

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

Entity Name: City of Alexandria Firemen's Pension & Relief Fund

Address: Post Office Box 71
Alexandria, LA 71309

Telephone: 318 449-5034

Email: David.Johnson@cityofalex.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, David Johnson [Signature], who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Firemen's Pension & Relief Fund as of 4-30-22 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: N/A

Complete if Applicable: In addition, David Johnson, who duly sworn, deposes, and says that Firemen's Pension & Relief Fund received \$75,000 or less in revenues and other sources for the year ended 4-30-22, and accordingly, is not required to have an audit for the previously mentioned fiscal year.

[Signature]
OFFICER'S SIGNATURE

Director of Finance
OFFICER'S TITLE

Sworn to and subscribed before me, this 6th day of July, 2022

[Signature]
NOTARY PUBLIC SIGNATURE & SEAL



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

Entity Name: COA Firemen's Pension & Relief Fund Fiscal Year End:04-30-22

Statement of Receipts and Disbursements

Statement A

| | General Fund | Other Fund | Total |
|--|-----------------|---------------|-------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. Interest Revenue | \$ 160 | \$ | \$ |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | \$ 160 | \$ | \$ |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. Pension Benefits | \$ 18,392 | \$ | \$ |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | \$ 18,392 | \$ | \$ |
| 14. Change in fund balance (Lines 6 minus 13) | \$ (18,232) | \$ | \$ |
| 15. Fund Balance at beginning of year | \$ 70,429 | \$ | \$ |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B | \$ 52,197 | \$ | \$ |

Identify the Basis of Accounting, if not using Cash-Basis: _____

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.*

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Entity Name: COA Firemen's Pension & Relief Fund Fiscal Year End:04-30-22

Balance Sheet

Statement B

| | <u>General Fund</u> | <u>Other Fund</u> | <u>Total</u> |
|---|-------------------------|-----------------------|--------------|
| ASSETS (balances at year-end) | | | |
| 1. Cash and cash equivalents | \$ 52,197 | \$ | \$ |
| 2. Investments (fair value) | | | |
| 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) | <u>\$ 52,197</u> | <u>\$</u> | <u>\$</u> |
| LIABILITIES AND FUND BALANCE (at year-end): | | | |
| 7. Liabilities (brief description): | \$ | \$ | \$ |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| 11. Total Liabilities (add lines 7 - 10) | | | |
| 12. Fund balance (amount from Line 16 on Statement A) | \$ 52,197 | | |
| 13. Other | | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | <u>\$ 52,197</u> | <u>\$</u> | <u>\$</u> |

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Entity Name: COA Firemen's Pension & Relief Fund Fiscal Year End:04-30-22

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Jeffrey W. Hall, Mayor

| 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.)