Entity Name: Indian Bayou VO, Fire Dept.
Address: 4723 LA HWY 700, Kaplan, LA 70548
Telephone: 337-643-6846 Email: MMEAUX 68@ 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 even or self-alagov, 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, Monica L. Meaux
(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 <u>Thouan Bayou Vol. Five Dept.</u> (entity's name) as of <u>Dec. 31, 2019</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; 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, MONICAL, MEAUX (officer's name), who duly sworn, deposes, and says that INTAN BOYOU VOL. FIRE DEPT (entity's name) received \$75,000 or less in revenues and other sources for the year ended DEC.31, 2019 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.
Monica L. Meany Treasurer

Please submit a pdf copy of the completed form to: ereports@lla.la.gov ~ Updated 01/22

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OFFICER'S TITLE

Sworn to and subscribed before me, this 30 day of M(w), 2023

Litha Alleja Katona F. Villejain NOTARY PUBLIC SIGNATURE & SEAL (5953

# Entity Name: Indian Bayou Vol. Fire Dept Fiscal Year End: 2019

#### Statement of Receipts and Disbursements

#### Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. 2% rebate	\$9382.60 \$	j	\$
2.			
3.			······
4.			
5.	·		
6. Total receipts (add lines 1 - 5)	\$9382.60\$	>	\$
DISBURSEMENTS (Provide Brief Description):	4 7 M M m		٨
7. Utilities & Water	\$ 33.X4.33\$	·	\$
* Phone	147,3,41	***************************************	
9. Mainterance & Cleaning	3600,00		manth Milania American process process and a second process of the
10. Salary	2500.00		
11.			
	clo 001 41 6		
13. Total Disbursements (add lines 7 - 12)	\$10901.14	)	\$
14. Change in fund balance (Lines 6 minus 13)	s 1519.14 s		\$
15. Fund Balance at beginning of year	5-2853.125	<u>,                                     </u>	\$

Fund balance (deficit) at end of year (Add lines 14	I-15)	-
This amount also goes on line 12, Statement B	±4372.26\$	\$

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.

Entity Name: Indian Boxou Vol. Five Dept Fiscal Year End: 2019

Balance Sheet			<u>Statement B</u>
	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$	\$	\$
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	***************************************		
5. Other (brief description)		<u></u>	**************************************
6. Total Assets (add lines 1 - 5)	\$	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8.	**************************************	and the same and t	- SALESTANDO DE CONTRADO DE CO
9.			
10.	And the second s		***************************************
11. Total Liabilities (add lines 7 - 10)			·····
12. Fund balance (amount from Line 16 on Statement A)			
13. Other	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

Entity Name: Inlian Bayou Vol. Fire Dept Fiscal Year End: 2019

#### Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Frankie Abshire, Fire Chief

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.
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Entity Name: Indian Bayou Vol. Fire Dept Fiscal Year End: 2019

15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18.

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.)