

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

IF EITHER REVENUES OR EXPENDITURES EXCEED \$100,000, USE THE LONG FORM.

Under the Local Government Audit Law (Section 29-1-601, et seq., C.R.S.) any local government may apply for an exemption from audit if neither revenues nor expenditures exceed \$750,000 in the year.

EXEMPTIONS FROM AUDIT ARE NOT AUTOMATIC

To qualify for exemption from audit, a local government must complete an Application for Exemption from Audit EACH YEAR and submit it to the Office of the State Auditor (OSA).

Any preparer of an Application for Exemption from Audit-SHORT FORM must be a person skilled in governmental accounting.

Approval for an exemption from audit is granted only upon the review by the OSA.

READ ALL INSTRUCTIONS BEFORE COMPLETING AND SUBMITTING THIS FORM

ALL APPLICATIONS MUST BE FILED WITH THE OSA WITHIN 3 MONTHS AFTER THE ACCOUNTING YEAR-END.

FOR EXAMPLE, APPLICATIONS MUST BE RECEIVED BY THE OSA ON OR BEFORE MARCH 31 FOR GOVERNMENTS WITH A DECEMBER 31 YEAR-END. APPLICATIONS FOR EXEMPTION FROM AUDIT ARE NOT ELIGIBLE FOR AN EXTENSION OF TIME

GOVERNMENTAL ACTIVITY SHOULD BE REPORTED ON THE MODIFIED ACCRUAL BASIS
PROPRIETARY ACTIVITY SHOULD BE REPORTED ON A BUDGETARY BASIS

POSTMARK DATES WILL NOT BE ACCEPTED AS PROOF OF SUBMISSION ON OR BEFORE THE STATUTORY DEADLINE

PRIOR YEAR FORMS ARE OBSOLETE AND WILL NOT BE ACCEPTED.

FOR YOUR REFERENCE, COLORADO REVISED STATUTES CAN BE FOUND AT:

APPLICATIONS SUBMITTED ON FORMS OTHER THAN THOSE PRESCRIBED BY THE OSA WILL NOT BE ACCEPTED.

<http://www.lexisnexis.com/hottopics/Colorado/>

APPLICATIONS MUST BE FULLY AND ACCURATELY COMPLETED.

CHECKLIST

- Has the preparer signed the application?
- Has the entity corrected all prior year deficiencies as communicated by the OSA?
- Has the application been PERSONALLY reviewed and approved by the governing body?
- Are all sections on the form complete, including responses to all of the questions?
- Did you include any relevant explanations for unusual items in the appropriate spaces at the end of each section?
- Will this application be submitted electronically?
 - If yes, have you read and understood the Electronic Signature Policy? See policy in Part 11.
- or—
- If yes, have you included a resolution?
- Does the resolution state that the governing body PERSONALLY reviewed and approved the resolution in an open public meeting?
- Has the resolution been signed by a MAJORITY of the governing body? (See sample resolution at the end of this form.)
- Will this application be submitted via a mail service? (e.g. US Post Office, FedEx, UPS, courier.)
 - If yes, does the application include ORIGINAL INK SIGNATURES from the MAJORITY of the governing body?

Check out our web portal. Register your account and submit electronic Applications for Exemption From Audit, Extension of Time to File requests, Audited Financial Statements, and more!

See the link below:

[Click here to go to the portal](#)

FILING METHODS

Register and submit your Applications at our web portal! For faster processing the web portal is the preferred method for submission

WEB PORTAL: <https://apps.leg.co.gov/osa/lg>

MAIL: Office of the State Auditor
Local Government Audit Division
1525 Sherman St., 7th Floor
Denver, CO 80203

Please Note: The OSA's email addresses have changed as of December 1, 2023. Please ensure you are using the email address noted below.

QUESTIONS? Email: osa.lg@coleg.gov OR Phone: 303-869-3000

IMPORTANT!

All Applications for Exemption from Audit are subject to review and approval by the Office of the State Auditor.

