Jeff Davis Arts Council (Entity Name)

Jennings, Jeff Davis Painsh / LA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 10 29 20

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 (1) (2020) (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 6ignature

Gregory N Marcantel, President

Officer's Name. Title

Enclosures

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

Affidavit and Revenue Certification

Jeff Davis Arts Council	ENTITY NAME	
Jeft Davis	Parish	
Jennings, LA	(City), State	
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if a	applicable)	
The annual sworn financial statements are <i>required</i> 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 a (enter officer name), who, duly sworn, deposes and says fairly the financial position of	s that the financial statements herewith given present \(\frac{1}{2} \) \(
	cer name), who, duly sworn, deposes and says that received \$75,000 or less in revenues and other, and accordingly, is not required to have an audit for	
	Officer's Signature	
Sworn to and subscribed before me this 21 day of 000000, 2020. NOTARY PUBLIC SIGNATURE & SEAL		
For Office Use Only	Please Complete This Section	
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	Officer's Name Chregory Murchitel Officer's Title President Address P.O. Box 485	

office of the parish clerk of court.

Release Date

11-18-2020

Ph: Cell/Land 337-834-0592

E-mail gray@gmarcantercpa

com

JEFF Davis ANS	Council	
Agency Name)		

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			• 0000 000
1. Will Government Support	<u>\$ 2000</u>	_	_ \$ <u>%</u> 500
2. mutre Revine	1244		- <u>1739.</u>
3. Private Support	<u> </u>		<u> </u>
4. Investment income 5.			
6. Total receipts (add lines 1 - 5)	\$57533	\$	\$59533
DISPLIPSEMENTS (Provide Priof Penerinties):			
DISBURSEMENTS (Provide Brief Description): 7. Cheneral & Hammist rative	\$ 19240	\$	\$ 18240
8. Typutre Expenses	114610	Ψ	1106110
9. AA In Education	1000		1021
10. Save the Herryand' Project	424		924
11. Muest ment expense	500		5067
12. Additional Operating Expense	413		4/12
13. Total Disbursements (add lines 7 - 12)	<u>\$ 57130</u>	\$	\$57130
14. Change in fund balance (Lines 6 minus 13)	<u>\$ 2403</u>	_ \$	<u>\$ 2403</u>
15. Fund Balance at beginning of year	\$ 89480_	\$	<u>\$ 89680</u>
16. Fund balance (deficit) at end of year (Add lines 14-15)	• 10.005	•	- 00min
This amount also goes on line 12, Statement B	<u>\$49083</u>	\$	<u>\$ サスのうろ</u>

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Jeff Davis Arts Council	
(Agency Name)	

Balance Sheet, on June 30, 2020 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			_
Cash and cash equivalents on hand	\$ 244u2	\$	\$24442
2. Investments (fair value) on hand	40469		40469
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	25404		25494
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$ 92415	\$	\$ 92415
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8. מאַ אַ א	\$ 330 <u>.</u>	\$	\$ 333 <u></u>
10.			
11. Total Liabilities (add lines 7 - 10)	<u>_359</u>		333
12. Fund balance (amount from Line 16 on Statement A)	<u>42083</u>		92083
13. Other			<u>. </u>
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$9245</u>	\$	<u>\$93415</u>

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

Jeff Davis Arrs Council	(Agency Name)
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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 Three 20 2020 (Year-End)

Agency Head Name and Title: LAKShur Onellien, Executive Director

Purpose	Dollar Amount
1. Salary	1. 45%, 4%
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. (503.46)

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.)