

Franklin Parish Coroner (Entity Name)

Winnsboro, Franklin Parish/Louisiana (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

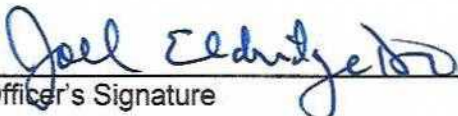
(Date) November 5, 2020

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 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,



Officer's Signature

Joel Eldridge D.O., Coroner

Officer's Name, Title

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

Affidavit and Revenue Certification

Franklin Parish Coroner

ENTITY NAME

Franklin Parish

Winnsboro, LA (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, Joel Eldridge D.O.
(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Franklin Parish Coroner (enter entity name) as of December 31, 2019 (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, Joel Eldridge D.O. (officer name), who, duly sworn, deposes and says that Franklin Parish Coroner (entity name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2019, and accordingly, is not required to have an audit for the previously mentioned year.

Joel Eldridge D.O.
Officer's Signature

Sworn to and subscribed before me this 6th day of November, 2020.

Marilyn W. Thomas
NOTARY PUBLIC SIGNATURE & SEAL



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 <u>11-18-2020</u>

Please Complete This Section
Officer's Name <u>Joel Eldridge D.O.</u>
Officer's Title <u>Coroner</u>
Address <u>PO Box 417</u>
City, Zip <u>Winnsboro, 71295</u>
Ph: Cell/Land <u>318-282-9654 / 318-435-8351</u>
E-mail <u>nelaamb@nelaems.com</u>

Franklin Parish Coroner

(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 2019
 (Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Service Fee	\$ 21650.00	\$	\$ 21650.00
2. Sheriff's Office		\$2689.23	\$2689.23
3. Town of Winnsboro City Court		\$1277.50	\$1277.50
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 21650.00</u>	<u>\$ 3966.73</u>	<u>\$ 25616.73</u>
DISBURSEMENTS (Provide Brief Description):			
7. Bookkeeping	\$ 4375.00	\$	\$ 4375.00
8. Dues for Coroner Association	\$350.00		\$350.00
9. Investigative Fees	\$10425.00		\$10425.00
10. Telephone	\$1685.40		\$1685.40
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 16835.40</u>	<u>\$</u>	<u>\$ 16835.40</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 4814.60	\$ 3966.73	\$ 8781.33
15. Fund Balance at beginning of year	\$ 4648.57	\$ 7450.66	\$ 2099.23
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$ 9463.17	\$ 11417.39	\$ 20880.56

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

Franklin Parish Coroner
 (Agency Name)

Balance Sheet, on 2019
 (Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 9184.44	\$ 10705.66	\$ 19890.10
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)	<u>\$ 9184.44</u>	<u>\$ 10705.66</u>	<u>\$ 19890.18</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	\$9463.17	\$11417.39	\$20880.56
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 9463.17</u>	<u>\$ 11417.39</u>	<u>\$ 20880.56</u>

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

Franklin Parish Coroner _____ (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 2019 (Year-End)

Agency Head Name and Title: _____

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 Telephone	17. \$1685.40
18. TOTAL (enter total of line 1-17)	18. 1685.40

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.)

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS 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 8/3/18

Instructions to Prepare Sworn Financial Statements for the Louisiana Legislative Auditor

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The enclosed financial statement has five pages:

The first page is a transmittal letter that tells the Legislative Auditor which entity you are.

The second page is the affidavit in which you will affirm that your revenues are in line with reporting requirement for a sworn financial statement:

Governmental agencies: Affirm that you received \$75,000 or less in total revenues during the year.

Non-profit entities: Affirm that you received \$75,000 or less in public funds during the year.

--Public funds are those received from a state or local governmental entity, or federal funds passed from a state or local governmental entity.

--PLEASE NOTE: Non-profit entities are not required to submit a financial report to the Legislative Auditor during any year in which they did not receive any public funds. Please notify us in writing that your entity did not receive any public funds during the year under consideration. Please inform us prior to the due date of your report to stay in compliant with the state law.

The third page is Statement A. This statement tells the Legislative Auditor how much money your agency took in and paid out during the year. . See instructions below.

The fourth page is Statement B. This statement tells the Legislative Auditor what your ending balances are in the various accounts as listed on the form. See instructions below.

