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David L. Nichols

Certified Public Accountant PC

P. O. Box 402 305 W. Eastport Street
Iuka, Mississippi 38852-0402

Telephone 662-423-5057

Fax 662-423-5061

David L. Nichols, CPA

INDEPENDENT ACCOUNTANT'S COMPILATION REPORT

Mayor and Board of Aldermen
Paden, Mississippi

I have compiled the statement of cash receipts and disbursements of the Town of Paden for the year ending September 30, 2015 included in the accompanying prescribed form. I have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with the form prescribed by the Mississippi State Department of Audit.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with requirements prescribed by the Mississippi State Department of Audit and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

My responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

These financial statements (including related disclosures) are presented in accordance with the requirements of the Mississippi State Department of Audit, which differ from accounting principles generally accepted in the United States of America. This report is intended solely for the information and use of the Mississippi State Department of Audit and is not intended to be and should not be used by anyone other than this specified party.



David L. Nichols
Certified Public Accountant PC

November 20, 2015

**APPLICATION FOR EXEMPTION FROM AUDIT-FOR MUNICIPALITIES WITH REVENUES OR
EXPENDITURES OF \$100,000 OR LESS**

| | | |
|---------------------|-------------------------------|---|
| NAME OF GOVERNMENT: | Town of Paden | For the Fiscal Year Ended September 30, 2015 |
| | PO Box 208 | |
| ADDRESS: | Tishomingo, Mississippi 38873 | |
| CONTACT PERSON: | Robin Luttrell | |
| TELEPHONE: | 662-438-6628 | |
| E-MAIL: | | |
| FAX: | | |

Return to: State of Mississippi
Office of the State Auditor
Technical Assistance Division
PO Box 956
Jackson, Mississippi 39205
FAX: 601-576-2750
Email: tech@osa.ms.gov
Call 800-321-1275 if you need help completing this form.

Regulations issued by the Office of the State Auditor explain the requirement to apply for an exemption from audit.

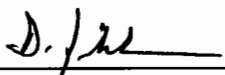
If total revenues or expenditures are \$100,000 or less, you may use this form.

Instructions:

In order to ensure that your government's application will be accepted by the Office of the State Auditor, you must do the following:

1. Prepare this form completely and accurately. Please note that there are seven parts to this form and all questions must be answered for the application to be considered complete.
2. File this form with the Office of the State Auditor with **3 months** after the end of the fiscal year. For years ended September 30, the form **must** be in the Office of the State Auditor by December 31.
3. The form **must** be completed by a person skilled in governmental accounting.
4. The application may be **mailed, faxed, or emailed** as indicated above. If faxed or emailed, a resolution of the governing board **must** accompany the application from exemption from audit in a format that includes the signatures of a majority of the governing body (see sample resolution). If mailed, an original plus one copy should be sent.
5. The **preparer must sign** the application that is submitted in order for it to be accepted.
6. Additional information may be attached to the exemption at the preparer's discretion.

PART 1 - CERTIFICATION OF PREPARER

| | | | | |
|--|---|-------------------|--------------|----|
| 1-1 Name: | David L. Nichols | Title: | CPA | |
| 1-2 Firm name (if applicable) | David L. Nichols CPA PC | | | |
| 1-3 Address: | PO Box 402 Iuka, Mississippi 38852 | | | |
| 1-4 Date prepared: | November 20, 2015 | Telephone number: | 662-423-5057 | |
| 1-5 Signature: |  | | | |
| The person that completes this form must be skilled in governmental accounting. (Skilled means possessing sufficient knowledge of governmental accounting to complete the exemption form.) | | | Check One | |
| | | | Yes | No |
| 1-6 Are you a person skilled in governmental accounting? | | | X | |
| If no, this exemption will be rejected. | | | | |

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PART 2 - REVENUE (Receipts-Cash Basis)

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.

| Description | (Omit cents) |
|---|--------------|
| 2-1 Taxes: | |
| 2-2 Property | \$2,195 |
| 2-3 Sales | \$867 |
| 2-4 Franchise | 1,401 |
| 2-5 Licenses and permits | |
| 2-6 Intergovernmental | 2,968 |
| 2-7 Fines | |
| 2-8 Investment earnings | 1,524 |
| 2-9 Payments in lieu of taxes | 775 |
| 2-10 Drug forfeitures | |
| 2-11 Charges for utility services | 4,972 |
| 2-12 Debt proceeds | |
| 2-13 Lease proceeds | |
| 2-14 Proceeds from the sale of capital assets | |
| 2-15 Other (specify) | |
| 2-16 Rent | 10,750 |
| 2-17 Refunds | 811 |
| 2-18 | |
| 2-19 | |
| 2-20 | |
| 2-21 TOTAL REVENUE | \$26,263 |

PART 3 - EXPENDITURES (Disbursements-Cash Basis)

EXPENDITURES: All expenditures for all funds must be reflected in this section including the purchase of fixed and movable assets and principal and interest payments on long-term debt.

| Description | (Omit cents) |
|-----------------------------------|--------------|
| 3-1 Administrative | \$1,892 |
| 3-2 Salaries | 5,550 |
| 3-3 Payroll taxes | 468 |
| 3-4 Contract services | |
| 3-5 Employee benefits | |
| 3-6 Insurance | |
| 3-7 Accounting and legal | 1,000 |
| 3-8 Repair and maintenance | 2,465 |
| 3-9 Supplies | 755 |
| 3-10 Utilities and telephone | 2,891 |
| 3-11 Police | |
| 3-12 Fire | |
| 3-13 Streets and highways | 2,727 |
| 3-14 Public health | |
| 3-15 Culture and recreation | |
| 3-16 Utility operations | 4,952 |
| 3-17 Capital outlay | 1,452 |
| 3-18 Debt service principal | |
| 3-19 Debt service interest | |
| 3-20 Contribution to pension plan | |
| 3-21 Other (specify) | |
| 3-22 | |
| 3-23 | |
| 3-24 | |
| 3-25 TOTAL EXPENDITURES | \$24,152 |

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1. The first part of the paper discusses the importance of the study of the history of the United States.

