

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT	Kit Carson Cemetery District	For the Year Ended 12/31/16 or fiscal year ended:
ADDRESS	PO Box 54 Kit Carson, CO 80825	
CONTACT PERSON	Shirley White	
PHONE	719-962-3450	
EMAIL		
FAX		

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:	Amanda L. Brown
TITLE	Certified Public Accountant
FIRM NAME (if applicable)	Amanda L. Brown CPA
ADDRESS	PO Box 405 Eads, CO 81036
PHONE	719-438-5445
DATE PREPARED (Must be prepared prior to Board approval)	2/6/2017

PREPARER (SIGNATURE REQUIRED)

Amanda L. Brown

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"/>



RECEIVED
By Justin L. Smith at 8:24 am, Feb 28, 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	\$ 9,732	
2-2	Specific ownership	\$ 732	
2-3	Sales and use	\$ -	
2-4	Other (specify): Tax interest	\$ 11	
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	\$ 76	
2-14	Charges for utility services	\$ 920	
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	\$ 1,995	
2-21	Other (specify): miscellaneous	\$ 96	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 13,562	

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	\$ 283	
3-2	Salaries	\$ -	
3-3	Payroll taxes	\$ -	
3-4	Contract services	\$ 2,550	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ 471	
3-7	Accounting and legal fees	\$ 650	
3-8	Repair and maintenance	\$ 1,383	
3-9	Supplies	\$ 64	
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	\$ 1,030	
3-16	Capital outlay	\$ 9,000	
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): miscellaneous	\$ 192	
3-24	meals	\$ 205	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$ 15,828	

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	\$ -	\$ -	\$ -	\$ -	
Please answer the following questions by marking the appropriate boxes.					Yes	No
4-5	Does the entity have any authorized, but unissued, debt?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	How much?	N/A				
	Date the debt was authorized:	N/A				
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?	N/A				
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?	N/A				
4-8	Does the entity have any lease agreements?			<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes:	What is being leased?	N/A				
	What is the original date of the lease?	N/A				
	Number of years of lease?	N/A				
	Is the lease subject to annual appropriation?			<input type="checkbox"/>	<input type="checkbox"/>	
	What are the annual lease payments?	N/A				
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				0.25
		TOTAL				0.25
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		\$ 18,961		
5-2	Certificates of deposit		\$ 20,080		
Total Cash Deposits				\$ 39,041	
Investments (if investment is a mutual fund, please list underlying investments):					
5-3			\$ -		
			\$ -		
			\$ -		
			\$ -		
Total Investments				\$ -	
Total Cash and Investments				\$ 39,041	
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 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

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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"/>
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	\$ 2,500	\$ -	\$ -	\$ 2,500
	Buildings	\$ -	\$ -	\$ -	\$ -
	Machinery and equipment	\$ 25,000	\$ 9,000	\$ -	\$ 34,000
	Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
	Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
	Other (explain): improvements	\$ 7,200	\$ -	\$ -	\$ 7,200
	Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ (24,307)	\$ (2,860)	\$ -	\$ (27,167)
	TOTAL	\$ 10,393	\$ 6,140	\$ -	\$ 16,533
Please use this space to provide any explanations or comments:					

PART 7 - PENSION INFORMATION

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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?			N/A	
	Indicate the contributions from:				
		Tax (property, SO, sales, etc.):	N/A		
		State contribution amount:	N/A		
		Other (gifts, donations, etc.):	N/A		
		TOTAL	\$ -		
	What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?			N/A	
Please use this space to provide any explanations or comments:					

PART 8 - BUDGET INFORMATION

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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	\$	19,100			

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:		
	Cemetery		
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:

RESOLUTION FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2016 FOR THE KIT CARSON CEMETERY DISTRICT, STATE OF COLORADO.

WHEREAS, the Board of Directors of Kit Carson Cemetery District wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S. states that any local government where neither revenues nor expenditures exceed seven hundred fifty thousand dollars may, with the approval of the state auditor, be exempt from the provisions of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenues nor expenditures for Kit Carson Cemetery District exceeded \$100,000 for fiscal year 2016; and

WHEREAS, an application for exemption from audit for Kit Carson Cemetery District has been prepared by Amanda L. Brown, CPA, a person skilled in governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations issued by the state auditor.

NOW THEREFORE, be it resolved by the Board of Directors of the Kit Carson Cemetery District that the application for exemption from audit for Kit Carson Cemetery District for the fiscal year ended December 31, 2016, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the Kit Carson Cemetery District; that those members of the Board of Directors have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of the application for exemption from audit of the Kit Carson Cemetery District for the fiscal year ended December 31, 2016.

ADOPTED THIS 20 day of Feb A.D. 2017.

Ronald White

President

ATTEST:

Mike Morlan

Secretary

<u>Members of Governing Board</u>	<u>Date Term Expires</u>	<u>Signature</u>
Mike Morlan	2020	<u>Mike Morlan</u>
Ronald White	2020	<u>Ronald White</u>
Curt Connelley	2022	<u>Curt Connelley</u>
Charles Oswald	2018	<u>Charles Oswald</u>
Logan Mitchek	2022	<u>Logan Mitchek</u>

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