The fifth page is Statement C. This statement is the schedule of compensation, benefits, and other payments made to the head of your agency or the chief executive officer. It is **required** to be completed by Act 706 of the 2014 Legislative Session. See instructions below.

Instructions to Prepare Statement A:

Receipts – Monies Received During the Year:

1. The **General Fund** column is used to report any monies your agency receives or expends for general purposes. The **Other Fund** column is used to report any monies your agency receives or expends for special purposes, such as restricted grant funds or utilities.
2. Line 1-5. List the types and amounts of your agency's receipts, or monies your agency received, during the year. Give a brief explanation of what these receipts were (taxes, fees, grants from which federal/state/local sources, etc.) A separate page may be used if necessary.
3. Line 6. Enter total of lines 1-5.

Disbursements – Money Spent During the Year:

4. Lines 7-12. List the types and amounts of your agency's disbursements, or monies your agency paid out, during the year. Give a brief description of what these disbursements were for (payroll, rent, utilities, etc.).
5. Line 13. Enter total of lines 7-12.
6. Line 14. Enter the difference between Line 13 and Line 6. If line 13 is greater than line 6, indicate that the line 14 amount is a negative number.
7. Line 15. Enter your agency's fund balance, this is the amount carried over from last year, if applicable.
8. Line 16. Enter the total of lines 14 and 15; this is the Fund Balance.
9. **If line 16 of Statement A is zero, and all of the amounts in Statement B are zero, you do not need to submit Statement B.**

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

Instructions to Prepare Statement B:

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Assets:

Line 1. Cash and cash equivalents on hand. Enter your agency's ending cash balance (this includes petty cash, all checking and savings accounts, and CD's with maturity less than 3 months).

Line 2. Investments on hand. Enter your agency's ending investment balance. Leave blank if your agency has no investments.

Line 3. Office furnishings. Enter the cost of your agency's office furnishings, less any depreciation. Leave blank if your agency is not keeping track of this information

Line 4. Equipment. Enter the cost of your agency's equipment, less any depreciation. Leave blank if your agency is not keeping track of this information.

Line 6. Total Assets. Enter total of lines 1 - 5.

Liabilities and Fund Balance:

Lines 7-10. Liabilities. List the type and amount of any bills your agency owes to outside parties, but has not paid out at the end of the year (payroll, payments due to vendors, etc.).

Line 11. Total Liabilities. Enter the total of lines 7 - 10.

Line 12. Fund balance. Enter the amount, if any, from line 16 of Statement A.

Line 13. Other. Leave blank unless you have other fund balances.

Line 14. Total Liabilities and Fund Balance. Enter the total of lines 11, 12, and 13.

[NOTE: *Line 6 should equal line 14 -- Total Assets = Total Liabilities Plus Fund Balance.*]

Instructions to Prepare Statement C:

This statement is the schedule of compensation, benefits, and other payments made to the head of your entity or the chief executive officer. It is **required to be completed and submitted** per Act 706 of the 2014 Legislative Session.

1. Enter your agency name at the top of page.
2. Enter the name and title of the head or chief executive officer of your agency.
3. Enter the amounts of compensation and/or benefits received in the appropriate lines.
4. Enter the total of lines 1-17 on line 18.
5. If the head or chief executive officer of your agency does not receive any compensation or benefits, please check the statement at the bottom of the form.
6. **Note for Non-profit Entities:** Act 462 of the 2015 Legislative Session amends Act 706 to allow not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from public funds.

Instructions to Complete and Submit Financial Statement Forms:

1. Take Statement A, Statement C (and Statement B if you have filled it out) and the affidavit page to a notary public. Fill out all the information in the affidavit form, including the lines below the notary public signature, in the presence of the notary. The notary will witness your signature and affix his or her seal to the affidavit.
2. Fill out the information on the transmittal letter.
3. **MAKE AND RETAIN A COPY OF ALL INFORMATION THAT YOU SEND TO THE LEGISLATIVE AUDITOR FOR YOUR RECORDS.**
4. Send to Legislative Auditor the transmittal letter, the affidavit, Statement A and Statement C, (and statement B if applicable) **on or before ninety days after your agency's fiscal year end.**

You can submit a pdf copy of the report by email to: ereports@lla.la.gov

Or by regular mail to:

Louisiana Legislative Auditor – Local Government Services
Post Office Box 94397
Baton Rouge, LA 70804-9397

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