

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

Eckert Cemetery District
P.O. Box 125
Eckert, CO 81418

For the Year Ended
12/31/16
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL
FAX

Leona Carol Vela
970-835-3388

1535.00

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:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
DATE PREPARED
(Must be prepared prior to
Board approval)

Leona Carol Vela
Secretary-Treasurer, (part time)
22033 Myers Road, Eckert, CO 81418
970-835-3388
3/28/2017

PREPARER (SIGNATURE REQUIRED)

Leona Carol Vela

Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types

GOVERNMENTAL
(GOV. EMPLOYMENT, ETC.)



PROPRIETARY
(CASH OR DEFERRED PAYMENT)



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RECEIVED

By Justin L. Smith at 12:01 pm, Apr 12, 2017

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	8,385	2-20 memorial donations for landscaping of the cemetery	
2-2	Specific ownership	1,254		
2-3	Sales and use	-		
2-4	Other (specify):	-		
2-5	Licenses and permits	-		
2-6	Intergovernment Grants	-		
2-7	Conservation Trust Funds (Lottery)	-		
2-8	Highway Users Tax Funds (HUTF)	-		
2-9	Other (specify):	-		
2-10	Charges for services	1,850		
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	2,800		
2-21	Interest	28		
2-22	Cemetery lot sales	700		
2-23	Insurance refund	54		
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	15,071		

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	98	3-17 Flags	
3-2	Salaries	9,096		
3-3	Payroll taxes	1,588		
3-4	Contract services	500		
3-5	Employee benefits	-		
3-6	Insurance	1,297		
3-7	Accounting and legal fees	-		
3-8	Repair and maintenance	-		
3-9	Supplies	160		
3-10	Utilities and telephone	587		
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	116		
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	Treasurer's Fees	168		
3-25		-		
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	13,610		

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? If Yes, please attach a copy of the entity's Debt Repayment Schedule.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-2	Is the debt repayment schedule attached? If no, MUST explain:	<input type="checkbox"/>	<input type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, MUST explain:	<input type="checkbox"/>	<input 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		
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

		Yes	No
4-5	Does the entity have any authorized, but unissued, debt?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	How much?	\$	
	Date the debt was authorized:		
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 type="checkbox"/>
	What are the annual lease payments?	\$	
4-9	Does the entity have a certified Mill Levy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes:	Please provide the following mills levied for the year reported		
	Bond Redemption		-
	General/Other		0.67
	TOTAL		0.67

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	\$ 5,132	
5-2	Certificates of deposit	\$ -	
	Total Cash Deposits		\$ 5,132
	Investments (if investment is a mutual fund, please list underlying investments)	\$ -	
5-3		\$ -	
	Total Investments		\$ -
	Total Cash and Investments		\$ 5,132

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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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 checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> |

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	\$ 6,850	\$ -	\$ -	\$ 6,850
Buildings	\$ 600	\$ -	\$ -	\$ 600
Machinery and equipment	\$ 6,453	\$ -	\$ -	\$ 6,453
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Flags	\$ 1,996	\$ 116	\$ -	\$ 2,112
Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ 826	\$ -	\$ -	\$ 826
TOTAL	\$ 16,725	\$ 116	\$ -	\$ 16,841

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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8-2 | Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Fund Name	Budget	Dispenditures
General Fund	\$	15,628

PART 9 - TAXPAYER'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

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?

If yes: Date of formation:

10-2 Has the entity changed its name in the past or current year?

If yes: Please list the NEW name & PRIOR name:

10-3 Is the entity a metropolitan district?

Please indicate what services the entity provides:

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:

10-5 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.]

If yes: Date Filed:

Please use this space to provide any explanations or comments:

PART 11 - GOVERNING BODY APPROVAL

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	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: _____
1	Bobbie P. Jones	I <u>Bobbie P Jones</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 <u>Bobbie P Jones</u> Date: <u>3-31-2019</u> My term Expires: <u>11/31/2019</u>
2	Bob Eckels	I <u>Bob Eckels</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 <u>Bob Eckels</u> Date: <u>3/31/2019</u> My term Expires: <u>11/31/2021</u>
3	Leigh Ann Hunt	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: _____
4		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: _____
5		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: _____
6		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: _____
7		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: _____

**Original Signatures
Verified by**

Justin L. Smith
