OFFICE OF THE STATE AUDITOR REPORT NOTE:

Section 7-7-211, Mississippi Code Annotated (1972) gives the Office of the State Auditor the authority to audit, with the exception of municipalities, any governmental entity in the state. In the case of municipalities, Section 21-35-31, Mississippi Code Annotated (1972) requires municipalities to obtain an annual audit performed by a private CPA firm and submit that audit report to the Office of the State Auditor. The Office of the State Auditor files these audit reports for review in case questions arise related to the municipality.

As a result, the following document was not prepared by the Office of the State Auditor. Instead, it was prepared by a private CPA firm and submitted to the Office of the State Auditor. The document was placed on this web page as it was submitted and no review of the report was performed by the Office of the State Auditor prior to finalization of the report. 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 AUDIT - FOR MUNICIPALITIES WITH REVENUES OR **EXPENDITURES OF \$100,000 OR LESS**

NAME OF GOVERNMENT:	VIIIRACA SHALLIA	T	For the Fisc	ral Vear
TOTAL OF GOVERNMENT:	0.0. 1302 174	- Enda		30, <u>2020</u>
ADDRESS:			d September	50, <u>Cx19-49</u>
ADDRESS:	Satartia Ms 39162			
CONTACT PERSON:	None Buton			
TELEPHONE:	661-826-9941			
E-MAIL:	anonexennedy & yahoo, com			
FAX:	9 4	7		
		_		
Return to: State of Mississip				
Office of the State				
	e - Municipal Audits			
P. O. Box 956				
Jackson, MS 3920	5			
Email: municipal.	reports@osa.ms.gov			
· ·		. .		
Caii (800) 321-12.	75 or (601) 576-2657 if you need help completing this	i torm.		
the following: 1. Prepare this form complemust be answered for the property of the property o		even parts to this end of the fiscally December 31, ing. faxed or emailed dit in a format the mailed, an origin	s form and a I year. For ye d, a resolution nat includes t	Il questions ears n of the
The <u>preparer must sign</u>	the application that is submitted in order for it to	e accepted.		
6. Additional information m	ay be attached to the exemption at the preparer's	discretion.		
	PART 1 - CERTIFICATION OF PRE	DADED	-	
Name: Hone BINN		n Clerk		·
		1 Clean		
Firm name (if applicable): V				
Address: DO Bou	174 Satartia, MS 39162		- / ~-	,,
Date prepared: 02/06	Telephone num	ber: 601-8	26-994	<i>†1</i>
Signature: 🌿	re Burton			
The person that completes this	form must be skilled in governmental accounting. (Sk			Check One
possessing suffient knowled	lge of governmental accounting to complete the ex	emption form.)		T
·			Yes	No
Are you a person skilled in gov	remmental accounting?		1	

PART 2 - REVENUE(Receipts-Cash Basis)

1-6

If no, this exemption will be rejected.

	REVENUE: All revenues for all funds must be reflected in this section including proceeds from the sale of the government's land equipment and proceeds from debt or lease transactions.	s, building, and	
	Description	(Omit cents)	
2-1	Taxes:	\$ D	-
2-2	Property	\$	2
2-3	Sales	\$ वात्राच्य	-
2-4	Franchise	\$ 0	÷
2-5	Licenses and permits	\$ O	-
2-6	Intergovermental	\$ 0	
2-7	Fines	\$ 0	•
2-8	Investment earnings	\$ 0	-
2-9	Payments in lieu of taxe	\$	
2-10	Drug forfeitures	\$	+
2-11	Charges for utility services	\$	-
2-12	Debt proceeds	\$ O	-
2-13	Lease proceeds	\$ 0	-
2-14	Proceeds from sale of capital assets	\$ 0	
2-15	Other (specify): Utu Durewinn 1016.22	\$ 1016,22	(4)
2-16	Statt 00/00S 20,961,66	\$ 20 961,66	•
2-17	Craso Country 157,19	\$ 1.57.19	•
2-18	(h/9m/ 0 463.01	\$ 453.01	•
2-19	Other 3350.21	\$ 3350.21	- 60
2-20		\$	÷
2-21	TOTAL REVENUE all sources	\$ 86,851,53	3

