## APPLICATION FOR EXEMPTION FROM AUDIT

### **SHORT FORM**

NAME OF GOVERNMENT	<b>West Kiowa County Cemetery District</b>		For the Year Ended
ADDRESS	PO Box 2		12/31/18
	Haswell, CO 81045		or fiscal year ended:
CONTACT PERSON	Cathryn Anderson		
PHONE	719-436-2220		
EMAIL			
FAX			
	PART 1 - CERTIFICATIO	N OF PREPARER	
I certify that I am skilled in gov	ernmental accounting and that the informa	tion in the application is comple	te 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	3/18/2019		
PREPARER (SIGNATU	RE REQUIRED)		
Bmarda.	L Brown		
Di con formi de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania		GOVERNMENTAL	PROPRIETARY

Please indicate whether the following financial information is recorded

using Governmental or Proprietary fund types



(MODIFIED ACCRUAL BASIS)

 $\checkmark$ 

**RECEIVED** 

(CASH OR BUDGETARY BASIS)

March 27, 2019 Office of the State Auditor

#### **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#		D	escription	Round to nearest Dollar	Please use this
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$ 1,454	
2-2		Specific owner	rship	\$ 214	
2-3		Sales and use		\$ -	explanations
2-4		Other (specify)	: Tax interest	\$ 7	
2-5	Licenses and perm	its		\$ -	
2-6	Intergovernmental:		Grants	\$ -	
2-7	-		Conservation Trust Funds (Lottery)	\$ -	
2-8			Highway Users Tax Funds (HUTF)	\$ -	
2-9			Other (specify):	\$ -	1
2-10	Charges for service	s		\$ 40	
2-11	Fines and forfeits			\$ -	
2-12	Special assessmen	ts		\$ -	
2-13	Investment income			\$ 18	
2-14	Charges for utility s	services		\$ -	
2-15	Debt proceeds		(should agree with line 4-4, column 2)	\$ -	
2-16	Lease proceeds			\$ -	
2-17	Developer Advance	s received	(should agree with line 4-4)	\$ -	
2-18	Proceeds from sale	of capital asset	s	\$ -	
2-19	Fire and police pen	sion		\$ -	1
2-20	Donations			\$ -	
2-21	Other (specify):			\$ -	
2-22				\$ -	
2-23				\$ -	
2-24	WELKER SIGH	(add li	nes 2-1 through 2-23) TOTAL REVENUE	\$ 1.733	ľ

#### **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#	interest payments on long-term debt. Financial information will not in	Jude Juliu equity inform	Round to nearest Dollar	Please use this
3-1	Administrative		\$ 73	
3-2	Salaries	1	\$ -	any necessary
3-3	Payroll taxes	1	\$ -	explanations
3-4	Contract services	1	\$ 300	J. T. H. STANK
3-5	Employee benefits	İ	\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees	Ì	\$ 55	
3-8	Repair and maintenance		\$ -	
3-9	Supplies		\$ 24	
3-10	Utilities and telephone	1	\$ -	
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		should agree with Part 4)	\$ -	
3-18	Debt service interest		\$ -	
3-19	Repayment of Developer Advance Principal (s	hould agree with line 4-4)	\$ -	
3-20	Repayment of Developer Advance Interest		\$ -	
3-21		(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	• • • • • • • • • • • • • • • • • • • •		\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTA	L EXPENDITURES	\$ 452	

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".