Governmental Activity should be reported on the Modified Accrual Basis

Proprietary Activity should be reported on the Cash or Budgetary Basis

Failure to file an application or denial of the request could cause the local government to lose its exemption from audit for that year and the ensuing year.

In that event, AN AUDIT SHALL BE REQUIRED.

APPLICATION FOR EXEMPTION FROM AUDIT

SHORT FORM

NAME OF GOVERNMENT
ADDRESS

EAGLE CEMETERY DISTRICT
PO BOX 514
EAGLE, CO 81631
CARRIE COSSETTE
970-376-5833
carriecossette@gmail.com

For the Year Ended
12/31/24
or fiscal year ended:

CONTACT PERSON
PHONE
EMAIL

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.

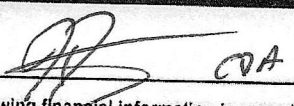
NAME:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE

Justin N Petersmeyer,
CPA
All Mountain Tax & Accounting, LLC
PO Box 1079, Eagle, CO 81631
970 328 7300

PREPARER (SIGNATURE REQUIRED)

DATE PREPARED

(No exemption shall be granted prior to the close of said fiscal year)

 CPA	12/31/2024	
Please indicate whether the following financial information is recorded using Governmental or Proprietary fund types	GOVERNMENTAL (MODIFIED ACCRUAL BASIS) <input type="checkbox"/>	PROPRIETARY (CASH OR BUDGETARY BASIS) <input checked="" type="checkbox"/>

PART 2 - REVENUES

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 the nearest dollar	Please use this space to provide any necessary explanations
2-1	Taxes: Property (report mills levied in question 10-7)	\$	
2-2	Specific ownership	82,172	
2-3	Sales and use	3,048	
2-4	Other (specify): PLOT SALES	-	
2-5	Licenses and permits	4,300	
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	-	
2-14	Charges for utility services	120	
2-15	Debt proceeds (should agree to table 4-4, column 'Issued during year')	-	
2-16	Lease proceeds	-	
2-17	Developer Advances received (should agree to table 4-4, column 'Issued during year')	-	
2-18	Proceeds from sale of capital assets	-	
2-19	Fire and police pension	-	
2-20	Donations	-	
2-21	Other (specify):	-	
2-22		-	
2-23		-	
2-24		-	
2-25		-	
2-26	(add lines 2-1 through 2-25) TOTAL REVENUES	\$ 89,640	

PART 3 - EXPENDITURES/EXPENSES

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 the nearest dollar	Please use this space to provide any necessary explanations
3-1	Administrative		
3-2	Salaries	10,215	
3-3	Payroll taxes	-	
3-4	Contract services	-	
3-5	Employee benefits	9,850	
3-6	Insurance	-	
3-7	Accounting and legal fees	931	
3-8	Repair and maintenance	1,905	
3-9	Supplies	28,449	
3-10	Utilities and telephone	205	
3-11	Fire/Police	11,169	
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 to table 4-4, column 'Retired during year')	-	
3-18	Debt service interest	-	
3-19	Repayment of Developer Advance Principal (should agree to table 4-4, column 'Retired during year')	-	
3-20	Repayment of Developer Advance Interest	-	
3-21	Contribution to pension plan	-	
3-22	Contribution to Fire & Police Pension Assoc.	-	
3-23	Other (specify):	-	
3-24	TREASURER FEES	-	
3-25	DUES	2,423	
3-26		604	
3-27		-	
3-28	(add lines 3-1 through 3-27) TOTAL EXPENDITURES/EXPENSES	\$ 65,751	

If TOTAL REVENUES (Line 2-26) or TOTAL EXPENDITURES (Line 3-28) 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.