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	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 ass	sets and	
	principal and interest payments on long-term debt.		
	Description	(Omit cents)	
3-1	Administrative	\$ 0	
3-2	Salaries	\$ 0	
3-3	Payroli taxes	\$ 0	
3-4	Contract services	\$ 0	
3-5	Employee benefits	\$ 0	
3-6	Insurance Scott Insurance Bands + Proporty	\$ 750,00	
3-7	Accounting and legal fees	\$ 0	
3-8	Repair and maintenance HT Electrical 450,00	\$ 450,00	: * :
3-9	Supplies Stegal Notery Sewies 108,00 + 50,00 + 1200,00+ 2501	100 4291.09	•
3-10	Utilities and telephone Louis 433.00 UVEPA 2191.72	\$ 2191,72	(#)
3-11	Palice USPS-223.00	\$ 223,00	
3-12		\$ 0	
3-13	Streets and highways	\$ 0	(-)
3-14	Public health MS Dopt or Wealth 162,00	\$ 162,00	-
3-15	Culture and recreation	\$ 0	-
3-16	Utility operations	\$ 0	· ·
3-17	Capital outlay	\$ 0	•
3-18	Debt service principal	\$ D	
3-19	Debt service interest	\$ 0	200
3-20	Contribution to pension plan	\$	
3-21	Other (specify): CMPDD Menulushup 2500	\$	
3-22	MS 811 10.80	\$	
3-23	MMLP 520.01	\$ 555,81	-
3-24		\$	-
3-25	TOTAL EXPENDITURES all categories	\$ 643190	*

	Please answer the following que			TANDING, I			Yes	l l	lo
4-1								XX	メ
	Is the debt repayment schedule attached?								
	Please complete the following debt schedule, if applicable:			Total issued d year (a	_		during fiscal (less)	1	ng at fiscal r end
	General obligation bonds	\$		\$	¥	\$	(A)	\$	
	Revenue bonds	\$		\$		\$		\$	
	Notes/loans	\$	•	\$	¥	\$		\$	
	Leases	\$		\$	1	\$	-	\$	
	Other (specify):	\$		\$	-	\$	2	\$	-
				化市引起 34 0			ALLE SANTALIS		1 2 my 23
	Please answer the following que	stions by mai	rking the	appropriate bo	x		Yes		No
4-2					x		Yes	XX	No 'X
	Does the municipality have any au				x		Yes	XX	10 'X
f yes:	Does the municipality have any autifyes, how much? If yes, what is the authorization date	thorized, but u \$ e?	unissued	debt?	X		Yes	Xy	No 'X
f yes:	Does the municipality have any aut If yes, how much?	thorized, but u \$ e?	unissued	debt?	x		Yes	×,	10 'X

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	and investment balances.	Checking Accounts	Savings Accounts	Certificates of Deposit		Total
5-1	Cash deposits	\$14.145.04	\$61365.90	\$ -	\$	
5-2	Investments: Water Fi	na '42,119.	77		42316	THE STATE OF
5-3					\$	i e
5-4					\$	
5-5					\$	
5-6					\$	
5-7	Total Investments				\$	12
	Total Cash and Investments				\$	
-	Please answer the following question	by marking in the approp	riate box	Yes	1	No
5-9	Are your deposits in an eligible public depository (Sec 27-105-5 & 27-105-353)				16	

_	Please answer the following questions by mark	Yes	No		
6-1	Do you have land, buildings, and/or equipment?	XXX			
	A I I III				
	If no, please explain:				
	Complete the following table:	Balance - Beginning of the Year	Additions	Deletions	Balance - End of the Year
	Land	\$3037,00-	\$ -	\$ -	\$ 3037.00-
	Bulldings	\$35,503,00	\$ -	\$ -	\$ 35,503,00
	Machinery and equipment	\$360.893.0		\$ -	\$302,893,00
	Furniture and fixtures	\$ 1075,00	\$ -	\$ -	\$ 1075.00
	Other (explain):	\$ -	\$ -	\$ -	\$ <u>-</u>

	Please answer the following question by marking in the appropriate boxes			No
7-1	Did the municipality approve a budget for the	XXX		
7-2	If no, please explain:			
If yes:	Please indicate the amount appropriate	ted for each of your funds for the next fiscal year end?		
	Fund Name	Budgeted fiscal year end Expenditures		
	Deneral Fund	- \$		
	Woton Fund	\$ -		
		-	is a sulfi	
		PART 8 - GENERAL INFORMATION		
	Please answer the following question by		Yes	No
		ire been completed, adopted by your board and now	XVX	
امدا	part of your minutes? If no please explain	1:	^//	
8-1				
	1		1 1	

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;

Revlewed and approved by a majority of the governing body.

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

	Name (please print or type all current members of the governing body)	Date Term Expires	Signature
9-1	Michelle Douglas	2025	Michelle Douglas
9-2	Margnerite Viasson	2025	marquite Orison
9-3	Carol Parrett	2025	Owner Darrett
9-4	Kathy Nestort	2025	This This
9-5			
9-6			
9-7			
9-8			