

# Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: **Board of Louisiana River Pilot Review and Oversight**

Address: **2728 Athania Pkwy, Metairie, LA 70002**

Telephone: **504-218-7477**

Email: **brppc@cox.net**

*This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to [ereports@lla.la.gov](mailto:ereports@lla.la.gov), faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.*

## AFFIDAVIT

Personally came and appeared before the undersigned authority, **Jack H. Anderson** (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of **Board of Louisiana River Pilot Review and Oversight** (entity's name) as of **12/31/2018** (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; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows: \_\_\_\_\_

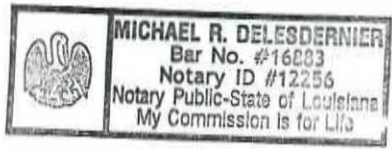
Complete if Applicable: In addition, **Jack H. Anderson** (officer's name), who duly sworn, deposes, and says that **Board of Louisiana River Pilot Review and Oversight** (entity's name) received \$75,000 or less in revenues and other sources for the year ended **12/31/2018** (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

  
\_\_\_\_\_  
OFFICER'S SIGNATURE

Interim Chairperson  
OFFICER'S TITLE

Sworn to and subscribed before me, this 20th day of Feb, 2021

  
\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL



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## Statement of Receipts and Disbursements

## Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Interest on account, CapitalOne	\$24.32	\$	\$24.32
2.			
3.			
4.			
5.			
<b>6. Total receipts</b> (add lines 1 - 5)	<u>\$24.32</u>	<u>\$</u>	<u>\$24.32</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7.	\$	\$	\$
8.			
9.			
10.			
11.			
12.			
<b>13. Total Disbursements</b> (add lines 7 - 12)	<u>\$0</u>	<u>\$</u>	<u>\$0</u>
14. Change in fund balance ( Lines 6 minus 13)	\$24.32	\$	\$24.32
15. Fund Balance at beginning of year	\$49,816.72	\$	\$49,816.72
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$49,841.04	\$	\$49,841.04

Identify the Basis of Accounting, if not using Cash-Basis: \_\_\_\_\_

**NOTE:** If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*

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## Balance Sheet

## Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end)			
1. Cash and cash equivalents	\$49,841.04	\$	\$49,841.04
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$49,841.04</u>	<u>\$</u>	<u>\$49,841.04</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (brief description):	\$0	\$	\$0
8.			
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	\$0		\$0
12. Fund balance (amount from Line 16 on Statement A)	\$49,841.04		\$49,841.04
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$49,841.04</u>	<u>\$</u>	<u>\$49,841.04</u>

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## Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Jack H. Anderson, Interim Chairperson

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.

X 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.)