4-1	Does the entity have outstanding debt? <i>(If 'No' is checked, skip to question 4-5)</i> <i>(If 'Yes' is checked, please attach a copy of the entity's debt repayment schedule)</i>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4-2	Is the debt repayment schedule attached? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-3	Is the entity current in its debt service payments? If no, MUST explain below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-4	Please complete the following debt schedule, if applicable: <i>(please only include principal amounts)</i> <i>(enter all amounts as positive numbers)</i>		
	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	\$ -	\$ -

**Subscription-Based Information Technology Arrangements

*Must agree to prior year-end balance

Please answer the following questions by marking the appropriate boxes.

4-5	Does the entity have any authorized but unissued debt as of its fiscal year-end? How much? Date the debt was authorized: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
NEW 4-6	Is the authorized but unissued debt further limited by the entity's most recent Service Plan? If yes: How much? <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> Date of the most recent Service Plan: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-7	Does the entity intend to issue debt within the next calendar year? If yes: How much? <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-8	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: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4-9	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: 100%; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part 4 - Please use this space to provide any explanations/comments or attach separate documentation, if needed

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	\$ 315,224	
5-2	Certificates of deposit	\$ -	
	TOTAL CASH DEPOSITS		\$ 315,224
5-3	Investments (if investment is a mutual fund, please list underlying investments)	\$ -	
		\$ -	
		\$ -	
		\$ -	
	TOTAL INVESTMENTS		\$ -
	TOTAL CASH AND INVESTMENTS		\$ 315,224

		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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

Part 5 - If no, MUST use this space to provide any explanations

PART 6 - CAPITAL AND RIGHT-TO-USE ASSETS

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

- 6-1 Does the entity have capital assets?
(If 'No' is checked, skip the rest of Part 6) 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 & right-to-use assets table:

	Balance - beginning of the year	Additions	Deletions	Year-End Balance
Land	\$ 10,838	\$ -	\$ -	\$ 10,838
Buildings	\$ 187,150	\$ -	\$ -	\$ 187,150
Machinery and equipment	\$ 600	\$ -	\$ -	\$ 600
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Leased & SBITA Right-to-Use Assets	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation/Amortization (Please enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 198,588	\$ -	\$ -	\$ 198,588

*Must agree to prior year-end balance
 *Generally capital asset additions should be reported as capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

Part 6 - Please use this space to provide any explanations/comments or attach documentation, if needed

PART 7 - PENSION INFORMATION

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

- 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?

Part 7 - 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.

- 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
- If no, MUST explain:
- 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 appropriated for each fund separately for the year reported (Please make sure each individual fund's appropriation agrees to how the budget was adopted. Do not combine funds)

Governmental/Proprietary Fund Name	Total Appropriations By Fund
GENERAL FUND (OPERATING BUDGET FOR YEAR 2025)	\$80,753.00

PART 9 - TAXPAYER'S BILL OF RIGHTS (TABOR)

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
<input checked="" type="checkbox"/> | No
<input type="checkbox"/> |
|-----|--|--|--------------------------------|

Note: An election to exempt the entity from the spending limitations of TABOR does not exempt the entity from the 3 percent emergency reserve requirement. All entities should determine if they meet this requirement of TABOR.

