boyou Dusiand + Boyou Bartholomew & Catoff water Conservation Board (Entity Name) Quachita & Morehouse (City, Parish/State)

TRANSMITTAL LETTER

# **ANNUAL FINANCIAL STATEMENTS**

(Date) 3/3/2020

Ms. Gayle Fransen **Engagement Manager** Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended Dec 31 - 2019(entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely.

Dull Q' June Officer's Signature

Officer's Name

Enclosures

# PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor - Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16



P.O. Box 7 Marion, Louisiana 71260-0007



E	********AUTO**SCH 5-DIGIT 71225	Page Number	1 of 1	
E	000720 0.4620 AV 00.383 3 1 122	Account Number:	3134237	
E	•••[14]••[14]•[14]•[14]•[14]•[14]•[14]•[	Date	12/31/19	
5	STERLINGTON LA 71280-3206			

Have you tried our "anytime" options? We offer Online Banking, Mobile Banking, Telephone Banking and ATM Banking for your 24/7 convenience. Call, click or come by for details. Thank you for your business!

# STATEMENT SUMMARY AS OF 12/31/19

Account Name	Account Number	Balance
BUSINESS SAVINGS	3134237	46,101.98

BUSINESS	SAVINGS			BAYOU BARTH ATER CONSERV	LOLOMEW ATION BOARD	Acc	t 3134237
	Be	ginning Balance	a 10/0	1/19	46,069.42		
	De	posits / Misc C	redits	1	32.56		
	Wi	thdrawals / Mis	c Debits	0	.00		
	** En	ding Balance	12/3	1/19	46,101.98	**	
	Se	rvice Charge			.00		
	In	terest Paid			32.56		
	In	terest Paid Yea	ir To Date		168.17		
	An	nual Percentage	Yield Earned	E	.28%		
	Nu	mber of Days fo	r A.P.Y.E.		92		
	Av	erage Balance f	or A.P.Y.E.		46,069.42		
	Mi	nimum Balance			46,069		
Deposit	ts and Othe	r Credits					
Date	Deposits	Activity Descri	ption				
12/31	32.56	INTEREST EAR	NED				
Daily B	alance Sum	mary					
Date	В	alance I	Date	Balance	Date		Balance
12/31	40 1	.01.98					



# INVOICE

OUACHITA PARISH POLICE JURY ATTN: ACCOUNTS RECEIVABLE P O BOX 3007 MONROE, LA 71210-3007

# (318) 327-1340

TO:	BAYOUS DESIARD & BARTHOLOMEW	INVOICE NO:	39549
	CUT-OFF LOOP WATER CONS BOARD	DATE:	4/02/19
	P O BOX 2105		
	MONROE, LA 71210		

CUSTOMER NO:	7357/7779	TYP	E: PW - PUBLIC WO	RKS
QUANTITY	DESCRIPTION		UNIT PRICE	EXTENDED PRICE
1.00	P.W OUTSIDE CUST SIGNS AND POSTS 30"X30" SIGNS 30"X9" SIGNS 10' GAL STEEL POST	OMERS 2 EA 2 2	243.80 \$158.30 55.50 30.00	243.80

PLEASE DETACH AND SEND THE REMITTANCE PORTION WITH YOUR CHECK TO ENSURE ACCURATE POSTING OF YOUR PMT.

TOTAL DUE:

\$243.80

Boyour Desiard + Bayon Bartholo new + Cut-off water Conservation Board ENTITY NAME oua Chi ta & Morehouse Parish Sterling for ha (City), State

#### 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 of \$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,  $\underline{Dona(LD, Turner}$ (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of  $\underline{B_{ay}, \underline{D_{LSI_{ard}}}, \underline{b_{ayea}, \underline{b_{art}H}, \underline{Cuf.off}, \underline{ucf.'Pr}}$  (enter entity name) as of  $\underline{D + C - 3I - 40 / q}$  (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, <u>Dowed D. Twent</u>, (officer name), who, duly sworn, deposes and says that b. <u>Desc. Borg, Barfl, Cut-offwater Brit</u>(entity name) received \$75,000 or less in revenues and other sources for the year ended <u>Dec 31- 2019</u>, and accordingly, is not required to have an audit for the previously mentioned year.

