## **APPLICATION FOR EXEMPTION FROM AUDIT**

## SHORT FORM

NAME OF GOVERNMENT	West Kiowa County Cemetery Distri	ct	For the Year Ended
ADDRESS	PO Box 2		12/31/22
	Haswell, CO 81045		or fiscal year ended:
CONTACT PERSON	Carole Spady		
PHONE	719-436-2223		
EMAIL	rcspady@msn.com		
	PART 1 - CERTIFICATION	N OF PREPARER	
I certify that I am skilled in gov my knowledge.	ernmental accounting and that the inform	ation in the application is comple	ete and accurate, to the best of
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	3/2/2023		
PREPARER (SIGNATU	RE REQUIRED)		
	Amanda L Polour		
	owing financial information is recorded	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)
using Governmental or Proprieta	ary tund types	[J]	П

#### **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	
2-1	Taxes:	Property	(report mills levied in Question 10-6)	\$	1,640	space to provide
2-2		Specific owner	ship	\$	296	any necessary
2-3		Sales and use		\$	-	explanations
2-4		Other (specify)	tax interest	\$	18	
2-5	Licenses and permi	ts		\$	-	
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 service	s		\$	140	
2-11	Fines and forfeits			\$	-	
2-12	Special assessment	ts		\$	-	
2-13	Investment income			\$	11	
2-14	Charges for utility s	ervices		\$	-	
2-15	Debt proceeds		(should agree with line 4-4, column 2	2) \$	-	
2-16	Lease proceeds			\$	-	
2-17	Developer Advances	s received	(should agree with line 4-4	l) \$	-	
2-18	Proceeds from sale	of capital assets	3	\$	-	
2-19	Fire and police pens	sion		\$	-	
2-20	Donations			\$	270	
2-21	Other (specify): mis	SC		\$	13	
2-22				\$	-	
2-23				\$	-	
2-24		(add lir	es 2-1 through 2-23) TOTAL REVENUE	<b>≡</b> \$	2,388	

#### **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.

1 100 0 11	interest payments on long-term debt. Financial information will not include	runa equity inform		Please use this
Line#	Description		Round to nearest Dollar	
3-1	Administrative		Ψ	space to provide
3-2	Salaries		\$ -	any necessary explanations
3-3	Payroll taxes	L	\$ -	explanations
3-4	Contract services		\$ 500	
3-5	Employee benefits		\$ -	
3-6	Insurance		\$ -	
3-7	Accounting and legal fees		\$ 125	
3-8	Repair and maintenance		\$ 4,922	
3-9	Supplies		\$ -	
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 (shoul	d agree to line 7-2)	\$ -	
3-22	Contribution to Fire & Police Pension Assoc. (should	d agree to line 7-2)	\$ -	
3-23	Other (specify):			
3-24			\$ -	
3-25			\$ -	
3-26	(add lines 3-1 through 3-24) TOTAL EXPENDITURI	ES/EXPENSES	\$ 5,630	

If TOTAL REVENUE (Line 2-24) or TOTAL EXPENDITURES (Line 3-26) are GREATER than \$100,000 - <u>STOP</u>. You may not use this form. Please use the "Application for Exemption from Audit -<u>LONG FORM</u>".