2. The second part of the paper discusses the importance of the study of the history of the United States.

PART 4 - DEBT OUTSTANDING, ISSUED AND RETIRED

Please answer the following questions by marking the appropriate box.

| | | | |
|---|---|----------------------|---------------------|
| | | Yes | No |
| 4-1 | Do you have outstanding debt? | | X |
| If yes: | Is the debt repayment schedule attached? | | |
| | Please complete the following debt schedule. | Beginning Balance | Issued this Year |
| | General obligation bonds | | |
| | Revenue bonds | | |
| | Notes/loans | | \$0 |
| | Leases | | |
| | Other | | |
| Please answer the following questions by marking the appropriate box. | | Yes | No |
| 4-2 | Does the municipality have any authorized, but unissued debt? | | X |
| If yes: | If yes, how much? | | |
| | What is the authorization date? | | |
| 4-3 | Does the municipality intend to issue debt within the next fiscal year? | | X |
| If yes: | If yes, how much? | | |

PART 5 - CASH AND INVESTMENTS HELD AT END OF FISCAL YEAR

Please provide the entity's cash deposit and investment balances.

| | | Checking | Savings | Cert of Dep | Total |
|--|--|----------|---------|-------------|----------|
| 5-1 | Cash deposits | \$50,287 | | | \$50,287 |
| 5-2 | Investments | 0 | | | 0 |
| 5-3 | | | | | |
| 5-4 | | | | | |
| 5-5 | | | | | |
| 5-6 | | | | | |
| 5-7 | Total investments | 0 | 0 | 0 | 0 |
| 5-8 | Total Cash and Investments | \$50,287 | \$0 | \$0 | \$50,287 |
| Please answer the following question by marking the appropriate box. | | Yes | No | | |
| 5-9 | Are your deposits in an eligible public depository? (Sec. 27-105-5 and 27-105-353) | X | | | |
| 5-10 | If no, please explain: | | | | |

PART 6 - CAPITAL ASSETS

Please answer the following questions by marking the appropriate box.

| | | | |
|-----|---|----------------------|-----------|
| | | Yes | No |
| 6-1 | Do you have land, buildings, and/or equipment? | X | |
| 6-2 | Have you prepared an inventory of your land, buildings, and/or equipment? | | X |
| | If no, please explain: | | |
| | Unable to identify and value. | | |
| | Complete the following table: | Beginning Balance | Additions |
| | Land | | |
| | Buildings | | |
| | Machinery and equipment | | |
| | Furniture and fixtures | | |
| | Other (explain): | | |

PART 7 - BUDGET

Please answer the following questions by marking the appropriate box.

| | | Yes | No |
|---------|---|--|----|
| 7-1 | Did the municipality approve a budget for the fiscal year end? | X | |
| 7-2 | If no, please explain: | | |
| If yes: | Please indicate the amount appropriated for each of your funds for the fiscal year. | | |
| | Fund Name | Budgeted fiscal year end 2015 Expenditures | |
| | General | 25,655 | |
| | Garbage | 4,800 | |
| | | | |

PART 8 - GENERAL INFORMATION

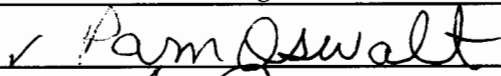

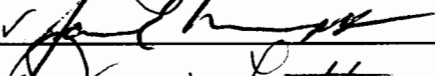
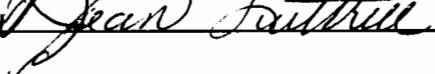

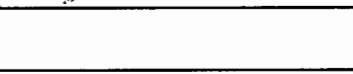
Please answer the following questions by marking the appropriate box.

| | | Yes | No |
|-----|--|-----|----|
| 8-1 | Has the Municipal Compliance Questionnaire been completed, adopted by the board and now a part of your minutes? If no, please explain: | X | |

PART 9 - GOVERNING BODY APPROVAL

We, the undersigned, certify that this Application for Exemption from Audit has been:
 Prepared consistent with regulations by OSA, which states that an Application with revenues or expenditures of \$100,000 or less **must** be prepared by a person skilled in governmental accounting;
 Completed to the best of our knowledge and is **accurate and true**;
 Reviewed and approved by a majority of the governing body.

Note: Please list all current members of the governing body. In addition, original signatures **must** be provided for a majority of those listed.

| | Name (please print or type all current member of the governing body) | Date Term Expires | Signature |
|-----|--|-------------------|--|
| 9-1 | Pam Oswalt | 2017 | ✓  |
| 9-2 | Kristy Deaton | 2017 | ✓  |
| 9-3 | James Murphy | 2017 | ✓  |
| 9-4 | Jean Lutrell | 2017 |  |
| 9-5 | Ashley Miller | 2017 |  |
| 9-6 | Brian Broughton | 2017 |  |
| 9-7 | | | |
| 9-8 | | | |

