

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

Entity Name: DeSoto SWCD Address: 405 Polk Street, Suite D, Mansfield, Louisiana 71052

Telephone: 318-872-4949 Email: desoto.swcd@gmail.com

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 <u>ereports@lla.la.gov</u>, 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, Jerry Holmes (officer's
name), who, duly sworn, deposes and says that the financial statements herewith given present fair	dy, in all
material respects, the financial position of DeSoto SWCD (entity's r	name) as
of (entity's year-end) and the results of operations for the year then e	nded, 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 com	ply with
laws and regulations; and that the entity has complied with all laws and regulations, ex	xcept as
follows:	

Complete if Applicable: In addition, Jerry Holmes		(officer's name), who duly sworn,
deposes, and says thatDeSoto SWCD		_ (entity's name) received \$75,000 or less
in revenues and other sources for the year ended	2023	(entity's year-end), and accordingly,
is not required to have an audit for the previously men	tioned fis	cal vear.

irman OFFICER'S SIGNATURE OFFICER'S TITLE Sworn to and subscribed before me, this 10^{11} day of 00^{11} 2023 916 NOT AR YPUBLE SIGNATUREsiana Parish of DeSoto My Commission Is For Life

Sworn Financial Statement

Entity Name: DeSoto SWCD

Fiscal Year End: 2023

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. State	\$ 27,363.91		\$ 27,363.91
2. Farm	\$ 9,548.00		\$ 9,548.00
3. NACD	\$ 281.25		\$ 281.25
4. Feral	\$ 9,192.00		\$ 9,192.00
5. Local(4920) Rentals(1169.50) Seed Sales(\$4574)	\$ 10,777.20		\$ 10,777.20
6. Total receipts (add lines 1 - 5)	\$ 57,162.36	\$ 0.00	\$ 57,162.36
DISBURSEMENTS (Provide Brief Description): 7.			
Personal Services	\$ 55,205.90		\$ 55,205.90
8. Travel	\$ 4,423.23		\$ 4,423.23
9. Operating Services 10.	\$ 2,364.91		\$ 2,364.91
Supplies	\$ 2,724.95		\$ 2,724.95
Capital Outlay 12.	\$ 33,133.77		\$ 33,133.77
	* 07 050 70	<u> </u>	\$ 0.00
13. Total Disbursements (add lines 7 - 12)	\$ 97,852.76	\$ 0.00	<u>\$ 97,852.76</u>
14. Change in fund balance (Lines 6 minus 13)	-\$ 40,690.40	\$ 0.00	-\$ 40,690.40
15. Fund Balance at beginning of year	\$ 150,362.74		\$ 150,362.74
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$ 109,672.34	\$ 0.00	\$ 109,672.34

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.*

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 49,760.96		\$ 49,760.96
2. Investments (fair value)	\$ 60,763.79		\$ 60,763.79
3. Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)	\$ 20,638.63		\$ 20,638.63
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 131,163.38	\$ 0.00	\$ 131,163.38
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description): Accrued Leave	\$ 852.41		\$ 852.41
8.			\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)	\$ 852.41	\$ 0.00	\$ 852.41
12. Fund balance (amount from Line 16 on Statement A)	\$ 109,672.34		\$ 109,672.34
13. Other	\$ 20,638.63	<i>_</i> 0.00	\$ 20,638.63
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 131,163.38</u>	\$ 0.00	

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Mr. Jerry Holmes

Purpose	Dollar Amount
1. Salary	
2. Benefits-insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	\$ 315.00
10. Reimbursements	
11. Travel	\$ 319.32
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	\$ 634.32

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.)