Affidavit and Revenue Certification

(4)

Tensas Parish Recreation District – Lake Bruin_ENTITY NAME

Tensas	Parish			
St. Joseph, I.A.	(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, <u>Steve Maynord</u> (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of <u>Tensas Parish Recreation District – Lake Bruin</u> (enter entity name) as of <u>December 31, 2017</u> (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>Steve</u> <u>Maynord</u>, (officer name), who, duly sworn, deposes and says that <u>Tensas Parish</u> <u>Recreation District – Lake Bruin</u> (entity name) received \$75,000 or less in revenues and other sources for the year ended <u>December 31, 2017</u>, and accordingly, is not required to have an audit for the previously mentioned year.

Officer's Signature

Sworn to and subscribed before me this

NOTARY PUBLIC SIGNATURE & SEAL

NOTARY PUBLIC SIGNATURE & SEAL

DONNA R. RATCLIFF Notary Public Notary ID No. 57247 Tensas Parish, Louisiana

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.

APR 1 1 2018 Release Date _

Please Complete This Section
Officer's Name Steve Maynord
Officer's Title President
Address P. O. Box 38
City, Zip_St. Joseph, LA 71366
Ph: Cell/Land (601) 868-1240
E-mail maynors1949@gmail.com

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

Tensas Parish Recreation District – Lake Bruin

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended 2017 (Year-End)

		General Fund	 Other Fund		Total
RECEIPTS (Provide Brief Description):					
1. Parcel Tax Fee	ŝ	\$ 19,036.27	\$		\$ 19,036.27
2.Pier Permits		950.00	 		950.00
3.					
4.					-
5.					
6. Total receipts (add lines 1 - 5)	\$	19,986.27	\$ 	\$	19,986.27
DISBURSEMENTS (Provide Brief Description):					
Equipment Repair/Maintenance	_\$	2,212.72	\$ 	\$	2,212.72
8. AirMed (insurance)		4,300.00	 		4,300.00
9. Office supplies, printing, postage, postage box rent		1,073.80	 	-	1,073.80
10.Secretary of State (Election fee)		94.24	 		94.24
11. Professional fees (grass study)		4,810.00	 		4,810.00
12. Administrative Fees		2,400.00	 		2,400.00
13. Total Disbursements (add lines 7 - 12)	\$	14,890.76	\$ 	\$	14,890.76
		-		180	e en en en en
14. Change in fund balance (Lines 6 minus 13)	\$	5,095.51	\$ 	\$	5,095.51
15. Fund Balance at beginning of year	\$	13,440.71	\$ 	\$	13,440.71
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$	18,536.22	\$	\$	18,536.22

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

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Balance	Sheet,	on	2017
(Year-End	1)		

		General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:				
1. Cash and cash equivalents on hand	\$	18,536.22	\$	\$18,536.22
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)	\$	18,536.22	\$	\$18,536.22
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):				
8.	\$		\$ 	\$
9.	_		 	
10.			 _	
11. Total Liabilities (add lines 7 - 10)		-0-		-0-
12. Fund balance (amount from Line 16 on Statement A)				
13. Other				
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	18,536.22	\$	\$18,536.22

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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 ______(Year-End)

Agency Head Name and Title: Steve Maynord, President

Purpose	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.

XX 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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