Part 9 - If no, MUST use this space to provide any explanations

PART 10 - GENERAL INFORMATION

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

- | | | | | | | | | | | | |
|--|--|--|--|--|-----|----|-----|--|--------------------------|--------------------------|-------------------------------------|
| 10-1 | Is this application for a newly formed governmental entity? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | | | |
| If yes: Date of formation: <input style="width: 300px;" type="text"/> | | | | | | | | | | | |
| 10-2 | Has the entity changed its name in the past or current year? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | | | |
| If yes: Please list the NEW name: <input style="width: 300px;" type="text"/> | | | | | | | | | | | |
| Please list the PRIOR name: <input style="width: 300px;" type="text"/> | | | | | | | | | | | |
| 10-3 | Is the entity a metropolitan district? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | | | |
| 10-4 | Please indicate what services the entity provides: | <input style="width: 500px; height: 20px;" type="text"/> | | | | | | | | | |
| 10-5 | Does the entity have an agreement with another government to provide services? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | | | |
| If yes: List the name of the other governmental entity and the services provided:
<input style="width: 500px; height: 20px;" type="text"/> | | | | | | | | | | | |
| 10-6 | Has the district filed a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.] | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | | | |
| If yes: Date filed: <input style="width: 300px;" type="text"/> | | | | | | | | | | | |
| 10-7 | Does the entity have a certified mill levy? | Yes
<input type="checkbox"/> | No
<input checked="" type="checkbox"/> | | | | | | | | |
| If yes: Please provide the following <u>mills</u> levied for the year reported (do not report \$ amounts): | | | | | | | | | | | |
| | | Bond redemption mills | <input style="width: 100px;" type="text"/> | | | | | | | | |
| | | General/other mills | 0.191 | | | | | | | | |
| | | Total mills | 0.191 | | | | | | | | |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | | | | | Yes | No | N/A | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | Yes | No | N/A | | | | | | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | |
| 10-8 | If the entity is a Title 32 Special District formed 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. | | | | | | | | | | |
| <input style="width: 500px; height: 20px;" type="text"/> | | | | | | | | | | | |

Please use this space to provide any additional explanations or comments not previously included

PART 11 - GOVERNING BODY APPROVAL

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

Yes

No

11-1 If you plan to submit this form electronically, have you read the Electronic Signature Policy?

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signature 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 two 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 or type the names of ALL members of current governing body below.
A MAJORITY of the members of the governing body must sign below.

Board Member 1	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	SALLY METCALF Signature <i>[Signature]</i> Date <u>2/13/2025</u>
Board Member 2	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	IDA KOSTKA Signature <i>[Signature]</i> Date <u>3/11/25</u>
Board Member 3	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	MARILYN BROCK Signature <i>[Signature]</i> Date <u>3-10-25</u>
Board Member 4	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____
Board Member 5	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____
Board Member 6	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____
Board Member 7	Board Member's Name: I attest that I am a duly elected or appointed board member, and that I have personally reviewed and approved this application for exemption from audit. My term expires: _____	Signature _____ Date _____

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT
(Pursuant to Section 29-1-604, C.R.S)

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR FISCAL YEAR 2023 FOR THE Eagle Cemetery District, STATE OF COLORADO.

WHEREAS, the **Board of Directors of Eagle Cemetery District** wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-904, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and 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

- (1) WHEREAS, neither revenue or expenditures for **Eagle Cemetery District** exceeded \$100,000 for the Fiscal Year 2024; and

WHEREAS, an application for exemption for audit for **Eagle Cemetery District** has been prepared by **Justin N. Petersmeyer, CPA**, an independent accountant with knowledge of 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 Directors** of the **Eagle Cemetery District** that the application for exemption from audit for **Eagle Cemetery District** for the Fiscal Year ended Dec 31, 2024, has been personally reviewed and is hereby approved by a majority of the **Board of Directors** of the **Eagle 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 **Eagle Cemetery District** for the fiscal year ended Dec 31, 2024.

ADOPTED THIS 13th day of February, A.D. 2025.

Mayor/President/Chairman, etc.

ATTEST:

 x

Town Clerk, Secretary, etc.

Type of Print Names of
Members of Governing Body

Date Term
Expires

Signature

SALLY METCALF

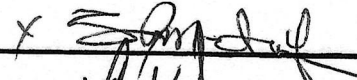

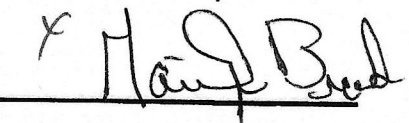
9/30/2026

IDA KOSTKA

9/30/2028

MARILYN BROCK

9/30/2026

x 
x 
x 

EAGLE CEMETERY DISTRICT

APPROPRIATIONS RESOLUTION

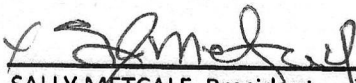
A RESOLUTION APPROPRIATING REVENUES, APPROPRIATING EXPENDITURES, APPROVING TRANSFERS AND ADOPTING THE **EAGLE CEMETERY DISTRICT** BUDGET FOR THE PERIOD BEGINNING ON THE FIRST DAY OF JANUARY 2024 AND ENDING THE LAST DAY OF DECEMBER 2024

