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

NAME OF GOVERNMENT:	Village of Eden	For the Fiscal Year		
	LeKisha Hogan, Mayor	Ended September 30, 2020		
	268 Eden Main Street	1		
ADDRESS:	Yazoo City, Mississippi 39194	_		
CONTACT PERSON:	LeKisha Hogan, Mayor	· · · · · · · · · · · · · · · · · · ·		
TELEPHONE:	662-746-7966			
E-MAIL:	edencity.village@yahoo.com			
FAX:	662-746-7966			

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.

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:

- 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 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	The state of the s		8t			
1-1 Name: Joseph A. Akanji, CPA	Title: Partner					
1-2 Firm name (if applicable): Bruno & Tervalon LLP, CPAs						
1-3 Address: 909 North President Street, Jackson, MS 39202	Address: 909 North President Street, Jackson, MS 39202					
1-4 Date prepared: 11/17/20	Telephone number: 601-714-0306					
1-5 Signature: Bruno & Tervalo						
The person that completes this form must be skilled in governmenta	Check One					
suffient knowledge of governmental accounting to complete the	exemption form.)	Yes	No			
1-6 Are you a person skilled in governmental accounting?	Are you a person skilled in governmental accounting?					
If no, this exemption will be rejected.	If no, this exemption will be rejected.					

PART 2 - REVENUE(Receipts-Cash Basis)

	Description	(Omit cents)			
2-1	Taxes:				
2-2	Property	\$	4,176		
2-2 2-3 2-4	Sales	\$			
2-4	Franchise	\$	67		
2-5	Licenses and permits	\$	-		
2-6	Intergovermental	\$			
2-7	Fines	S			
2-8	Investment earnings	S			

2-9	Payments In lieu of taxes	\$	-
2-10	Orug forfeitures	\$	÷
2-11	Charges for utility services		2.959
2-12	Debt proceeds	\$	2.727
2-13	Lease proceeds	\$	
2-14	Proceeds from sale of capital assets	The state of the s	
2-15	Other (specify):	S	700
2-16	Nuclear plant	\$	952
2-17	Municipal aid	S	212
2-18	Grants		2,650
2-19	Modernization use tax		1.374
2-20		T _s	1,374
2-21	TOTAL REVENUE all sources		2,390
PART	T 3 - EXPENDITURES (Disbursements-Cash Basis) EXPENDITURES: All expenditures for all funds must be reflected in this section including the payments on long-term debt.	e purchase of fixed and movable assets and principal and inte	rest
	Description	(Omit cents)	
3-1	Administrative	\$	_
18180	Salaries		
3-3	Payroll taxes	\$	8,180
3-4	Contract services	\$	
3-5	Employee benefits	\$	
3-6	Insurance	TO THE REPORT OF THE PARTY OF T	3,424
3-7	Accounting and legal fees		1.678
3-8	Repair and maintenance		2,688
3-9	Supplies		3,927
3-10	Utilities and telephone		5.017
3-11	Police	\$	3.017
3-12	Fire	Š	
3-13	Streets and highways	\$	-
3-14	Public health	S	
3-15	Culture and recreation	S	
3-16	Utility operations		5,540
3-17	Capital outlay	\$	×11/2 × 11/2
3-18	Debt service principal	S	
	Debt service interest	\$	-
3-19		\$	
	Contribution to pension plan		
3-20			-6"
3-20 3-21	Other (specify): Election registration	\$	1 792
3-20 3-21 3-22		\$ \$	- 1,792 569
3-19 3-20 3-21 3-22 3-23 3-24	Other (specify): Election registration Miscellaneous	\$	- 1,792 569