A-1   Does the entity have outstanding debt.   Common to the entity and the properties boxes.   Yes   No   Common to the entity and the properties boxes   Yes   No   Common to the entity of the en		PART 4 - DEBT OUTSTANDING		, AND RI	ETIRED	
If Yes, please attach a copy of the entity's Debt Repayment Schedule.  1. Is the entity current in its debt service payments? If no, MUST explain:  N/A  1. Is the entity current in its debt service payments? If no, MUST explain:  N/A  1. Is the entity current in its debt service payments? If no, MUST explain:  N/A  1. If yease complete the following debt schedule, if applicable (please only include principal ancounts)(enter all encount as positive numbers)  General obligation bonds  Revenue bonds  Revenue bonds  S		Please answer the following questions by marking the	appropriate boxes.		Yes	
1st the debt repayment schedule attached? If no, MUST explain:	4-1	Does the entity have outstanding debt?  If You place attach a copy of the entity's Debt Renayment S	chedule			ŭ
1.   1.   1.   1.   1.   1.   1.   1.	4-2					
4-4 Please complete the following debt schedule, if applicable: (please only include principal amounts) lenter all amount as positive (please only include principal amounts) lenter all amount as positive (please only include principal amounts) lenter all amount as positive (please only include principal amounts) lenter all amount as positive (please only include principal amounts) lenter all amounts as positive (please only include principal amounts) lenter all amounts as positive (please only include principal amounts) lenter all amounts as positive (please only include principal amounts) lenter all amounts as positive (please only include principal amounts) lenter and of prior year  gear and						
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## Please complete the following debt schedule, if applicable:	4-3	Is the entity current in its debt service payments? If no, MUS	T explain:			
please only include principal amounts) (piter all amount as positive unbors)  General obligation bonds  Revenue bonds  Notes/Loans  Leases  Developer Advances  Other (specify):  TOTAL  Please answer the following questions by marking the appropriate boxes.  4-5 Does the entity have any authorized, but unlassued, debt?  How much?  Date the debt was authorized:  Does the entity have any authorized, but unlassued, debt?  How much?  A-7 Does the entity have debt that has been refinanced that it is still responsible for?  If yes:  What is the amount outstanding?  What is the original date of the lease?  NI/A  A-8 Does the entity have debt that has been refinanced that it is still responsible for?  What is the amount outstanding?  What is the amount outstanding?  What is the original date of the lease?  NI/A  NI/A  Please provide the entity's cash deposit and investment balances.  PART 5 - CASH AND INVESTMENTS  Please provide the entity's cash deposit and investment balances.  PART 5 - CASH AND INVESTMENTS  Please provide the entity's cash deposit and investment balances.  S - 3 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5						
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Developer Advances Other (specify): TOTAL    S		Notes/Loans				
Other (specify): TOTAL    S		Leases				
TOTAL    S						
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If yes: How much?	, , , , , ,	Date the debt was authorized:	N/	Ά		
### A-7 Does the entity have debt that has been refinanced that it is still responsible for?  If yes: What is the amount outstanding?  ### A-7 Does the entity have any lease agreements?  What is the entity have any lease agreements?  What is being leased?  What is the original date of the lease?  N/A Number of years of lease?  If yes: What is the original date of the lease?  N/A Number of years of lease?  What are the annual lease payments?  Please use this space to provide any explanations or comments:  #### Please provide the entity's cash deposit and investment balances.  #### Please provide the entity's cash deposit and investment balances.  #### Please provide the entity's cash deposit and investment balances.  #### Please provide the entity's cash deposit and investments.  #### Please provide the entity's cash deposit and investments.  #### Please provide the entity's cash deposit and investments.  #### Please provide the entity's cash deposit and investments.  #### Please provide the entity's cash deposit and investments.  #### Please provide the entity's cash deposit and investments.  #### Please provide the entity's cash deposit and investments.  #### Please provide the entity's cash deposit and investments.  #### Please provide the entity's cash deposit and investments.  #### Please provide the entity's lovestment is a mutual fund, please list underlying investments.  #### Please answer the following questions by marking in the appropriate boxes	4-6	Does the entity intend to issue debt within the next calendar	year?			$\overline{\checkmark}$
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seq., C.R.S.?  5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public		Please answer the following questions by marking in the approp	24-75-604 of			
5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public	5-4		1 <del>4-</del> 73-901, 66.	v		
5-5 Are the entity's deposits in an eligible (Public Deposit Protection Act) public			tion Ast mublic			
	5-5	denository (Section 11-10 5-101 et sea. C.R.S.)?	don Act, public	V		

