Entity Name: Village of Stanley, Louisiana

Address: 13595 Hwy 84, Logansport, La 71049

Telephone: (318) 697-4768 Email: ricky.burch@yahoo.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 <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, <u>Ricky Burch, Mayor</u>, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of <u>Village of Stanley</u>, <u>Louisiana</u> as of <u>June 30, 2019</u> 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.

<u>Complete if Applicable:</u> In addition, <u>Ricky Burch, Mayor</u>, who duly sworn, deposes, and says that <u>Village</u> <u>of Stanley, Louisiana</u> received \$75,000 or less in revenues and other sources for the year ended <u>June 30</u>, <u>2019</u>, and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Buch

SIGNATURE

KICKY Burch

Sworn to and subscribed before me, this day of October , 20 21

SIGNATURE & SEAL

MISSY LAWRENCE, NOTARY PUBLIC DESOTO PARISH, LOUISIANA MY COMMISSION IS FOR LIFE NOTARY ID # 53245

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - Updated 12/20



Mayor Ricky Burch and the Board of Aldermen Village of Stanley, Louisiana Logansport, Louisiana

Management is responsible for the accompanying financial statements of the Village of Stanley, Louisiana, which comprise the balance sheet as of June 30, 2019, and the related statement of cash receipts and disbursements for the year then ended, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

### Other Matters

The financial statements included in the accompanying prescribed form are intended to comply with the requirements of Louisiana Revised Statute 24:514 and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

The schedule of compensation, benefits and other payments to agency head or chief executive officer is presented for purposes of additional analysis and is not a required part of the basic financial statement. The information is the representation of management. The information was subject to our compilation engagement; however, we have not audited or reviewed the schedule and accordingly, do not express an opinion, a conclusion, nor provide any assurance on such supplementary information.

Dees Gardner, Certified Public Accountants, LLC

Mansfield, Louisiana September 24, 2021

### **Statement of Receipts and Disbursements**

### Statement A

General Fund			Other Fund	Total	
RECEIPTS (Provide Brief Description):	¢	E COC	¢	¢	E 606
1. Franchise Taxes	\$	5,696	Þ	\$	5,696
<u>2.</u> 3.					
<u>3.</u> 4.	-				
5.					
6. Total receipts (add lines 1 - 5)	\$	5,696	\$	\$	5,696
DISBURSEMENTS (Provide Brief Description): 7. Utilities	\$	3,220	\$	\$	3,220
8. Dues & Subscriptions	-	145			145
9.					
10.					
11.					
12.					
13. Total Disbursements (add lines 7 - 12)	\$	3,365	\$	\$	3,365
14. Change in fund balance (Lines 6 minus 13)	\$	2,331	\$	\$	2,331
15. Fund Balance at beginning of year	\$	9,735	\$	\$	9,735
16. Fund balance (deficit) at end of year (Add lines 14-15)	-			_	
This amount also goes on line 12, Statement B	\$	12,066	\$	\$	12,066

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.* 

## **Balance Sheet**

## Statement B

	General Fund		Other Fund		Total	
ASSETS (balances at year-end)						
1. Cash and cash equivalents	\$	12,066	\$		\$	12,066
2. Investments (fair value)		and the second second	_		_	
<ol><li>Office furnishings (Cost of desks, etc)</li></ol>					_	
<ol><li>Equipment (Cost of fax machine, etc)</li></ol>		139,959				139,959
5. Other		(47,233)				(47, 233)
6. Total Assets (add lines 1 - 5)	\$	104,792	\$		\$	104,792
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (brief description): Current liabilities 8.	\$	0	\$		\$	0
9.						
10.	_					
11. Total Liabilities (add lines 7 - 10)		0				0
12. Fund balance (amount from Line 16 on Statement A)		12,066				12,066
13. Other – Investment in Capital Assets		92,726				92,726
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	104,792	\$		\$	104,792

## Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Ricky Burch, Mayor

Purpose	Dollar Amount			
1. Salary	1			
2. Benefits-insurance	2.			
3. Benefits-retirement	3			
4. Benefits-other Payroll Taxes	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.)