

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

1528.00

NAME OF GOVERNMENT ADDRESS

Dolores Cemetery District
PO Box 1263
Dolores Cemetery District

For the Year Ended
12/31/17
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL
FAX

Marie Richmond
970-882-2138
e_m_richmond@yahoo.com
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:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
DATE PREPARED
(Must be prepared prior to Board approval)

Marie Richmond
District Secretary
30199 Road S.6, Dolores, CO 81323
970-882-2138
6-Mar-18

PREPARER (SIGNATURE REQUIRED)

Marie Richmond

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

P

RECEIVED

Office of the State Auditor

March 23, 2018

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	Taxes: Property	\$ 33,308	
2-2	Specific ownership	\$ 2,997	
2-3	Sales and use	\$ -	
2-4	Other (specify): Interest, senior exemption, del. Taxes	\$ 1,737	
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	\$ 410	
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	\$ -	
2-21	Other (specify): Sale of burial rights	\$ 4,295	
2-22		\$ -	
2-23		\$ -	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$ 42,747	

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	\$ 2,117	
3-2	Salaries	\$ 18,654	
3-3	Payroll taxes	\$ 3,146	
3-4	Contract services	\$ -	
3-5	Employee benefits		
3-6	Insurance	\$ 4,143	
3-7	Accounting and legal fees		
3-8	Repair and maintenance	\$ 4,780	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ 2,872	
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)	\$ 2598.50	
3-18	Debt service interest	\$ 452.62	
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	Treasurer's Fees	\$ 685	
3-24	Board Members Christmas stipends	\$ 720	
3-25		\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES	\$ 40,168	

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.

- 4-1 Does the entity have outstanding debt? Yes No
 If Yes, please attach a copy of the entity's Debt Repayment Schedule.
- 4-2 Is the debt repayment schedule attached? If no, MUST explain: Yes No

- 4-3 Is the entity current in its debt service payments? If no, MUST explain: Yes No

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	\$ - 0	\$ 9,953	\$ 2,598.50	\$ 7354.50
Leases	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ - 0	\$ 9,953	\$ 2,598.50	\$ 7354.50

*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

- 4-5 Does the entity have any authorized, but unissued, debt? Yes No
 If yes: How much? \$ -
 Date the debt was authorized: _____
- 4-6 Does the entity intend to issue debt within the next calendar year? Yes No
 If yes: How much? \$ -
- 4-7 Does the entity have debt that has been refinanced that it is still responsible for? Yes No
 If yes: What is the amount outstanding? \$ -
- 4-8 Does the entity have any lease agreements? Yes No
 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? Yes No
 What are the annual lease payments? \$ -
- 4-9 Does the entity have a certified Mill Levy? Yes No
 If yes: Please provide the following mills levied for the year reported (do not report \$ amounts):

Bond Redemption	-
General/Other	0.69
TOTAL	0.69

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	\$ 40,815	
5-2 Certificates of deposit	\$ -	
Total Cash Deposits		\$ 40,815
Investments (if investment is a mutual fund, please list underlying investments):		
	\$ -	
	\$ -	
5-3	\$ -	
	\$ -	
Total Investments		\$ -
Total Cash and Investments		\$ 40,815

Please answer the following questions by marking in the appropriate boxes

- 5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.? Yes No N/A
- 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.)? Yes No N/A

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"/> |

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	\$ 158,317	\$ -	\$ -	\$ 158,317
Buildings	\$ 47,000	\$ -	\$ -	\$ 47,000
Machinery and equipment	\$ 16,432	\$ 9,953	\$ -	\$ 26,385
Furniture and fixtures	\$ 1,000	\$ -	\$ -	\$ 1,000
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain): water tap	\$ 32,000	\$ -	\$ -	\$ 32,000
Accumulated Depreciation (Please enter a negative, or credit, balance)	\$ (10,827)	\$ -	\$ -	\$ (10,827)
TOTAL	\$ 243,922	\$ 9,953	\$ -	\$ 253,875

*must tie to prior year ending balance

Please use this space to provide any explanations or comments:

John Deere Z-Trac mower purchased. Accumulated depreciation corrected from 2016. It is a negative balance.

