

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT ADDRESS	Grand Valley Cemetary District P.O. Box 103 Parachute, CO 81635	For the Year Ended 12/31/16 or fiscal year ended:
	<i>1548.00</i>	
CONTACT PERSON	Denise Chiaretta	
PHONE	970-216-1135	
EMAIL	zekeon4@centurylink.net	
FAX	N/A	

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:	Steven D Hovland, CPA
TITLE	Principal
FIRM NAME (if applicable)	Dalby, Wendland & Co., P.C.
ADDRESS	P.O Box 430, Grand Junction, CO
PHONE	970-243-1921
DATE PREPARED (Must be prepared prior to Board approval)	21-Feb-17

PREPARER (SIGNATURE REQUIRED)

SEE SIGNED COMPILATION REPORT ATTACHED

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



RECEIVED

By Justin L. Smith at 1:13 pm, Mar 14, 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	8,516	Please use this space to provide any necessary explanations
2-2	Specific ownership	411	
2-3	Sales and use	-	
2-4	Other (specify): Delinquent Taxes	2	
2-5	Licenses and permits	-	
2-6	Intergovernmen 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	2,561	
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	Oil and Gas Royalties	25,426	
2-23	Burial Lot Sales/Miscellaneous Income	5,587	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 42,503	

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	1,242	Please use this space to provide any necessary explanations
3-2	Salaries	-	
3-3	Payroll taxes	-	
3-4	Contract services	20,287	
3-5	Employee benefits	-	
3-6	Insurance	2,115	
3-7	Accounting and legal fees	2,980	
3-8	Repair and maintenance	10,493	
3-9	Supplies	2,061	
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	30,041	
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 fees	170	
3-25	Miscellaneous expenditures	149	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$ 69,538	

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: N/A	<input type="checkbox"/>	<input type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, MUST explain: N/A	<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
	General obligation bonds	\$ -	\$ -
	Revenue bonds	\$ -	\$ -
	Notes/Loans	\$ -	\$ -
	Leases	\$ -	\$ -
	Developer Advances	\$ -	\$ -
	Other (specify):	\$ -	\$ -
	TOTAL	\$ -	\$ -

		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		8,516.00
	TOTAL		8,516.00

Please use this space to provide any explanations or comments:

PART 5 - CASH AND INVESTMENTS

		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts	\$ 2,052	
5-2	Certificates of deposit	\$ -	
	Total Cash Deposits		\$ 2,052
	Investments (if investment is a mutual fund, please list underlying investments):		
5-3	COLOTrust	\$ 374,057	
	Total Investments		\$ 374,057
	Total Cash and Investments		\$ 376,109

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

	Complete the following capital assets table:	Balance - beginning of the year	Additions (Must be included in Part 3)	Deletions	Year-End Balance
6-3	Land	\$ 135,518		\$ -	\$ 135,518
	Buildings	\$ 12,123	\$ -	\$ -	\$ 12,123
	Machinery and equipment	\$ 32,671	\$ -	\$ -	\$ 32,671
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain): Land Improvements	\$ 104,755	\$ 30,041	\$ -	\$ 134,796
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ (65,896)	\$ (6,045)	\$ -	\$ (71,941)
	TOTAL	\$ 219,171	\$ 23,996	\$ -	\$ 243,167

Please use this space to provide any explanations or comments:

During the entity's review of its capital asset listing, the entity identified corrections to the asset listing. The Balance - beginning of the year for Land and Land Improvements capital assets was adjusted \$70,000 in total.

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	Budgeted Expenditures
General Fund - Operating Expenditures	\$ 59,330
General Fund - Reserves	\$ 379,231

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 type="checkbox"/>	<input checked="" type="checkbox"/>
	Please indicate what services the entity provides: Sale of burial lots, opening and closing of graves, and placement of remains		
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 type="checkbox"/>	<input checked="" type="checkbox"/>
If yes:	Date Filed:		

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 <div style="text-align: center;">Dusty Richards</div>	I <u>Dusty Richards</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>[Signature]</u> Date: <u>3/8/2017</u> My term Expires: <u>12/31/2018</u>
Board Member 2	Print Board Member's Name <div style="text-align: center;">Denise Chiaretta</div>	I <u>Denise Chiaretta</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>[Signature]</u> Date: <u>3-8-2017</u> My term Expires: <u>12-31-2017</u>
Board Member 3	Print Board Member's Name <div style="text-align: center;">Kerwin Stark</div>	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 4	Print Board Member's Name <div style="text-align: center;">Marita Douglas</div>	I <u>Marita Douglas</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>[Signature]</u> Date: <u>3-8-17</u> My term Expires: <u>12/31/2017</u>
Board Member 5	Print Board Member's Name <div style="text-align: center;">_____</div>	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 6	Print Board Member's Name <div style="text-align: center;">_____</div>	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 <div style="text-align: center;">_____</div>	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





DALBY, WENDLAND & CO., P.C.

Grand Junction

CPAs and Business Advisors

464 Main Street • P.O. Box 430 • Grand Junction, CO 81502
Phone: (970) 243-1921 • Fax: (970) 243-9214

Board of Directors
Grand Valley Cemetery District
P.O. Box 103
Parachute, CO 81635

Management is responsible for the accompanying Application for Exemption from Audit – Short Form (the Application) of Grand Valley Cemetery District (the District) as of December 31, 2016. 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 AICPA. We did not audit or review the Application 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 Application.

The Application included in the accompanying prescribed form is intended to comply with the requirements of the State of Colorado, and is not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the Board of Directors of Grand Valley Cemetery District and the Office of the State Auditor, and is not intended to be and should not be used by anyone other than these specified parties

Dalby, Wendland & Co., P.C.

DALBY, WENDLAND & CO., P.C.
Grand Junction, Colorado

February 21, 2017

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