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:	TOUD OF LEARNED	For the Fiscal Year	
	321 FRONT ST.	Ended September 30, 2022	
ADDRESS:	P.O. Box 2021		
	LEARNED M9 39154		
CONTACT PERSON:	BRYNDA HUBBARD		
TELEPHONE:	601-953-1484		
E-MAIL:	PBAKHUB @ BELLSOUTHANE	<u></u>	
FAX:	601.857.9356		

Return to: State of Mississippi

Office of the State Auditor

Quality Assurance - Municipal Audits

P. O. Box 956

Jackson, MS 39205

Email: municipal.reports@osa.ms.gov

Call (800) 321-1275 or (601) 576-2657 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.
- 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.
- 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: BRYNDA HUBBARD Title: TOWN CLERI	7	
12	Cirm name (if anylicable)		
1-3	Address: D.D. BOX 2021 LEARNED NS 39154 Date prepared: 10-03-2022 Telephone number: 1001-		····
1-4	Date prepared: 10-03-2022 Telephone number: 1001-	453-1	u 9J
1-5	Signature: C. L. C. L. C. 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.)		heck One
		Yes	No
	Are you a person skilled in governmental accounting?	X	
	If no, this exemption will be rejected.		

2-1	Description Taxes:		(Omit cents)		
2-2		\$			
2-3	Property Sales	\$	5249		
2-4		\$	14892		
2-5	Franchise	\$	3293		
	Licenses and permits	\$	75		
2-6	Intergovermental	\$	27296		
2-7	Fines	\$	21-14		
2-8	Investment earnings	\$	335		
2-9	Payments in lieu of taxe	\$	730		
2-10	Drug forfeitures	\$	1 70		
2-11	Charges for utility services	\$			
2-12	Debt proceeds	\$			
	Lease proceeds	\$	663		
2-14	Proceeds from sale of capital assets	\$	465		
	Other (specify): ALDERMEN BOND REIMBURSEMENT	\$	400		
2-16		\$	100		
2-17		\$			
2-18		\$			
2-19		\$			
2-20		\$			
2-21	TOTAL REVENUE all sources	ė	52,933.		

	PART 3 - EXPENDITURES(Disbursements-Cash Basi		
	EXPENDITURES: All expenditures for all funds must be reflected in this section including the purchase of fixed and movable a principal and interest payments on long-term debt.	ssets and	
	Description	1 10	Omit cents)
3-1	Administrative	\$	1312-
3-2	Salaries	\$	4789 -
3-3	Payroll taxes	\$	389 -
3-4	Contract services	\$	
3-5	Employee benefits	\$	2500 -
3-6	Insurance	\$	11.70
3-7	Accounting and legal fees	\$	1628 -
3-8	Repair and maintenance	\$	
3-9	Supplies	\$	1249-
3-10	Utilities and telephone	\$	330 -
3-11	Police		4350 -
3-12	Fire	\$	-
3-13	Streets and highways	\$	
3-14	Public health	\$	<u>-</u>
3-15	Culture and recreation	\$	
3-16	Utility operations		910 -
	Capital outlay	\$	
3-18	Debt service principal	\$	-
3-19	Debt service interest		
3-20	Contribution to pension plan	\$	
3-21	Other (specify): USCTOR DISASE CONTROL		
3-22	PUBLICATIONS	\$	2050 -
3-23	FIRE REGATE TRANSFER	\$	23-
3-24	TING REGISTE TRANSPER	\$	985 -
3-25	TOTAL EXPENDITURES all categories		20,515 -

