

The following document was not prepared by the Office of the State Auditor, but was prepared by and submitted to the Office of the State Auditor by a private CPA firm. The document was placed on this web page as it was submitted. The Office of the State Auditor assumes no responsibility for its content or for any errors located in the document. Any questions of accuracy or authenticity concerning this document should be submitted to the CPA firm that prepared the document. The name and address of the CPA firm appears in the document.

APPLICATION FOR EXEMPTION FROM AUDIC EXFORMUNICIPALITIES WITH REVENUES OR

NAME OF GOVERNMENT:	TOWN OF LYMENED	For the Fiscal Year
	321 FRONT 5-2887	Ended September 30, 2019
ADDRESS:	P.D. Box 2021	
	LEARNED, MS 39154	
CONTACT PERSON:	BRELTA HUBBARD	
TELEPHONE:	601-953-1484	
E-MAIL:	7BAKHUB@BELKOUTH. JET	
FAX:	601-857.8356	

Return to: State of Mississippi

Office of the State Auditor Technical Assistance Division

P. O. Box 956
Jackson, MS 39205
FAX: (601) 576-2750
Email: tech@osa.ms.gov

Call (800) 321-1275 if you need help completing this form.

RECEIVED

MOV 07 2019

OFFICE OF THE

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 within 3 months after the end of the fiscal year. For years ended September 30, the form <u>must</u> 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.

Sec. 5	PART IN CERTIFICATION OF PREPARER		
1-1	Name: BRENDA HUBBARD Title: TOWN CLERK		
1-2	Firm name (if applicable):		
1-3	Address: PD Box 2021 LEARNED MS 39154		
1-4	Date prepared: 11-4-19 Telephone number: 601-9	153-14	84
1-5	Signature: Brando a. I Julland		
	The person that completes this form must be skilled in governmental accounting. (Skilled means	CI	neck One
	possessing suffient knowledge of governmental accounting to complete the exemption form.)	Yes	No
1-6	Are you a person skilled in governmental accounting?	X	
	If no, this exemption will be rejected.	<u> </u>	

	: REVENUE: All revenues for all funds must be reflected in this section including proceeds from the sale of the government's land	, bui ldi ng	, and
	equipment and proceeds from debt or lease transactions.	•	
	Description		(Omit cents)
2-1	Taxes:	\$	4246 -
2-2	Property	\$	10706 -
2-3	Sales	\$	2966.
2-4	Franchise	\$	115 -
2-5	Licenses and permits	\$	1567 -
2-6	Intergovermental	\$	•
2-7	Fines	\$	
2-8	Investment earnings	\$	379 -
2-9	Payments in lieu of taxe	\$	739 -
2-10	Drug forfeitures	\$	-
2-11	Charges for utility services	\$	*
2-12	Debt proceeds	\$	-
2-13	Lease proceeds	\$	561 -
2-14	Proceeds from sale of capital assets	\$	•
2-15	Other (specify): ALDERNED BOND REIMBURSEMENT	\$	500 -
2-16		\$	•
2-17		\$	F
2-18		\$	-
2-19		\$	-
2-20		\$	-
2-21	TOTAL REVENUE all sources	\$	21779.

	PARTO: EXPENDITURES(Disloursements Cash Basis	
7	EXPENDITURES: All expenditures for all funds must be reflected in this section including the purchase of fixed and movable ass	ets and
	principal and interest payments on long-term debt.	
	Description	(Omit cents)
3-1	Administrative	\$ 1262-
3-2	Salaries	\$ 5080 -
3-3	Payroll taxes	\$ -
3-4	Contract services	\$ -
3-5	Employee benefits	\$ -
3-6	Insurance	\$ 1562-
3-7	Accounting and legal fees	\$ -
3-8	Repair and maintenance	\$ 600-
3-9	Supplies	\$ 1557 -
3-10	Utilities and telephone	\$ 3574 .
3-11	Police RECEIVED	\$ -
3-12	Fire	\$ -
3-13	Streets and highways MON 7 2010	\$ -
3-14	Public health	\$,.
3-15	Culture and recreation OFFICE OF THE	\$ 919 -
3-16	Utility operations STATE AUDITOR	\$ -
3-17	Capital outlay	\$
3-18	Debt service principal	\$ -
3-19	Debt service interest	\$ -
3-20	Contribution to pension plan	\$ -
3-21	Other (specify): PUBLIC WOCKS	इ १९७० -
3-22		\$ -
3-23		\$ -
3-24		\$ -
3-25	TOTAL EXPENDITURES all categories	\$ 16524