	PART 4 - DEBT OUTSTANDING		, AND RE	ETIRED		
	Please answer the following questions by marking the	appropriate boxes.		Yes	No	
4-1	Does the entity have outstanding debt?				J	
4-2	If Yes, please attach a copy of the entity's Debt Repayment So					
4-2	Is the debt repayment schedule attached? If no, MUST explain N/A	n:		1 -	ш	
	IN/A					
4-3	In the autifus assument in its debt comics necessaria? If no MISS	F avelain:		) <sub>□</sub>		
4-3	Is the entity current in its debt service payments? If no, MUST	i expiain:		1 -		
	IN/A					
4.4						
4-4	Please complete the following debt schedule, if applicable:	Outstanding at	Issued during	Retired during	Outstanding at	
	(please only include principal amounts)(enter all amount as positive	end of prior year*	year	year	year-end	
	numbers)					
	General obligation bonds	\$ -	\$ -	\$ -	-	
	Revenue bonds	\$ -	\$ -	\$ -	\$ -	
	Notes/Loans	\$ -	\$ -	\$ -	-	
	Lease Liabilities	\$ -	\$ -	\$ -	\$ -	
	Developer Advances	\$ -	\$ -	\$ -	\$ -	
	Other (specify):	\$ -	\$ -	\$ -	\$ -	
	TOTAL	\$ -	\$ -	\$ -	\$ -	
		*must tie to prior ye	ar 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?			Yes	No ✓	
<b>4-5</b> If yes:	Does the entity have any authorized, but unissued, debt? How much?	N/A				
	Does the entity have any authorized, but unissued, debt?				<b>4</b>	
If yes: <b>4-6</b>	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar	N/. N/. year?	Α			
If yes: <b>4-6</b>	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar How much?	N/. N/. year?	A		\ \	
If yes: <b>4-6</b>	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar	N/. N/. year?	A		<b>4</b>	
If yes:  4-6 If yes:	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar; How much? Does the entity have debt that has been refinanced that it is so What is the amount outstanding?	N/. N/. year?	A A for?		\ \ \ \	
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar; How much? Does the entity have debt that has been refinanced that it is s What is the amount outstanding? Does the entity have any lease agreements?	N/A year? N/A still responsible	A A for? A		\ \	
4-6 If yes: 4-7 If yes:	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar; How much? Does the entity have debt that has been refinanced that it is s What is the amount outstanding? Does the entity have any lease agreements? What is being leased?	N/A year? N/A still responsible to N/A	A A for? A		\ \ \ \	
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar; How much? Does the entity have debt that has been refinanced that it is s What is the amount outstanding? Does the entity have any lease agreements? What is being leased? What is the original date of the lease?	N/A year? N/A still responsible to N/A N/A	A A for? A A		\ \ \ \	
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar; How much? Does the entity have debt that has been refinanced that it is s What is the amount outstanding? Does the entity have any lease agreements? What is being leased? What is the original date of the lease? Number of years of lease?	N/A year? N/A still responsible to N/A	A A for? A A		\ \ \ \ \	
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar; How much? Does the entity have debt that has been refinanced that it is simple with the amount outstanding? Does the entity have any lease agreements? What is being leased? What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation?	N/A year? N/A still responsible to N/A N/A N/A	A A A A A A A		\ \ \ \	
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar; How much? Does the entity have debt that has been refinanced that it is significantly what is the amount outstanding? Does the entity have any lease agreements? 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?	N/A year? N/A still responsible of N/A N/A N/A N/A	A A for? A A A A A		\ \ \ \ \	
