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Affidavit and Revenue Certification

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Bordeloville Vol. Fire Dep.  
Avoyelles Parish  
Bordeloville (City), Louisiana

RECEIVED  
LEGISLATIVE AUDITOR  
MAR 17 AM 9:24  
ENTITY NAME

ANNUAL SWORN FINANCIAL STATEMENTS AND  
CERTIFICATION OF REVENUES \$50,000 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 \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(1)(1)(c)(i).

\*\*\*\*\*  
Personally came and appeared before the undersigned authority, Michael J. Bordelon (name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Bordeloville Vol. Fire Dep. (entity name) as of 12-31, 1999, 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, Michael J. Bordelon (name), who, duly sworn, deposes and says that Bordeloville Vol. Fire Dep. (entity name) received \$50,000 or less in revenues and other sources for the year ended 12-31, 1999, and accordingly, is not required to have an audit for the previously mentioned year.

Michael J. Bordelon  
Signature

Sworn to and subscribed before me this 13 day of March, 192000

NOTARY PUBLIC

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the auditor, or notary, of the entity and other appropriate 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  
\*\*\*\*\*  
Office Name Michael J. Bordelon  
Title Sec-Treasurer  
Address 2864 Hwy 451  
Moravia Ville, La. 71355  
Telephone No. 318-997-2467

Release Date 3-22-00

1657  
 Attn: Financial Statement Department

ACCOUNT NUMBER ~~1000~~  
 FISCAL YEAR END 12-31-1999

RECEIVED  
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**PROFIT AND LOSS STATEMENT AND NEXT YEAR'S BUDGET**

(Please complete all pages in their entirety)

Name Bordelonville Fire Dep. Address 2864 Hwy 451 Moreauville

Actual is for fiscal year ending 12-31-1999

	PRIOR YEAR	CURRENT YEAR	CURRENT YEAR	NEXT YEAR
	ACTUAL	BUDGET	ACTUAL	BUDGET
<b>OPERATING INCOME</b>				
1. Rental	\$ 817.-	\$ 1,000	\$	\$
2. Police Jury	1,200.-	1,200		
3. Insurance Rebate	2,474.-	2,400		
4. A.P.P.D. Grand Casino Grant	14,000.-	13,000		
5. Miscellaneous	2,000.-	-0-		
6. Less: Allowances and Deductions				
7. Total Operating Income (Add lines 1 through 6)	20,491.-	17,600.-		
<b>OPERATING EXPENSES</b>				
8. Repairs	1,307.-	1,000.-		
9. Utilities	1,014.-	1,000.-		
10. Fuel	555.-	500.-		
11. Labor	600.-	600.-		
12. Parts	4,140.-	4,000.-		
13. Insurance	4,305.00	3,000.-		
14. Training	608.00	500.-		
15. Interest	1,524.-	1,500.-		
16. Depreciation	5,000.-	5,000.-		
17. Total Operating Expense (Add lines 8 through 16)	19,053.-	17,100.-		
18. NET OPERATING INCOME (LOSS) (Line 7 less 17)	1,438.-	500.-		
<b>NONOPERATING INCOME</b>				
19. Interest Income				
20.				
21. Total Nonoperating Income (Add 19 and 20)				
22. NET INCOME (LOSS) (Add lines 18 and 21)	\$ 1,438.00	\$ 500.-	\$	\$
<b>RETAINED EARNINGS (EQUITY)</b>				
23. Beginning of Period				
24. Net Income - line 22	1,438.00	500.-		
25. Other (Specify)				
26. Retained Earnings End of Period (Add lines 23 through 25)	\$ -0-	\$ -0-	\$	\$

CERTIFIED CORRECT

Michael J. Bordelon  
 Appropriate Official (Signature)

3-13-2000  
 Date

### SUPPLEMENTAL DATA

The Following Data Should Be Supplied Where Applicable

**ALL BORROWERS**

- a. Are deposited funds in institutions insured by the Federal Government?
- b. Are you exempt from Federal Income Tax?
- c. Are Local, State and Federal taxes paid current?
- d. Is Corporate status in good standing with State?
- e. List kinds and amounts of insurance and fidelity bond:

Circle One  
 Yes No  
 Yes No  
 Yes No  
 Yes No

Insurance Coverage and Policy Number	Insurance Agent and Phone Number	Amount of Coverage	Expiration Date of Policy
Property Insurance Policy # <u>VFISC L00101942000 Cottonport BANK Ins. Agency</u>		<u>\$ 75,000.00</u>	<u>5-29-2000</u>
General Liability Policy # <u>VFISCM10085982000</u>	<u>318-964-2495</u>	<u>\$ 2,000,000.00</u>	<u>11</u>
Auto Liability Policy # <u>11</u>	<u>11</u>	<u>\$ 1,000,000.00</u> <u>\$ 100,000.00</u>	<u>11</u>
Fidelity Policy # <u>68870284</u>	<u>11</u>	<u>\$ 10,000.00</u>	<u>6-15-2001</u>
Workers Compensation Policy # <u>N.A.</u>			

(If coverage does not exist, indicate why in coverage and expiration fields.)

Fiscal Year To Date

**WATER AND/OR SEWER UTILITY BORROWERS ONLY**

- a. Water purchased or produced (CU. FT. - GAL.)
- b. Water sold (CU. FT. - GAL.)
- c. Treated waste (CU. FT. - GAL.)
- d. Number of users - water
- e. Number of users - sewer

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**AGE ACCOUNTS RECEIVABLE AS FOLLOWS:**

	Days				
	<u>0 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>91 and Older</u>	<u>*Total</u>
Dollar Values	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Number of Accounts \_\_\_\_\_

Totals must agree with those on Balance Sheet

**LIST OF ORGANIZATION'S BOARD OF DIRECTORS, OFFICERS AND ADMINISTRATORS**

Name	Title	Address	Telephone Numbers
<u>Henry Hess</u>	<u>Pres</u>	<u>3170 Hwy 451 Moresauville, La. 71355</u>	
<u>Michael Bardelay</u>	<u>Tres</u>	<u>2864 Hwy 451 Moresauville, La.</u>	<u>318-997-2467</u>
<u>James Bernard</u>	<u>Sec.</u>	<u>Big Bend, La.</u>	<u>318-997-2434</u>