

BAYOU DESIARD-BAYOU BARTHOLOMEW CUT-OFF LOOP WATER CONSERVATION BOARD OF OUACHITA AND MOREHOUSE PARISHES OF LOUISIANA

REPLY TO: 6961 EASTLAKE ROAD STERLINGTON, LA 71280

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

The annual sworn financial statements are required by Louisiana Revised Statute 24:514 to be filed with the Legislative Auditor within 90 days after the close of the fiscal year. The certification of revenues \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

Personally came and appeared before the undersigned authority, DAVID W STOKES (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Water Conservation Board (entity name) as of (entity's year-end), and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

(Complete if applicable) In addition, DAVID W STOKES (officer name), who, duly sworn, deposes and says that Water Conservation Board (entity name) received \$75,000 or less in revenues and other sources for the year ended DECEMBER 31, 2015, and accordingly, is not required to have an audit for the previously mentioned year.

Handwritten signature of David W Stokes over a line, with 'Officer Signature' printed below.

Sworn to and subscribed before me this 28 day of March, 2016.

Handwritten signature of Steven L. Turner over a line, with 'NOTARY PUBLIC' and 'Steven L. Turner # 43154' printed below.

Officer's Name DAVID W STOKES
Officer's Title SECRETARY/TREASURER
6961 EASTLAKE RD
STERLINGTON LA 71280

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date APR 20 2016

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor - Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

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OF OUACHITA AND MOREHOUSE PARISHES OF LOUISIANA

Statement A

_____ (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2015 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>Interest</u>	\$ 42.97	\$	\$ 42.97
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$ 42.97	\$	\$ 42.97
DISBURSEMENTS (Provide Brief Description):			
7.	\$ 0.00	\$	\$ 0.00
8.			
9.			
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 0.00	\$	\$ 0.00
14. Change in fund balance (Lines 6 minus 13)	\$ 42.97	\$	\$ 42.97
15. Fund Balance at beginning of year	\$ 45955.53	\$	\$ 45955.53
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 45998.5	\$	\$ 45998.50

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS FOR YOUR RECORDS

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Statement B

_____ (Agency
Name)

Balance Sheet, on December 31, 2015 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 45998.50		\$ 45998.50
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$ 45998.50	\$	\$ 45998.50
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0.00	\$	\$ 0.00
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0.00		0.00
12. Fund balance (amount from Line 16 on Statement A)	45998.50		45998.50
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 45998.50	\$	\$ 45998.50

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Statement C

_____ (Agency Name)

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (REQUIRED, PLEASE SUBMIT COMPLETED FORM, PER ATTACHED INSTRUCTIONS)

Agency Head Name/Title: James E Gray / President

Purpose	Amount
Salary	0.00
Benefits-insurance	0.00
Benefits-retirement	0.00
Benefits-other (describe)	0.00
Benefits-other (describe)	
Benefits-other (describe)	
Car allowance	0.00
Vehicle provided by government (enter amount reported on W-2)	0.00
Per diem	0.00
Reimbursements	0.00
Travel	0.00
Registration fees	0.00
Conference travel	0.00
Housing	0.00
Unvouchered expenses (example: travel advances, etc.)	0.00
Special meals	0.00
Other	0.00