	Please answer the following que	stions by marking	ng the	appropriate box		Yes	1	Vo.
4-1	Do you have outstanding debt?					100		/
If yes:	Is the debt repayment schedule attached?						1	<u>^</u>
	Please complete the following debt schedule, if applicable:	debt Outstanding at start of fiscal year		Total issued during fiscal year (add)	Total retired during fiscal year (less)		いした Outstanding at fisca	
	General obligation bonds	\$	(#X)	\$ -	Ś		\$	CHU
	Revenue bonds	\$	-	\$ -	Š		Š	
	Notes/loans	\$	-	\$ -	\$		4	
	Leases	\$	-	\$ -	\$		\$	
	Other (specify):	\$		\$ -	Ś		\$	
			Description of the last of the					0.300
-				The second secon				
	Please answer the following ques	tions by markir	ig the	appropriate box		Yes	P	0
4-2	Does the municipality have any aut	stions by markir horized, but unis	sued	appropriate box debt?		Yes		
	Does the municipality have any aut If yes, how much?	horized, but unis	sued	debt?		Yes		((
f yes:	Does the municipality have any aut If yes, how much? If yes, what is the authorization date	horized, but unis \$ n?	sued	debt?		Yes		
f yes: 4-3	Does the municipality have any aut If yes, how much?	horized, but unis \$ n?	sued	debt?		Yes		(

		Savings Accounts	Certificates of Deposit	t I To	tal
ash deposits	\$ 62479-	\$	\$ 214434-		
nvestments:			14 21-17/	7216	715
				Ċ	West Coll
				- c	
			- White No.	- 2	
	THE			- 2	
otal Investments				- 3	
otal Cash and Investments				\$ 276	913
lease answer the following questi	on by marking in the appropr	riate box	Yes	T N	0
re your deposits in an eligible public	depository (Sec 27-105-5 & 27-	-105-353)	V		
1	otal Investments otal Cash and Investments ease answer the following questi	otal Investments otal Cash and Investments ease answer the following question by marking in the appropri	vestments:	otal Investments otal Cash and Investments ease answer the following question by marking in the appropriate box Yes	vestments: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

	Please answer the following questions by mark	ing in the appropriate boxes		Yes	No	
6-1	Do you have land, buildings, and/or equipment?			V		
6-2	Have you prepared an inventory of your land, build	ings, and/or equipment		1-0-	-	
f yes:	If no, please explain:					
	Complete the following table: Balance - Beginning of the Year Additions		Additions	Deletions	Balance - End of the Year	
	Land	\$ 10000-	\$ -	\$ -	\$ 10000-	
			7			
	Buildings	S 46000-	\$ -	18 -	18 UI 000 -	
	Buildings Machinery and equipment	\$ 46000-	\$ -	\$ -	\$ 46000 -	
		\$ 46000-	\$ 330-	\$ - \$ -	\$ 46000 -	

	Please answer the following question	on by marking in the appropriate boxes	Yes	
7-1	Did the municipality approve a budget	for the next fiscal year end?	res	No
7-2	If no, please explain:	issui yeur onu.	X	
If yes:	Please indicate the amount appro	priated for each of your funds for the next fiscal year end?		and the spilled state.
	Fund Name	Budgeted fiscal year end Expenditures		
	(-FNERAL	\$ 45,392-		
		\$		
		\$		
		PART 8 - GENERAL INFORMATION		
	Please answer the following question	n by marking in the appropriate boxes	Yes	No
	Has the Municipal Compiance Question part of your minutes? If no please exp	nnaire been completed, adopted by your board and now	103	NO
0-1			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 members of the governing body) **Date Term Expires** Signature JOE RILLIA 9-1 2025 2025 9-2 2025 9-3 2025 2025 9-5 9-6 2025 9-7 9-8

Town of Learned 9-30-22 Inventory

Town Hall Building	\$ 43,000.00
Storage Building	\$ 3,000.00
Furniture and Fixtures Table Chairs (8) Chairs (7) and Desk Filing Cabinets (2) Printer/Copy Machine Lamp Christmas Decorations Banners for Light Poles New Flag Pole	\$ 395.00 325.00 1,202.00 400.00 330.00 50.00 1,500.00 2,335.00 1,455.00 \$ 7,992.00
Land Parcel 4969-89 Parcel 4969-89-1	\$ 5,000.00 5,000.00 \$ 10,000.00