	,	• •	!
	kadakadasandanpandingasahada	การเกาะเกาะ	
		V	Na
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, if applicable:	Outstandin of fisca		1	ed during fiscal ear (add)		red during fiscal ear (less)	Outstandi year	•
	General obligation bonds	\$	-	\$	-	\$	-	\$	
	Revenue bonds	\$	<u>-</u>	\$		\$	-	\$	-
	Notes/loans	\$	-	\$	•	\$	•	\$	•
	Leases	\$	-	\$	•	\$	•	\$	-
				1 1		A		-	
	Other (specify):	\$	-	\$	-	>	-	>	-
	Other (specify):	\$		\$		\$)	<u> </u>
	Other (specify): Please answer the following ques		arking the	appropriat			Yes	N	lo
		stions by m				\$		N X	0
4-2	Please answer the following ques	stions by m			te box			N X	lo
4-2	Please answer the following ques	stions by m horized, but		debt?	te box			N X	0
4-2 If yes:	Please answer the following questoes the municipality have any aut If yes, how much?	stions by m horized, but	t unissued \$	debt?	te box		Yes	N X	0

	Please provide the entity's cash deposit and investment balances.	Checking Accounts	Savings Accounts	Certificates of Deposit	Total	
5-1	Cash deposits	\$ 23442	\$ -	\$ 13249 -	\$ 1366	71-
5-2	Investments:	il.				٠
5-3		4.	RECEIVE	ED A	\$	-
5-4					\$	
5-5		100	<u> </u>	10	\$	
5-6		1		13	\$	-
5-7	Total Investments		OFFICE OF TH	4E ર્જ	\$	_
5-8	Total Cash and Investments		STATE AUDITO		\$ 13669	<u> </u>
		*31		建設 (1		
	Please answer the following question by n	narking in the approp	riate box	Yes	No	
5-9	Are your deposits in an eligible public deposit	ory (Sec 27-105-5 & 2	7-105-353)	X		

		PART 6 - CAPITAL ASSETS			
	Please answer the following questions by ma	rking in the appropriate boxes		Yes	No
6-1	Do you have land, buildings, and/or equipment?	X			
6-2	Have you prepared an inventory of your land, but	ldings, and/or equipment		X	
If yes:	If no, please explain:				· · · · · · · · · · · · · · · · · · ·
		Balance -			
	Complete the following table:	Beginning of the Year	Additions	Deletions	Balance - End of the Year
	Land	\$ 10000-	\$ -	\$ -	\$ 10000 -
	Buildings	\$ 44500-	\$ -	\$ -	\$ 44500 -
	Machinery and equipment	ļ\$ -	\$ -	\$ -	\$ -
	Furniture and fixtures	\$ 5455-	\$ 1455-	\$ -	\$ 6910 -
	Other (explain):	\$ -	\$ -	\$ -	\$ -
	Service Services	A PARTICIPACION AND THE PROPERTY OF THE PARTICIPACION AND THE PART	W. Carl		
	Please answer the following question by mar	king in the appropriate boxes		Yes	No
7-1	Did the municipality approve a budget for the nex	kt fiscal year end?		T X	
7-2	If no, please explain;		· · · · · · · · · · · · · · · · · · ·		

If yes:	Please indicate the amount appropriate	d for each of your funds for the next fiscal year end?	-	
•	Fund Name	Budgeted fiscal year end Expenditures		
	GENERAL FUND	\$ 21,525 -		
		\$ -		
		Vario 18/5/e e en la royal (Nicola Modro) (Nicola)		
	Please answer the following question by		Yes	No
	Please answer the following question by		Yes	No
	Please answer the following question by	marking in the appropriate boxes been completed, adopted by your board and now	Yes	No
8-1	Please answer the following question by Has the Municipal Complance Questionnaire	marking in the appropriate boxes been completed, adopted by your board and now	Yes	No

PARTSEGOVERNINGBODY 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 members of the governing body) **Date Term Expires** Signature JOE 2021 9-1 BRAD BANES 2021 9-2 9-3 2021 2021 9-5 2021 9-6 9-7

9-8



Town of Learned 9-30-19 Inventory

Town Hall Building Storage Building	\$ 42,000.00 \$ 2,500.00
Furniture and Fixtures Table Chairs (8) Filing Cabinets (2) Copy Machine Desk Lamp Christmas Decorations Banners for Light Poles New Flag Pole	\$ 395.00 325.00 400.00 250.00 200.00 50.00 1,500.00 2,335.00 1,455.00 \$ 6,910.00
Land Parcel 4969-89 Parcel 4969-89-1	\$ 5,000.00 5,000.00 \$ 10,000.00

RECEIVED

OFFICE OF THE