Hould Q: June Officer's Signature

NOTARY PUBLIC SIGNATURE & SEAL

Sworn to and subscribed before me this 3rd day of March , 2020.

For Office Use Only

Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date

	1100000
Please Complete Thi	s Section
Officer's Name Donal D.	Turner
Officer's Title Financial	sectedary 2 Trea.
Address 6938 East L	ake p!
City, Zip Sturlington	Le 71280
Ph: Cell/Land 319-376-1029	318 665-2198
E-mail Tarner dd 00	Hot mail Con
0	

BEN S. JONES NOTARY PUBLIC NOTARY ID NO. 91768 OUACHITA PARISH

STATE OF LOUISIANA

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 – Updated 8/3/16 Bayor Desiand + Burtholomen + eut-off water Conservation Burd

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended	pec	31	2019
(Year-End)			

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. Interr 2 Deposit	\$ 168.17	\$	\$ 168.17
3. <u>4.</u> <u>5</u>			
6. Total receipts (add lines 1 - 5)	\$ 168.17	\$	\$ 668.17
DISBURSEMENTS (Provide Brief Description): 1. 5.14 n 5 L Past 8. 9.	\$ 243.80	\$	\$ 243.80
10.			
<u>11.</u> 12.			
13. Total Disbursements (add lines 7 - 12)	\$ 243.80	\$	\$ 243.80
<ul> <li>14. Change in fund balance (Lines 6 minus 13)</li> <li>15. Fund Balance at beginning of year</li> <li>16. Fund balance (deficit) at end of year (Add lines 14-15)</li> </ul>	\$ (70.63) \$ 46,172.6		\$ (70.63) \$ 44,172,61
-This amount also goes on line 12, Statement B	\$ 46,101,98	\$	\$ 46, 101.98

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Statement **B** Page 4

boyou Desiand & Boyou Bortholomew Cut-off water Conservation Brd, (Agency Name)

Balance Sheet, on <u>PeC 31, 2019</u> (Year-End)

	-	General Fund	Other Fund	•	<b>Fotal</b>	
<ul> <li>ASSETS (balances at year-end) -Give brief description:</li> <li>1. Cash and cash equivalents on hand</li> <li>2. Investments (fair value) on hand</li> <li>3. Office furnishings (Cost of desks, etc)</li> </ul>	\$	46,101.98	\$	\$	46,101,98	8
<ul> <li>4. Equipment (Cost of fax machine, etc)</li> <li>5. Other (brief description)</li> <li>6. Total Assets (add lines 1 - 5)</li> </ul>	\$	46,101.98	\$	\$ 4	16,100,98	
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8.	\$	0	\$	\$	0	
9. 10.	·	~			0	
<ul> <li>11. Total Liabilities (add lines 7 - 10)</li> <li>12. Fund balance (amount from Line 16 on Statement A)</li> <li>13. Other</li> </ul>		0			0	
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	46,101,98	\$	<u>\$</u> 4	16,101.98	

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boyod	Dustarly Bryou	bortholomow	Cut-off	Statement C Page 5
	Cous ervation	V I	(Agency Name)	

# Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)

For the Year Ended D.e.C. 31-2019 (Year-End)

Agency Head Name and Title:\_\_\_\_\_

Ригрозе	Dollar Amount		
1. Salary	1.		
2. Benefits-insurance	2.		
3. Benefits-retirement	3.		
4. Benefits-other (describe)	4.		
5. Benefits-other (describe)	5.		
6. Benefits-other (describe)	6.		
7. Car allowance	7.		
8. Vehicle provided by government (if reported on your W-2)	8.		
9. Per diem	9.		
10. Reimbursements	10.		
11. Travel	11.		
12. Registration fees	12.		
13. Conference travel	13.		
14. Housing	14.		
15. Unvouchered expenses (example: travel advances, etc.)	15.		
16. Special meals	16.		
17. Other	17.		
18. TOTAL (enter total of line 1-17)	18.		

 $\swarrow$  Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)

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