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar; How much? Does the entity have debt that has been refinanced that it is simple with the amount outstanding? Does the entity have any lease agreements? What is being leased? What is the original date of the lease? Number of years of lease? Is the lease subject to annual appropriation?	N/A year? N/A still responsible of N/A N/A N/A N/A	A A for? A A A A A		\ \ \ \ \	
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar; How much? Does the entity have debt that has been refinanced that it is significantly what is the amount outstanding? Does the entity have any lease agreements? 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?	N/A year? N/A still responsible of N/A N/A N/A N/A	A A for? A A A A A		\ \ \ \ \	
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar? How much? Does the entity have debt that has been refinanced that it is so what is the amount outstanding? Does the entity have any lease agreements? 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?  Please use this space to provide any	N/A N/A year?  N/A still responsible in N/A N/A N/A N/A explanations or	A A for? A A A A A Comments:		\ \ \ \ \	
4-6 If yes: 4-7 If yes: 4-8	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar thow much? Does the entity have debt that has been refinanced that it is so what is the amount outstanding? Does the entity have any lease agreements? 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?  Please use this space to provide any  PART 5 - CASH AND	N/A N/A year?  N/A still responsible in N/A N/A N/A N/A explanations or	A A for? A A A A A Comments:		\ \ \ \ \	
If yes:  4-6 If yes: 4-7 If yes: 4-8 If yes:	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar years. How much? Does the entity have debt that has been refinanced that it is so what is the amount outstanding? Does the entity have any lease agreements? 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?  Please use this space to provide any  PART 5 - CASH AND Please provide the entity's cash deposit and investment balances.	N/A N/A year?  N/A still responsible in N/A N/A N/A N/A explanations or	A A for? A A A A A Comments:	Amount	\ \ \ \ \	
If yes: 4-6 If yes: 4-7 If yes: 4-8 If yes:	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar years. How much? Does the entity have debt that has been refinanced that it is so what is the amount outstanding? Does the entity have any lease agreements? 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?  Please use this space to provide any  PART 5 - CASH AND  Please provide the entity's cash deposit and investment balances. YEAR-END Total of ALL Checking and Savings Accounts	N/A N/A year?  N/A still responsible in N/A N/A N/A N/A explanations or	A A for? A A A A A Comments:	Amount \$ 13,735	\ \ \ \ \	
If yes:  4-6 If yes: 4-7 If yes: 4-8 If yes:	Does the entity have any authorized, but unissued, debt? How much? Date the debt was authorized: Does the entity intend to issue debt within the next calendar years. How much? Does the entity have debt that has been refinanced that it is so what is the amount outstanding? Does the entity have any lease agreements? 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?  Please use this space to provide any  PART 5 - CASH AND Please provide the entity's cash deposit and investment balances.	N/A N/A year?  N/A still responsible in N/A N/A N/A N/A explanations or	A A for? A A A A A Comments:	Amount	\ \ \ \ \	

