

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

SEDGWICK CEMETERY DISTRICT
6614 CO RD 24
SEDGWICK, CO 80749

For the Year Ended
12/31/21
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL
FAX

JACK MCCLARY
970-580-6869

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

DANIEL M PEDERSON
CPA
LIITJOHANN, KAUFFMAN AND PEDERSON, CPA'S
106 EAST FIRST STREET, JULESBURG, CO 80737
970-474-3326
3/16/2022

PREPARER (SIGNATURE REQUIRED)



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

GOVERNMENTAL
(MODIFIED ACCRUAL BASIS)



PROPRIETARY
(CASH OR BUDGETARY BASIS)



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 (report mills levied in Question 10-6) | \$ 3,208 | |
| 2-2 | Specific ownership | \$ 405 | |
| 2-3 | Sales and use | \$ - | |
| 2-4 | Other (specify): | \$ 23 | |
| 2-5 | Licenses and permits | \$ - | |
| 2-6 | Intergovernmental: Grants | \$ 9,500 | |
| 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 | \$ 42 | |
| 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 | \$ 10,050 | |
| 2-21 | Other (specify): | \$ - | |
| 2-22 | | \$ - | |
| 2-23 | | \$ - | |
| 2-24 | (add lines 2-1 through 2-23) TOTAL REVENUE | \$ 23,228 | |

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 | Please use this space to provide any necessary explanations |
|-------|---|-------------------------|---|
| 3-1 | Administrative | \$ 96 | |
| 3-2 | Salaries | \$ - | |
| 3-3 | Payroll taxes | \$ - | |
| 3-4 | Contract services | \$ 420 | |
| 3-5 | Employee benefits | \$ - | |
| 3-6 | Insurance | \$ - | |
| 3-7 | Accounting and legal fees | \$ 1,250 | |
| 3-8 | Repair and maintenance | \$ 4,657 | |
| 3-9 | Supplies | \$ 1,952 | |
| 3-10 | Utilities and telephone | \$ - | |
| 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 | Other (specify): | \$ - | |
| 3-24 | | \$ - | |
| 3-25 | | \$ - | |
| 3-26 | (add lines 3-1 through 3-24) TOTAL EXPENDITURES/EXPENSES | \$ 8,375 | |

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; width: 100%; 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; width: 100%; 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? \$ <input style="width: 100px;" type="text" value="-"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Date the debt was authorized: <input style="width: 100px;" type="text"/> | | |
| 4-6 | Does the entity intend to issue debt within the next calendar year? If yes: How much? \$ <input style="width: 100px;" type="text" value="-"/> | <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? \$ <input style="width: 100px;" type="text" value="-"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4-8 | Does the entity have any lease agreements? If yes: What is being leased? <input style="width: 100px;" type="text"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | What is the original date of the lease? <input style="width: 100px;" type="text"/> | | |
| | Number of years of lease? <input style="width: 100px;" type="text"/> | | |
| | Is the lease subject to annual appropriation? What are the annual lease payments? \$ <input style="width: 100px;" type="text" value="-"/> | <input type="checkbox"/> | <input 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 | \$ 14,146 | |
| 5-2 | Certificates of deposit | \$ 23,165 | |
| | Total Cash Deposits | | \$ 37,311 |
| | Investments (if investment is a mutual fund, please list underlying investments): | | |
| 5-3 | <input style="width: 90%; height: 20px;" type="text"/> | \$ - | |
| | <input style="width: 90%; height: 20px;" type="text"/> | \$ - | |
| | <input style="width: 90%; height: 20px;" type="text"/> | \$ - | |
| | <input style="width: 90%; height: 20px;" type="text"/> | \$ - | |
| | Total Investments | | \$ - |
| | Total Cash and Investments | | \$ 37,311 |

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 | \$ 1,506 | \$ - | \$ - | \$ 1,506 |
| Buildings | \$ - | \$ - | \$ - | \$ - |
| Machinery and equipment | \$ 6,774 | \$ - | \$ - | \$ 6,774 |
| Furniture and fixtures | \$ - | \$ - | \$ - | \$ - |
| Infrastructure | \$ - | \$ - | \$ - | \$ - |
| Construction In Progress (CIP) | \$ - | \$ - | \$ - | \$ - |
| Other (explain): | \$ - | \$ - | \$ - | \$ - |
| Accumulated Depreciation | \$ - | \$ - | \$ - | \$ - |
| TOTAL | \$ 8,280 | \$ - | \$ - | \$ 8,280 |

