Seland Fire Do \_(Entity Name) 1) Asland ( rate koulo Porisk ) La\_ (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 3-142022

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 Signature Officer's Name, Title

Enclosures

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

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

## Affidavit and Revenue Certification

Jeland Volunteer Fire ENTITY NAME Cata Parish a (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).

(Complete if applicable) In addition, J. W. for an addition, J. W. for an addition, J. W. for an addition, J. W. for a says that the sources for the year ended \_\_\_\_\_\_\_ (entity name) received \$75,000 or less in revenues and other sources for the year ended \_\_\_\_\_\_\_, and accordingly, is not required to have an audit for the previously mentioned year.

Officer's Signature

Sworn to and subscribed before me this 242 day of \_\_\_\_\_\_



2022

Wade M. Thompson NOTARY PUBLIC # 51210 STATE OF LOUISIANA My Commission Expires with Life.

NOTARY PUBLIC SIGNATURE & SEAL

#### 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.

Release Date 4/20/2022

Please Complete This Section		
Officer's Name		
Officer's Title		
Address		
City, Zip		
Ph: Cell/Land		
E-mail		

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Statement A Page 3

unteer Fire Dest

(Agency Name)

# **Statement of Cash Receipts and Disbursements**

For the Year Ended 12-31-21 (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	<b>0</b> (10 mm m)	•	•
1. Cataking Police fury	\$ 4953.21	\$	\$
2. Jeland Water (7189,87) 3. Nature of	206.66		
4.	206:66		
5.			
6. Total receipts (add lines 1 - 5)	\$ 12, 349.74	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7. Sepphis (179,56) Cepherp \$ 700.0	\$ 877.56	\$	\$
8. Ripairs	610.12		
9. Clectrin (608.49) Phone (1244.04)	1852,85		
10. Jul (523.04) Butane (368.75)	891.79		
11. Paras	600.50		
12. truck In (2416.00) Fire the 184.00 13. Total Disbursements (add lines 7 - 12)	2520.00	¢	•
13. Total Disbursements (add lines 7 - 12)	\$ 7 352.82	Ψ	
14. Change in fund balance (Lines 6 minus 13)	\$ #996.93	\$	\$
15. Fund Balance at beginning of year	\$58179.89	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)			
This amount also goes on line 12, Statement B	\$	\$	\$

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Statement B Page 4

Leland Volunteer Fire Dept.

(Agency Name)

Balance Sheet, on <u>12-31-21</u> (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$	\$	\$
2. Investments (fair value) on hand			
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)	\$	\$	\$
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)	63176.82		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	\$

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

Statement C Page 5

\_\_\_\_\_ (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.	

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.)

Voluenteer Live Dept

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