

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

| Entity Name: Recreation District No.4 of Allen Parish |
|--|
| Address: P.O. Box 272 Grant, LA 70644 |
| Telephone: 318-335-6021 Email: tram@camtel.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 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, Steven Durio (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 Recreation District No.4 of Allen Parish (entity's name) as |
| of12/31/2024 (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: |
| |
| Complete if Applicable: In addition, Steven Durio (officer's name), who duly sworn, |
| deposes, and says that Recreation District No.4 of Allen Parisl (entity's name) received \$75,000 or less |
| in revenues and other sources for the year ended12/31/2024 (entity's year-end), and accordingly, |
| is not required to have an audit for the previously mentioned fiscal year. |
| Chairperson |
| OFFICER'S SIGNATURE OFFICER'S TITLE |
| Sworn to and subscribed before me, this 3151 day of 351 day of 351 |
| NOTARY PUBLIC SIGNATURE 048145 OFFICIAL SEAL CYNTHIA B. LAFITTE NOTARY ID # 068145 STATE OF LOUISIANA PARISH OF BEAUREGARD PARISH OF B |

RECREATION DISTRICT NO. 4 OF ALLEN PARISH

Grant, Louisiana

Compiled Financial Statements

For the Year Ended December 31, 2024

RECREATION DISTRICT NO. 4 OF ALLEN PARISH

Grant, Louisiana

Statement of Revenues, Expenditures and Changes in Fund Balance -All Governmental Fund Types For the Year Ended December 31, 2024

| | General Fund |
|---|--------------------------|
| Revenue: Local Sources - Grants Miscellaneous - Rent Interest | \$24,936 \$5,000 0 |
| Total Revenues | 29,936 |
| Expenditures: Current | |
| Bank Charges | 0 |
| Operation of Events | 2,971 |
| Rental Contract Labor | 125 8,650 |
| Supplies and Materials | 5,966 |
| Capital Outlay | 6,574 |
| Total Expenditures | 24,286 |
| Excess (Deficiency) of Revenues | |
| Over Expenditures | 5,650 |
| Fund Balance - Beginning | 4,742 |
| Fund Balance - Ending | \$10,392 |

RECREATION DISTRICT NO. 4 OF ALLEN PARISH

Grant, Louisiana

Combined Balance Sheet - All Fund Types and Account Groups December 31, 2024

| | Governmental <u>Fund Type</u> | | Total |
|--------------------------------------|-------------------------------|--|-------------|
| | | General | (Memorandum |
| | General Fund | Fixed Assets | Only) |
| <u>Assets</u> | | | |
| Cash | \$10,392 | \$ - | \$10,392 |
| Capital Assets | | | |
| Land | - | 36,722 | 36,722 |
| Land Improvements | - | 55,275 | 55,275 |
| Accumulated Depreciation | | -16,822 | -16,822 |
| Total Assets | \$10,392 | \$75,175 | \$85,567 |
| | | | |
| Liabilities and Fund Equity | | | |
| Fund Equity Investment in General | | | |
| Fixed Assets | - | 75,175 | 75,175 |
| | | | |
| Fund Balance | | | |
| Unreserved-Undesignated | 10,392 | ** *********************************** | 10,392 |
| Total Liabilities and Fund Equity | \$10,392 | \$75,175 | \$85,567 |

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: _____

| Purpose | Dollar Amount |
|---|---------------|
| 1. Salary | \$ 0.00 |
| 2. Benefits-insurance | \$ 0.00 |
| 3. Benefits-retirement | \$ 0.00 |
| 4. Benefits-other (describe) | |
| 5. Benefits-other (describe) | |
| 6. Benefits-other (describe) | |
| 7. Car allowance | \$ 0.00 |
| 8. Vehicle provided by government (if reported on your W-2) | \$ 0.00 |
| 9. Per diem | \$ 0.00 |
| 10. Reimbursements | \$ 0.00 |
| 11. Travel | \$ 0.00 |
| 12. Registration fees | \$ 0.00 |
| 13. Conference travel | \$ 0.00 |
| 14. Housing | \$ 0.00 |
| 15. Unvouchered expenses (example: travel advances, etc.) | \$ 0.00 |
| 16. Special meals | \$ 0.00 |
| 17. Other | \$ 0.00 |
| 18. TOTAL (enter total of line 1-17) | \$ 0.00 |

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.)

Sworn Financial Statement Updated: 08/01/2023