

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

Dolores Cemetery District
PO Box 1263
Dolores, CO 81323
Marie Richmond
970-882-2138

For the Year Ended
12/31/23
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL

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

Marie Richmond
Secretary/Bookkeeper

PREPARER (SIGNATURE REQUIRED)	DATE PREPARED				
<i>Marie Richmond</i>	4/8/2024				
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 2px;">GOVERNMENTAL (MODIFIED ACCRUAL BASIS)</th> <th style="width: 50%; padding: 2px;">PROPRIETARY (CASH OR BUDGETARY BASIS)</th> </tr> <tr> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> </table>	GOVERNMENTAL (MODIFIED ACCRUAL BASIS)	PROPRIETARY (CASH OR BUDGETARY BASIS)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input checked="" type="checkbox"/>				



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)	\$ 35,678	
2-2	Specific ownership	\$ 4,498	
2-3	Sales and use	\$ -	
2-4	Other (specify): Interest, Senior Veteran	\$ 2,103	
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	\$ 700	
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): Burial Plot Sales	\$ 6,650	
2-22		\$ -	
2-23		\$ -	
2-24		\$ 49,629	

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	\$ 1,507	
3-2	Salaries	\$ 20,531	
3-3	Payroll taxes	\$ 4,330	
3-4	Contract services	\$ -	
3-5	Employee benefits	\$ -	
3-6	Insurance	\$ 4,200	
3-7	Accounting and legal fees	\$ -	
3-8	Repair and maintenance	\$ 6,339	
3-9	Supplies	\$ -	
3-10	Utilities and telephone	\$ 3,098	
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): Plot Buyback	\$ 200	
3-24	Treasurers Fees	\$ 756	
3-25	Christmas Stipends	\$ 480	
3-26		\$ 41,441	

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".

4-1 Does the entity have outstanding debt?
 If Yes, please attach a copy of the entity's Debt Repayment Schedule.

4-2 Is the debt repayment schedule attached? If no, explain below:

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

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	\$ -	\$ -	\$ -	\$ -
Lease & SBITA Liabilities [GASB 87 & 96]	\$ -	\$ -	\$ -	\$ -
Developer Advances	\$ -	\$ -	\$ -	\$ -
Other (specify):	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

4-5 Does the entity have any authorized, but unissued, debt?
 If yes: How much? \$ -
 Date the debt was authorized: _____

4-6 Does the entity intend to issue debt within the next calendar year?
 If yes: How much? \$ -

4-7 Does the entity have debt that has been refinanced that it is still responsible for?
 If yes: What is the amount outstanding? \$ -

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? \$ -

5-1 YEAR-END Total of ALL Checking and Savings Accounts	\$ 44,958	
5-2 Certificates of deposit	\$ -	\$ 44,958
Investments (if investment is a mutual fund, please list underlying investments):		
5-3	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	\$ -
		\$ 44,958

5-4 Are the entity's Investments legal in accordance with Section 24-75-601, et. seq., C.R.S.?

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.)?

6-1 Does the entity have capital assets?

6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, explain:

6-3 Complete the following capital & right-to-use assets table:

	Balance - beginning of the year	Additions (Must be included in Part 3)	Deletions	Year-End Balance
Land	\$ 165,000	\$ -	\$ -	\$ 165,000
Buildings	\$ 50,000	\$ -	\$ -	\$ 50,000
Machinery and equipment	\$ 47,000	\$ -	\$ -	\$ 47,000
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
Other (explain): Summit Water Tap	\$ 26,000	\$ -	\$ -	\$ 26,000
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
	\$ 288,000	\$ -	\$ -	\$ 288,000

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?

Indicate the contributions from:

Tax (property, SO, sales, etc.):	\$ -
State contribution amount:	\$ -
Other (gifts, donations, etc.):	\$ -
What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?	\$ -

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.? If no, explain:

8-2 Did the entity pass an appropriations resolution, in accordance with Section 29-1-108 C.R.S.? If no, explain:

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

Governmental/Proprietary Fund Name	Total Appropriations By Fund
General Fund	\$ 45,000

Please answer the following question by marking in the appropriate box.

- 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.

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

- 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** 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	0.731
Total mills	0.731

- 10-7** **If the entity is a Title 32 Special District formed on or after 7/1/2000, has the entity filed its preceding year annual report with the State Auditor as required under SB 21-262 [Section 32-1-207 C.R.S.]? If NO, please explain.** Yes No N/A

*

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 [Signature]
Date: 4/8/2024
My term Expires: 2030

*

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 [Signature]
Date: 4/8/2024
My term Expires: 2028

*

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 _____
Date: 4/8/2024
My term Expires: 2026

Board

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

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.
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Date: _____
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Board

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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: _____
My term Expires: _____