Chenier Plan Coastal Restoration & Protection Authority (Entity Name)

Lake Charles, Calcasieu, Louisiana (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 9/25/2020

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 <u>June 30, 2018</u> (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,

Kay Barnett Officer's Name

Enclosures

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

Affidavit and Revenue Certification

Chenier Plain Coastal Restoration and Protection Authority ENTITY NAME

Calcasieu Parish

Lake Charles, Louisiana (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, ___Kay Barnett_____(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of <u>Chenier Plain Costal Restoration and Protection Authority</u> (enter entity name) as of <u>June</u> <u>30, 2020</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.

(Complete if applicable)

In addition, <u>Kay</u> <u>Barnett</u>, (officer name), who, duly sworn, deposes and says that <u>Chenier</u> <u>Plain Costal Restoration and Protection Authority</u> (entity name) received \$75,000 or less in revenues and other sources for the year ended <u>June 30, 2018</u>, and accordingly, is not required to have an audit for the previously mentioned year.

Kay Barnett Officer's Signature

Sworn to and subscribed before me this 25 day of Sentember, 2020

Michelle K. Laspard NOTARY PUBLIC SIGNATURE & SEAL Michelle R. Ceaspard # 19218

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.

12/1/2021

Release Date

Please Complete This Section							
Kay Barnett							
P.O. Box 1583							
Lake Charles, LA 70602							
337-794-2608							
rnett@CHRISTUSHEALTH.org							

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

<u>Chenier Plain Costal Restoration and Protection Authority</u> (Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended June 2018 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1	<u>\$</u> -	<u>\$</u>	<u>\$ -</u>
2.		•	<u> </u>
3.	-		
4.	-		
5.	-	•	<u> </u>
6. Total receipts (add lines 1 - 5)	<u>\$</u>	<u> </u>	<u>\$</u> -
DISBURSEMENTS (Provide Brief Description): 7.Bank Charges .	\$ 35.00	\$-	\$ 35.00
8.CPA	45.00	-	45.00
9.Legal & Professional Fees	9,537.50		9,537.50
10.Office Expenses	3,921.22		3,931.22
11.Subcontractors	81,847.60		81,847.60
12.Travel	4,206.51		4,206.51
13. Travel Meals	976.10	. <u></u> .	976.10
14. Total Disbursements (add lines 7 - 13)	<u>\$100,578.93</u>	<u>\$</u>	\$100,578.93
15. Change in fund balance (Lines 6 minus 14) 16. Fund Balance at beginning of year	<u>\$(100,578.93)</u> \$225,004.31	\$ \$	<u>\$(100,578.93)</u> \$225,004.31
17. Fund balance (deficit) at end of year (Add lines 15-16) This amount also goes on line 12, Statement B	\$ 124,425.38	\$ -	\$124,425.38

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Statement B Page 4

<u>Chenier Plain Costal Restoration and Protection Authority</u> (Agency Name)

Balance Sheet, on <u>June 30, 2018</u> (Year-End)

		General Fund	 Other Fund	Total
ASSETS (balances at year-end) -Give brief description:				
1. Cash and cash equivalents on hand	\$	63,557.32	\$ -	\$63,557.32
2. Investments (fair value) on hand		60,868.06	 -	60,868.06
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)	\$	124,425.38	\$ -	124,425.38
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8.	\$		\$ 	<u>\$ -</u>
<u>9.</u> 10.			 	
	—		 -	
11. Total Liabilities (add lines 7 - 10)		-	 	
12. Fund balance (amount from Line 16 on Statement A)		124,425.38	 -	124,425.38
13. Other		-	 -	-
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u></u>	124,425.38	\$ 	\$124,425.38

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

_____ (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 _____(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	17.
18. TOTAL (enter total of line 1-17)	18.

X 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