WHEREAS, the **Eagle Cemetery District Board of Directors** has appointed Carrie Cossette, Budget Officer, to prepare and submit a proposed budget to said governing body at the proper time, and;

WHEREAS, Carrie Cossette, Budget Officer, has submitted a proposed 2025 budget to this **Board of Directors** on Jan 15, 2025, be it therefore,

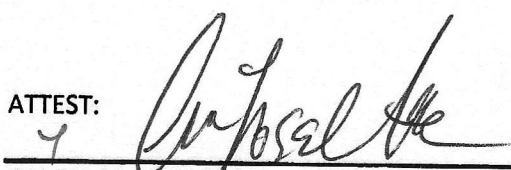
RESOLVED that the 2025 budget of the **Eagle Cemetery District** presented as Schedule A to the board resolution is hereby approved and shall be allocated.

EAGLE CEMETERY DISTRICT


SALLY METCALF, President

IDA KOSTKA, Board Member

ATTEST:


CARRIE COSSETTE, Budget Officer

Eagle Cemetery District
Board of Directors
2025

Sally Metcalf, President

Term expires 9/30/20__

Ida Kostka

Term expires 9/30/20~~28~~

Marilyn Brock

Term expires 9/30/20__

4:18 PM
01/14/25
Cash Basis

EAGLE CEMETERY DISTRICT
Balance Sheet
As of December 31, 2024

	<u>Dec 31, 24</u>
ASSETS	
Current Assets	
Checking/Savings	
ALPINE BANK x3868	54,147.10
ALPINE BANK MM 5743	261,076.47
Total Checking/Savings	<u>315,223.57</u>
Total Current Assets	315,223.57
Fixed Assets	
COLUMBARIAM PROJECT	152,936.49
BUILDINGS	34,213.98
EQUIPMENT	600.00
LAND	10,838.00
Total Fixed Assets	<u>198,588.47</u>
TOTAL ASSETS	<u><u>513,812.04</u></u>
LIABILITIES & EQUITY	
Equity	
RETAINED EARNINGS	488,766.39
Net Income	25,045.65
Total Equity	<u>513,812.04</u>
TOTAL LIABILITIES & EQUITY	<u><u>513,812.04</u></u>

4:18 PM

01/14/25

Cash Basis

EAGLE CEMETERY DISTRICT
Profit & Loss
January through December 2024

	<u>Jan - Dec 24</u>
Ordinary Income/Expense	
Income	
ABATEMENT INTEREST	
DELINQUENT TAX	-7.48
CURRENT INTEREST	14.97
ABATEMENTS	116.33
CURRENT TAXES	-3.14
PLOT SALES	82,171.63
SPECIFIC OWNERSHIP	4,300.00
	<u>3,047.61</u>
Total Income	89,639.92
Expense	
ACCOUNTING & LEGAL	
CARETAKER	1,905.00
MAINTENANCE	9,850.00
MISCELLANEOUS	28,448.67
DUES	
INSURANCE	604.03
OFFICE SUPPLIES	931.00
	<u>204.56</u>
Total MISCELLANEOUS	1,739.59
SANITATION	
SECRETARY	552.58
TREASURER FEE	10,215.05
UTILITIES	2,423.32
WATER	271.79
WEBSITE	9,122.04
	<u>1,222.64</u>
Total Expense	65,750.68
Net Ordinary Income	<u>23,889.24</u>
Other Income/Expense	
Other Income	
Interest Income - Alpine MM	1,156.41
	<u>1,156.41</u>
Total Other Income	1,156.41
Net Other Income	<u>1,156.41</u>
Net Income	<u><u>25,045.65</u></u>