war e

1-1	Please answer the following questions Do you have outstanding debt?	by marking t	he appropria	ite box				Yes	+-	No X
yes:	Is the debt repayment schedule attache	d?								- 11
	Please complete the following debt schedule, if applicable:		Outstanding at start Total issued dur of fiscal year year (add		-	*		red during cal	Out	standing a
	General obligation bonds	\$	ai yeai	\$	year (add)				 	fiscal
	Revenue bonds	Š	1				\$			
	Notes/loans	Ś	-				\$		\$	
		Ś			\$ -		\$		\$	
	Leases		-	\$			\$		- Y	
	Other (specify):	\$		\$		- 13	\$		\$	
	Please answer the following questions	by marking t	he annropria	te hox				Yes	т—	No
-2	Does the municipality have any authorize			ito Dox	*******	_		103	-	X
-		eu, bat amsse						1		Λ
yes:	If yes, how much?		\$							
_	If yes, what is the authorization date?							T-0		
-3	Does the municipality intend to issue deb	t within the ne		<u> </u>						X
yes:	If yes, how much?		\$			- 11 - 12	77 / TET/S			
ART	5 - CASH AND INVESTMENT	S HELD A	T END O	F FISC	CAL YEAR					
	Please provide the entity's cash depos investment balances.		1		Savings Accoun	ts (Certificates	of Deposit		Total
-1	Cash deposits		\$ 3	7,449	ė	٠	\$		\$	37,449
-2	Investments:		14 3	7,777					\$	37,44
-3	my Gaunejus.					ilus .			\$	
-4		,								
-5	-				,	_			\$	
						_			\$	
-6								16	\$	
-7	Total Investments				Market .				\$	
-8	Total Cash and Investments								1\$	37,449
	Please answer the following question I	by marking in	the appropri	iate box				Yes		No
-9	Are your deposits in an eligible public dep	ository (Sec 2	7-105-5 & 27	-105-353	3)			X		
-10	If no, please explain:									
		PART	6 - CAPIT	AL AS	SETS	_				
	Please answer the following questions	by marking i	n the approp	riate bo	xes			Yes		No
-1	Do you have land, buildings, and/or equip	ment?						X	1	
-2	Have you prepared an inventory of your la		and/or equip	ment					_	
yes:	Have you prepared an inventory of your land, buildings, and/or equipment X If no, please explain:							<u> </u>		
					Dalance			· · · · · ·	T _{D-I}	5-1
	Complete the following table:				Balance -	. 1			Bala	nce - End
	Complete the following table.				Beginning of t			 	1	the
					Year	_	Additions	Deletions	_	Year
	Land			\$ 15,0			\$ 7	\$	15,000	
	Buildings				\$ 110,0		\$ -	\$ -	\$	110,000
	Machinery and equipment			\neg	\$ 130,0			\$ -	\$	130,000
	Furniture and fixtures	T. T.						\$ -		
						00 3			\$	5,00
	Other (explain):				\$	-	\$ -	\$ -	\$	
ARI	7 - BUDGET INFORMATION			·		192	*12:		2	4 1
	Please answer the following question i	oy marking in	the appropri	iate box	es			Yes		No
1	Did the municipality approve a budget for	the next fiscal	year end?		<u> </u>			X	111-24	
2	if no, please explain:	***************************************								
yes:	Please Indicate the amount appropriate	ed for each of	your funds	for the n	ext fiscal year	end?				
-	Fund Name				er end Expendi			922		
	General Fund		\$				44,945.00			
		44/4/4					1.147.17.00			
			2							
			\$		~			_		
<u> </u>	8 - GENERAL INFORMATION		\$			57	-			

8-1	Has the Municipal Complance Questionnaire been comminutes? If no please explain:	npleted, adopted b	y your board and now part of your	X
PAR	RT 9 - GOVERNING BODY APPROVA	\L	n w*	
	ne undersigned, certify that this Application for Exemption			3104.5040
	red consistent with regulations by OSA, which states tha			
	red by a person skilled in governmental accounting; Com	ipleted to the best	of our knowledge and is accurate a	nd true;
Reviev	wed and approved by a majority of the governing body.		35	
Note	Please list all current members of the gov	erning hody !	n addition, original signatur	as must be provided
	majority of those listed.	citing body. 7	n addition, original signatur	es Turst ne brovided
tor a	Name (please print or type all current members of	Date Term	Signal	· · · · · · · · · · · · · · · · · · ·
	the governing body)	Expires	Signal	.ure
9-1	Doyle Berry	2021	Dayy B	ur ·
9-2	Tavarius Clark	2021	Davarius C	Park
9-3	David Banks	2021	Lisa Em	*
9-4	Lisa Easterlin	2021	NAVEBAN	INC.
9-5	Demetrice Brown	2021	100 material	26

9-6

9-7

9-8