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

•								
2 mg	PART 6 - CAPIT	AL	ASSET	S			n ni-	
	Please answer the following questions by marking in the appropriate box				Yes		No	
6-1	Does the entity have capital assets?				V			
6-2	Has the entity performed an annual inventory of capital asset 29-1-506, C.R.S.,? If no, MUST explain:	s in a	ccordance	with Section	Ø			
6-3	Complete the following capital assets table:		3alance - inning of the year	Additions (Must be included in Part 3)	Deletion	s	Year-E Baland	
	Land	\$	-	\$ -	\$	-	\$	_
	Buildings	\$	-	\$ -	\$	- :	\$	-
	Machinery and equipment	\$	3,518	\$ -	\$			3,518
	Furniture and fixtures	\$	-	\$ -	\$		\$	-
	Infrastructure	\$	-	\$ -	\$		\$	-
	Construction In Progress (CIP)	\$	-	\$ -	\$		\$	
	Other (explain):	\$	-	\$ -	\$		\$	-
	Accumulated Depreciation	\$	- 2 540	\$ -	\$		\$ \$ 3	- 3,518
NEWS	TOTAL Please use this space to provide any	\$ aval	3,518	\$ -	<b>3</b>	NAME OF TAXABLE PARTY.		0,010
VALUE OF STREET	Please use this space to provide any	CAPI		comments.		CSTISE		and the same of
	PART 7 - PENSION  Please answer the following questions by marking in the appropriate box		ORMA	TION	Yes		No	
7-1	Does the entity have an "old hire" firemen's pension plan?						\ \{\bar{2}\}	
7-2	Does the entity have a volunteer firemen's pension plan?	N1/A					[4]	
If yes:	Who administers the plan?	N/A			Į.			
	Indicate the contributions from:							
	Tax (property, SO, sales, etc.):			N/A				
	State contribution amount:			N/A				
	Other (gifts, donations, etc.):	WE SHOW		N/A				
	TOTAL	Alue	See a land	\$ -				
DE CONTRACTOR	What is the monthly benefit paid for 20 years of service per re	etiree	as of Jan	N/A		SUPERIOR STATE		1000
	Please use ting space to provide any	SA	allations of	comments.				
	-1/4 (0.00-) - 1/4 (0.00-)					77		
	PART 8 - BUDGET	INF	ORMA	TION				
	Please answer the following questions by marking in the appropriate box	es.		Yes	No		N/A	
8-1	Did the entity file a budget with the Department of Local Affai	irs to	r tne	V				
	current year in accordance with Section 29-1-113 C.R.S.?	_		(i				
8-2	Did the entity pass an appropriations resolution, in accordan	co wi	th Section	b				
	29-1-108 C.R.S.? If no, MUST explain:			J				
If yes:	Please indicate the amount budgeted for each fund for the year.	ear re	ported:					
	General	\$		2,270				
		_						
		-						
		-						
					1			

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	E Richard
200	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, 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.	Ø	
f no, Ml	JST 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?		V
If yes:	Date of formation:		
10-2	Has the entity changed its name in the past or current year?		Į.
lfaa.	Places list the NEW years & PRIOR years		
If yes:	Please list the NEW name & PRIOR name:		
10-3	Is the entity a metropolitan district?		v
	Please indicate what services the entity provides:		
	Cemetery		
10-4	Does the entity have an agreement with another government to provide services?		Į.
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		V
If yes:	Date Filed:		
		<b>V</b>	П
10-6	Does the entity have a certified Mill Levy?	¥	
If yes:	Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts):		
	Bond Redemption mills		-
	General/Other mills		0.289
	Total mills		0.289
STA	Please use this space to provide any explanations or comments:		

	PART 11 - GOVERNING BODY APPROVAL				
	Please answer the following question by marking in the appropriate box	YES	NO		
12-1	If you plan to submit this form electronically, have you read the new Electronic Signature				
	Policy?				

# Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedure

#### Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as Docusign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
- a. Include a copy of an adopted resolution that documents formal approval by the Board, or
- b. Include electronic signatures obtained through a software program such as Docusign or Echosign in accordance with the requirements noted above.

	Print the names of ALL current governing board members below.	A <u>MAJORITY</u> of the governing board members must complete and sign in the column below.
Board	Print Board Member's Name	I <u> </u>
Member 1	Diane Davis	exemption from audit. Signed Dan Dan Date: 3-20-19 My term Expires: January 13, 2020
Board	Print Board Member's Name	I
Member 2	Cathryn Anderson	exemption audit Signed Date: 2010 My term Expires: January 13, 2021
Board	Print Board Member's Name	I CAROLE SPADY , attest I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for
Member 3	Carole Spady	exemption from audit. Signed Le Arele Spady Date: 3-20-/9 My term Expires:January 13, 2022
Board Member 4	Print Board Member's Name	I
Board Member 5	Print Board Member's Name	I
Board Member 6	Print Board Member's Name	I
Board Member 7	Print Board Member's Name	I