of Directors Colorado International Center Metropolitan District No. 13 City and County of Denver, Colorado

Management is responsible for the accompanying Application for Exemption from Audit of Colorado International Center Metropolitan District No. 13 as of and for the year ended December 31, 2020, 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 Colorado International Center Metropolitan District No. 13.

difton Larson allen LLP

Greenwood Village, Colorado March 10, 2021



Certificate Of Completion

Envelope Id: 566639EB5200419F9B2AC763D7036586 Subject: Please DocuSign: CICMD13 2020 Audit Exemption.pdf Client Name: Colorado International Center Metropolitan District No. 13 Client Number: 011-042949-00 Source Envelope: Document Pages: 8 Signatures: 3 Certificate Pages: 5 Initials: 0 AutoNav: Enabled EnvelopeId Stamping: Enabled Time Zone: (UTC-06:00) Central Time (US & Canada)

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Andy Klein aklein@westsideinv.com Mgr Security Level: Email, Account Authentication (None)

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Kevin Smith

ksmith@westsideinv.com

Assistant Secretary

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/11/2021 11:46:15 AM ID: 8c8ef2dd-47fb-4113-85da-ff0ad9c8f519

Otis C. Moore III omoore@westsideinv.com

Principal

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure: Accepted: 3/11/2021 1:49:19 PM ID: 2affe219-7b18-4e30-a8c7-20a5dc334dd3

Holder: Ladiella Henderson Ladiella.Henderson@claconnect.com

Signature

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kevin Smith

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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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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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