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" firefighters' pension plan? Yes No
- 7-2 Does the entity have a volunteer firefighters' 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 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.? 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:

| Governmental/Proprietary Fund Name | Total Appropriations By Fund |
|------------------------------------|------------------------------|
| GENERAL FUND | \$ 13,900 |
| | |
| | |

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
If yes: Date Filed:
- 10-6 Does the entity have a certified Mill Levy?
- If yes: Please provide the following mills levied for the year reported (do not report \$ amounts):

| | |
|-----------------------|--------------|
| Bond Redemption mills | - |
| General/Other mills | 0.249 |
| Total mills | 0.249 |

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? YES NO

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 members of current governing body below.
Print Board Member's Name

A MAJORITY of the members of the governing body must complete and sign in the column below.

Board Member 1

JACK MCCLARY

I JACK MCCLARY, 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 JACK MCCLARY
Date: 3-22-22
My term Expires: OPEN

Board Member 2

DANNY SMITH

I DANNY L. SMITH, 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 DANNY L. SMITH
Date: 3/22/22
My term Expires: OPEN

Board Member 3

DONNA MCCLARY

I DONNA MCCLARY, 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 DONNA MCCLARY
Date: 3-22-22
My term Expires: OPEN

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: _____

SEDGWICK CEMETERY DISTRICT

RELOLUTION TO ADOPT APPLICATION FOR EXEMPTION FROM AUDIT

A RESOLUTION TO ADOPT THE APPLICATION FOR EXEMPTION FROM AUDIT FOR THE SEDGWICK CEMETERY DISTRICT, COLORADO, FOR THE CALENDER YEAR BEGINNING ON THE 1ST DAY OF JANUARY, 2021 AND ENDING ON THE LAST DAY OF DECEMBER 2021.

WHEREAS, the Board of Directors of the Sedgwick Cemetery District has received a proposed application for Exemption from Audit on March 16, 2022, for its consideration;


WHEREAS, neither revenue nor expenditures for Sedgwick Cemetery District exceeded \$100,000 for Fiscal Year 2021; and

WHEREAS, an application for exemption from audit for Sedgwick Cemetery District has been prepared by Daniel M. Pederson, a person skilled in governmental accounting; and

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE SEDGWICK CEMETERY DISTRICT, COLORADO:

That the Sedgwick Cemetery District meets the requirements of the local Government Audit Law under Section 29-1-603 C.R.S.

ADOPTED, this 27 day of March, 2022.


Chairman

ATTEST:


Secretary

SPECIAL MEETING
OF THE
SEDGWICK CEMETERY DISTRICT
BOARD OF DIRECTORS

A Special meeting was called to consider the resolution to adopt the Application for exemption from Audit.

RESOLVED: that the Resolution to Adopt the Application for exemption from Audit, a copy of which is hereby attached, was approved by a unanimous vote of the Board of Directors.

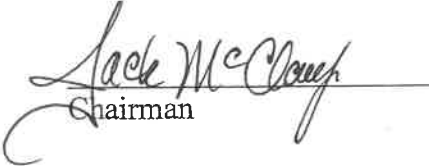
Signed this 22 day of March, 2022.


Chairman

ATTEST:


Secretary

I hereby certify that this is a true and exact copy of the minutes of the meeting of the Sedgwick Cemetery District Board of Directors held on March 22, 2022.


Chairman

LIITTJOHANN, KAUFFMAN and PEDERSON
Certified Public Accountants

David A. Kauffman, C.P.A.

Daniel M. Pederson, C.P.A.'s P.C.

Sedgwick Cemetery District
Sedgwick, CO 80749

We have compiled the accompanying Application for Exemption from Audit as of
December 31, 2021.

A compilation is limited to presenting information that is the representation of management.
We have not audited or reviewed the accompanying Application for Exemption from Audit
and accordingly, do not express an opinion or any other form of assurance on the
application.

We are not independent in relation to this engagement.



Liittjohann, Kauffman and Pederson
Certified Public Accountants

March 16, 2022

Dan's Cell
(303) 886-4992

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Ft. Morgan, CO 80701
(970) 867-4922

106 East First Street
Julesburg, CO 80737
(970) 474-3326