Entity Name: ____Tamaron Subdivision Improvement District

Address: __7208 E Tamaron Boulevard, New Orleans, LA 70128

Telephone: _504 908 8279 Email: _BHornsby@cox.net

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 <u>ereports@lla.la.gov</u>, 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, _Barbara Eveque Hornsby_ (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 Tamaron Subdivision Improvement District (entity's name) as of December 31, 2022 (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:______

<u>Complete if Applicable:</u> In addition, Barbara A. Eveque Hornsby___ (officer's name), who duly sworn, deposes, and says that Tamaron Subdivision Improvement District_ (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2022_ (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

SIGNATURE

BLIC SIGNATURE

Dwayne P Smith

Bar # 21382

OFFICER'S TITLE

Sworn to and subscribed before me, this _30__ day of _April_____, 2023____

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 02/23

Entity Name: Tamaron Subdivision Improvement District _____ Fiscal Year End: 2023_____

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. HOA Deposits	\$18,297	\$	\$18,297
 Security Deposits 3. 	1,410		1,410
4. 5.			
6. Total receipts (add lines 1 - 5)	\$19,707	\$	\$19,707

DISBURSEMENTS (Provide Brief Description):

7. Landscaping	\$ 7,800	\$ \$ 7,800
8. Maintenance	2,071	2 671
9. Security	4,985	4985
10. Office	189	129
11. Utilities	1,129	1,129
12.		
13. Total Disbursements (add lines 7 - 12	2) \$16,174	\$ \$ 16,174
14. Change in fund balance (Lines 6 minus 1	\$ 3,523	\$ \$ 3,523
15. Fund Balance at beginning of year	\$ 3,725	\$ \$ 3,725

16. Fund balance (deficit) at end of year (Add lines 14-15)		
This amount also goes on line 12, Statement B	\$ 7,258	\$ \$ 7,258

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: _Tamaron Subdivision Improvement District __Fiscal Year End: __2022_____

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$ 7,258	\$	\$ 7,258
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)	\$ 7,258	\$	\$ 7,258
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)	7,258		7,258
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 7,258	\$\$	\$ 7,258

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Entity Name: _Tamaron Subdivision Improvement District _____ Fiscal Year End: __2022_

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head's Name and Title:

Purpose	Doliar 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.)