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.? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- If no, MUST explain:

- | | | | | |
|-----|--|-------------------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| 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:

General Fund	\$ 40,500

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)]?**

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:

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

Justin Foster

I Justin Foster, 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 Justin Foster

Date: 3/18/2018

My term Expires: JAN. 2024

Board Member 2

Print Board Member's Name

GARY ALLEN

I GARY ALLEN, 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 Ginger Blaeh

Date: 3/13/2018

My term Expires: Jan. 2022

Board Member 3

Print Board Member's Name

Ginger Swope

I Ginger Swope, 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 3/13/2018

Date: _____

My term Expires: Feb. 2023

Board Member 4

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: _____

Board Member 5

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: _____

Board Member 6

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: _____

Board Member 7

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: _____

Original Signatures
Verified by

Justin L. Smith





**JOHN DEERE
FINANCIAL**

Deere & Company
6400 NW 86th Street
PO Box 6600
Johnston, IA 50131-6600

DOLORES CEMETERY DISTRICT
PO BOX 1263
DOLORES, CO 81323-1263

Co-Debtor or Guarantor:
JUSTIN D FOSTER

Dear DOLORES CEMETERY DISTRICT,

Thank you for choosing John Deere Financial. We appreciate your business and the opportunity to be your trusted financial resource. We are committed to understanding your business, and providing the flexible financing solutions and customer service to accommodate your needs in good and challenging times. Please review and retain the enclosed insert filled with helpful information and tools to get the most from your John Deere Financial experience.

This letter is confirmation that your loan described below has been accepted by John Deere or that your retail installment contract described below has been assigned to John Deere by your John Deere Dealer. This is not an invoice.

The account number is 510001337171
The details for this transaction include:

Contract Date: 03 March 2017

AMOUNT FINANCED	\$9,953.00
FINANCE CHARGE	\$1,030.96
TOTAL PAYMENTS	\$10,983.96

INSURANCE PREMIUM	\$167.00
INSURANCE EFFECTIVE DATE	03 March 2017
INSURANCE EXPIRATION DATE	03 March 2020

EQUIPMENT PURCHASED

QTY.	NEW/ USED	MFR.	MODEL	EQUIPMENT DESCRIPTION	AMOUNT
1	NEW	JD	930M	Z930M ZTrak	\$9,750.00
PRODUCT ID NO. 1TC930MVCGT050049 - Z930M Commercial ZTrak					

TRADE-IN and CASH DOWN PAYMENT

QTY.	MFR.	MODEL	DESCRIPTION OF TRADE-IN (From Purchase Order)	PRODUCT ID NO.	AMOUNT
				TOTAL TRADE-IN:	\$0.00
				CASH DOWN PAYMENT:	\$0.00
				RENTAL APPLIED:	\$0.00
				TOTAL TRADE-IN PLUS CASH DOWN:	\$0.00

INSTALLMENT PAYMENTS

DATE FINANCE CHARGE BEGINS: March 3, 2017		
<i>The first Installment Payment Due Date is April 3, 2017 and each successive Installment Payment is due on the same day of the Month thereafter, (the "Billing Period"), unless otherwise provided below;</i>		
NUMBER OF PAYMENTS	AMOUNT OF EACH PAYMENT	DUE DATE
36	\$305.11	April 3, 2017

You have elected to purchase physical damage insurance through Sentry Insurance and finance the premium. The last page of this correspondence contains the policy information. You will not receive a separate policy from Sentry.

You can easily manage your account or make a payment online by using MYJDFACCOUNT.COM.

If you prefer to mail a payment, please include your account number on the check and mail to:
John Deere Financial, PO Box 4450, Carol Stream, IL 60197-4450

For additional questions, please contact our Customer Service Representatives at 1-800-275-5322.