

# APPLICATION FOR EXEMPTION FROM AUDIT

## SHORT FORM

NAME OF GOVERNMENT ADDRESS	<b>Stonington Cemetery Dist</b> <b>% Fern Wright, sec</b> <b>47818 County Road X</b> <b>Walsh, CO 81090</b>	For the Year Ended 12/31/16 or fiscal year ended:
CONTACT PERSON	<b>Fern Wright</b>	
PHONE	<b>7193245826</b>	
EMAIL	<b>bfwrightfarms@gmail.com</b>	
FAX		

1619.00

### 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:	<b>Fern Wright</b>
TITLE	<b>secretary</b>
FIRM NAME (if applicable)	
ADDRESS	<b>47818 County Road X, Walsh, CO 81090</b>
PHONE	<b>7193245826</b>
DATE PREPARED (Must be prepared prior to Board approval)	<b>3/15/2017</b>

### PREPARER (SIGNATURE REQUIRED)

*Fern Wright*

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

<b>GOVERNMENTAL</b> (MODIFIED ACCRUAL BASIS)	<b>PROPRIETARY</b> (CASH OR BUDGETARY BASIS)
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**RECEIVED**  
By Justin L. Smith at 11:36 am, Apr 06, 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	4,931	Please use this space to provide any necessary explanations
2-2	Specific ownership	273	
2-3	Sales and use	307	
2-4	Other (specify): Interest & Delinquent & Homestead	43	
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	-	
2-11	Fines and forfeits	-	
2-12	Special assessments	-	
2-13	Investment income	12	
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): Burial lot	50	
2-22	Insurance Claim	3,035	
2-23	Pinnacol (Dividend received)	36	
2-24	(add lines 2-1 through 2-23) <b>TOTAL REVENUE</b>	\$ 8,687	

## 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	-	Please use this space to provide any necessary explanations
3-2	Salaries	1,592	
3-3	Payroll taxes	244	
3-4	Contract services	-	
3-5	Employee benefits	-	
3-6	Insurance	850	
3-7	Accounting and legal fees	-	
3-8	Repair and maintenance	-	
3-9	Supplies	8,043	
3-10	Utilities and telephone	731	
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): County Treasurer's fee	249	
3-24		-	
3-25		-	
3-26	(add lines 3-1 through 3-24) <b>TOTAL EXPENDITURES</b>	\$ 11,709	

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 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"/>

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	\$ 3,500	\$ -	\$ -	\$ 3,500
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ 11,605	\$ -	\$ 3,038	\$ 8,567
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Construction in Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ 15,105</b>	<b>\$ -</b>	<b>\$ 3,038</b>	<b>\$ 12,067</b>

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.):	\$ -
<b>TOTAL</b>	<b>\$ -</b>

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:

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

Fund Name	Budgeted Expenditures
General Fund	\$ 17,238

## 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:

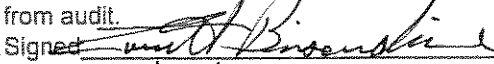
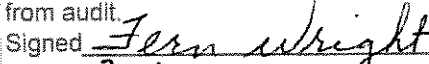

**Please use this space to provide any explanations or comments:**

# PART 11 - GOVERNING BODY APPROVAL

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.

	Print Board Member's Name	A MAJORITY of the governing board members must complete and sign in the column below.
Board Member 1	EVERETT Brisendine	I <u>Everett Brisendine</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></u> Date: <u>3/21/2017</u> My term Expires: <u>1-1-18</u>
Board Member 2	Fern Wright	I <u>Fern Wright</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></u> Date: <u>3-21-17</u> My term Expires: <u>1-1-22</u>
Board Member 3	Richard Robbins	I <u>Richard Robbins</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></u> Date: <u>3-21-17</u> My term Expires: <u>1-1-20</u>
Board Member 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: _____
Board Member 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: _____
Board Member 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: _____
Board Member 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



ed board exemption

## RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2016 FOR THE STONINGTON CEMETERY DIST, STATE OF COLORADO.

WHEREAS, the Board of the Stonington Cemetery Dist 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 five hundred thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

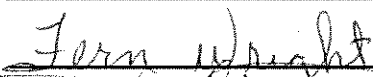
WHEREAS neither revenue nor expenditures for Stonington Cemetery Dist exceeded \$100,000. for Fiscal Year 2016; and WHEREAS an application for exemption from audit for Stonington Cemetery Dist has been prepared by Fern Wright a person skilled in governmental accounting; and

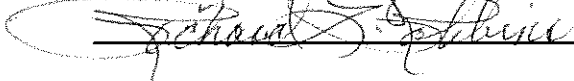
WHEREAS, said application for exemption from audit has been completed in accordance with regulations, issued by the State Auditor.

NOW THEREFORE, be it resolved/ordained by the Board of the Stonington Cemetery Dist that the application for exemption from audit for Stonington Cemetery Dist for the Fiscal Year ended 12-31-2016, has been personally reviewed and is hereby approved by a majority of the Board of the Stonington Cemetery Dist; that those member of the Stonington Cemetery Dist 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 Stonington Cemetery Dist for the fiscal year ended 12-31-2016.

ADOPTED THIS 21 day of March, A.D. 2016

  
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