

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

**NAME OF GOVERNMENT
ADDRESS**

Stoning ton Cemetery Dist
%Fern Wright, secretary
47818 County Road X
Walsh, CO 81090
Fern Wright
7193245826
bfwrightfarms@gmail.com

**For the Year Ended
12/31/20
or fiscal year ended:**

**CONTACT PERSON
PHONE
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:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
(Must be prepared prior to Board**

Fern Wright
Secretary
47818 County Road X, Walsh, CO 81090
719-324-5826

PREPARER (SIGNATURE REQUIRED)

Fern Wright

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

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)

PROPRIETARY
(CASH OR BUDGETARY BASIS)

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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	
2-1	Taxes: Property (report mills levied in Question 10-6)	\$4,022	Please use this space to provide any necessary explanations
2-2	Specific ownership	\$254	
2-3	Sales and use	\$-	
2-4	Other (specify):	\$304	
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	\$-	
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	Pinnacle Dividend	\$65	
2-23	Misc	\$69	
2-24	(add lines 2-1 through 2-23) TOTAL REVENUE	\$4,790	

PART 3 - EXPENDITURES/EXPENSES

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	
3-1	Administrative	\$-	Please use this space to provide any necessary explanations
3-2	Salaries	\$1,737	
3-3	Payroll taxes	\$323	
3-4	Contract services	\$-	
3-5	Employee benefits	\$-	
3-6	Insurance	\$2,387	
3-7	Accounting and legal fees	\$-	
3-8	Repair and maintenance	\$550	
3-9	Supplies	\$443	
3-10	Utilities and telephone	\$1,462	
3-11	Fire/Police	\$-	
3-12	Streets and highways	\$-	
3-13	Public health	\$-	
3-14	Capital outlay	\$-	
3-15	Utility operations	\$-	
3-16	Culture and recreation	\$-	
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	Treasurer Fee	\$206	
3-24	Misc	\$17	
3-25		\$-	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES	\$7,125	

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" 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: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, MUST explain: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<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	\$	\$

*must tie to prior year ending balance

Please answer the following questions by marking the appropriate boxes.

		Yes	No
4-5	Does the entity have any authorized, but unissued, debt? If yes: How much? <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">\$-</div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Date the debt was authorized: <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>		
4-6	Does the entity intend to issue debt within the next calendar year? If yes: How much? <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">\$-</div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-7	Does the entity have debt that has been refinanced that it is still responsible for? If yes: What is the amount outstanding? <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">\$-</div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-8	Does the entity have any lease agreements? 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? What are the annual lease payments? <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">\$-</div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	\$9,345	
5-2	Certificates of deposit	\$	
	Total Cash Deposits		\$9,345
	Investments (if investment is a mutual fund, please list underlying investments):		
	<div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div>	\$	
	<div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div>	\$	
5-3	<div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div>	\$	
	<div style="border: 1px solid black; height: 15px; margin-top: 5px;"></div>	\$	
	Total Investments		\$-
	Total Cash and Investments		\$9,345

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

Please answer the following questions by marking in the appropriate boxes.

Yes No

- 6-1 Does the entity have capital assets? Yes No
- 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: Yes No

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	\$667	\$-	\$667	\$-
Furniture and fixtures	\$-	\$-	\$-	\$-
Infrastructure	\$-	\$-	\$-	\$-
Construction In Progress (CIP)	\$-	\$-	\$-	\$-
Other (explain):	\$-	\$-	\$-	\$-
Accumulated Depreciation	\$-	\$-	\$-	\$-
(Please enter a negative or credit balance)	\$-	\$-	\$-	\$-
TOTAL	\$4,167	\$-	\$667	\$3,500

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? Yes No
- 7-2 Does the entity have a volunteer firemen's pension plan? Yes No

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 12?	\$-

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.? 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: Yes No N/A

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

Fund Name	Budgeted Expenditures/Expenses
General Fund	\$15,044

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)]? 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? Yes No

If yes: Date of formation:

10-2 Has the entity changed its name in the past or current year? Yes No

If yes: Please list the NEW name & PRIOR name:

10-3 Is the entity a metropolitan district? Yes No

Please indicate what services the entity provides:

10-4 Does the entity have an agreement with another government to provide services? Yes No

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 Yes No

If yes: Date Filed:

10-6 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 mills	-
General/Other mills	0.994
Total mills	0.994

Please use this space to provide any explanations or comments:

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-
0.994
0.994

Please use this space to provide any explanations or comments:

Print the names of ALL members of current governing body below. A MAJORITY of the members of the governing body must complete and sign in the column below.

Board Member 1
Board Member 2
Board Member 3
Board Member 4
Board Member 5
Board Member 6
Board Member 7

Print Board Member's Name

Richard Robbins



Print Board Member's Name

I Everett Bresandine, 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 Everett Bresandine
Date: 3-31-21

Print Board Member's Name

I Fern Wright, 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 Fern Wright
Date: 3-31-21

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: _____

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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: _____

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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: _____

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: _____

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2020 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 2020; 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 12-31-2020, 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 12-31-2020.

ADOPTED THIS 31 st day of March, A.D. 2021




