VERMILION PARISH VOLUNTEER FIRE DEPARTMENT
HENRY (8700 - FV) (Entity Name)

ERATH VERMILION LOUISIANA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 6-14-2021

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 (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

RYAN KIRKCONNELL FIRE CHIEF

Officer's Name, Title

Enclosures

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

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

Entity Name: HENRY VOLUNTEER FIRE DEPARTMENT
Address: 5010 FRANK ROAD ERATH LA 70533
Telephone: (331) 319-8774 Email: MAG 250 DD 51X @ GMAL. 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 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, RYAN KIRKCONNELL
(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 HENRY VOLUNTEER FIRE DEPART
(entity's name) as of DECEMBER 31, 2020 (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, RYAN KIRKCONNELL (officer's name), who duly
sworn, deposes, and says that HENRY VOLUNTEER FIRE DEPT. (entity's name) received \$75,000
or less in revenues and other sources for the year ended DECEMBER 31, 2020 (entity's year-end), and
accordingly, is not required to have an audit for the previously mentioned fiscal year.
OFFICER'S SIGNATURE FIRE CHIEF OFFICER'S TITLE
Sworn to and subscribed before me, this 25 day of June, 2021
Hattlen A. Keikennell NOTARY PUBLIC SIGNATURE & SEAL # 36,290

HENRY VOLUNTEER FIRE DEPARTMENT

(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended <u>DECEMBER</u> 31, 2020
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	•	\$4.049	\$ 4,049
1. 2% INS. REBATE	Ψ	4 7,04 7	Ψ 1,041
3			
4			
5.			
6. Total receipts (add lines 1 - 5)	\$	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7. EQUIPMENT REPAIRS	\$	\$ 948	\$ 948
8.			
9.			
10.			
11. 12.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$	\$ 948	\$ 948
14. Change in fund balance (Lines 6 minus 13)	\$	\$ 3,101	\$ 3.101
15. Fund Balance at beginning of year	\$	\$ 1,269	\$ 3,101
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	\$ 4.370	\$ 4,370

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HENRY VOLUNTEER FIRE DEPARTMENT (Agency Name)

Balance Sheet, on DECEMBER 31, 2020 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:	•	¢ 11 ====	C 4 > 7 -
1. Cash and cash equivalents on hand	D	\$ 7,310	\$ 4,370
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)	-		
4. Equipment (Cost of fax machine, etc)	300		
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$	\$ 4,370	\$ 4,370
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)		4.370	4.370
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$4,370	\$ 4,370

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

HENRY VOLUNTEER FIRE DEPARTMENT (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 DECEMBER 31 2044 ear-End)

Agency Head Name and Title: RYAN KIRKCONNELL 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.
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.)