	PART 5 - CASH AND INVESTM	ENTS		
	Please provide the entity's cash deposit and investment balances.		Amount	Total
5-1	YEAR-END Total of ALL Checking and Savings Accounts		\$ 13,735	
5-2	Certificates of deposit		\$ -	
	Total Cash Deposits			\$ 13,735
	Investments (if investment is a mutual fund, please list underlying investments):		,	
			\$ -	
5-3			\$ -	
3-3			\$ -	
			\$ -	
	Total Investments			\$ 
	Total Cash and Investments			\$ 13,735
	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.	J	П	П
	seq., C.R.S.?		_	_
5-5	Are the entity's deposits in an eligible (Public Deposit Protection Act) public	1	П	П
	depository (Section 11-10.5-101, et seq. C.R.S.)?	•	Ц	П
If no, M	UST use this space to provide any explanations:			

	PART 6 - CAPITAL AND RI	GH <sup>*</sup>	T-TO-U	SE ASSI	ETS			
	Please answer the following questions by marking in the appropriate box	es.			Yes			No
6-1	Does the entity have capital assets?				1		I	
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				
6-3	Complete the following capital & right-to-use assets table:		Balance - nning of the year*	Additions (Must be included in Part 3)	Deletion	s		ar-End lance
	Land	\$	-	\$ -	\$	-	\$	_
	Buildings	\$	- 0.540	\$ -	\$	-	\$	
	Machinery and equipment Furniture and fixtures	\$	3,518	\$ - \$ -	\$	-	\$	3,518
	Infrastructure	\$	-	Φ.	\$	-	\$	
	Construction In Progress (CIP)	\$	-	\$ -	\$	-	\$	
	Leased Right-to-Use Assets	\$		\$ -	\$	-	\$	
	Other (explain):	\$	_	\$ -	\$	-	\$	
	Accumulated Depreciation/Amortization					$\neg$	Ψ	
	(Please enter a negative, or credit, balance)	\$	-	\$ -	\$	-	\$	_
	TOTAL	\$	3,518	\$ -	\$	-	\$	3,518
	Please use this space to provide any	expla	nations or	comments:				
	PART 7 - PENSION	INF	ORMA	TION				
	Please answer the following questions by marking in the appropriate box				Yes			No
7-1	Does the entity have an "old hire" firefighters' pension plan?						[-	/
7-2	Does the entity have a volunteer firefighters' pension plan?				_ 🗆		[-	/
If yes:	Who administers the plan?	N/A						
	Indicate the contributions from:							
	Tax (property, SO, sales, etc.):			N/A	1			
	State contribution amount:			N/A	1			
	Other (gifts, donations, etc.):			N/A				
	TOTAL			\$ -				
	What is the monthly benefit paid for 20 years of service per re	etiree	as of Jan	N/A				
	1?							
	Please use this space to provide any	expia	inations or	comments:				
	PART 8 - BUDGET	ME	OBMA.	TION				
			OIXIVIA		N -			
8-1	Please answer the following questions by marking in the appropriate box Did the entity file a budget with the Department of Local Affai		the.	Yes	No			N/A
0-1	current year in accordance with Section 29-1-113 C.R.S.?	13 101	tilo	✓				
8-2	Did the autitures on appropriations receiving in accorden		th Cootion					
	Did the entity pass an appropriations resolution, in accordance 29-1-108 C.R.S.? If no, MUST explain:	ce wi	th Section	J				
	29-1-100 C.K.S.? II 110, WOST explain.			1				
If yes:	Please indicate the amount budgeted for each fund for the ye	ar rei	orted:	ļ				
-								
	Governmental/Proprietary Fund Name General Fund		tal Appropria	tions By Fund	4			
	General Fund	\$		5,855	-			
					-			
					1			
					1			

	PART 9 - TAXPAYER'S BILL OF RIGHTS (TAB	OR)	
	Please answer the following question by marking in the appropriate box	Yes	N.
9-1	Is the entity in compliance with all the provisions of TABOR [State Constitution, Article X, Section 20(5)]?	_	No
3-1	Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency	<b>√</b>	
	reserve requirement. All governments should determine if they meet this requirement of TABOR.		
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?		7
If yes:	Date of formation:	1	
10 <b>-2</b>	Has the entity changed its name in the past or current year?		7
10-2	This the chirty changes its name in the past of current year.	ы	-
If yes:	Please list the NEW name & PRIOR name:		
		]	
10-3	Is the entity a metropolitan district?		1
	Please indicate what services the entity provides:	_	
10-4	Does the entity have an agreement with another government to provide services?		J
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		1
If yes:	Date Filed:		
		_	_
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		1.640
	Total mills		1.640
	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?	7				

# 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.

### RESOLUTION FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

A RESOLUTION APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2022 FOR THE WEST KIOWA COUNTY CEMETERY DISTRICT, STATE OF COLORADO.

WHEREAS, the Board of Directors of West Kiowa County Cemetery District 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 seven hundred fifty thousand dollars may, with the approval of the state auditor, be exempt from the provisions of Section 29-1-603, C.R.S.; and

WHEREAS, neither revenues nor expenditures for West Kiowa County Cemetery District exceeded \$100,000 for fiscal year 2022; and

WHEREAS, an application for exemption from audit for West Kiowa County Cemetery District has been prepared by Amanda L. Brown, CPA, 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 by the Board of Directors of the West Kiowa County Cemetery District that the application for exemption from audit for West Kiowa County Cemetery District for the fiscal year ended December 31, 2022, has been personally reviewed and is hereby approved by a majority of the Board of Directors of the West Kiowa County Cemetery District; that those members of the Board of Directors 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 West Kiowa County Cemetery District for the fiscal year ended December 31, 2022.

ADOPTED THIS 15 day of march A.D. 2023.

President

ATTEST:

Members of Governing Board Date Term Expires Signature

Kent Johnston 2028

learne & Spady

Deane Danis

Carole Spady 2024

Diana Davis 2026

pires Signature

Auf Johnston

Learnele & Spady

Diony Danie