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### Affidavit and Revenue Certification

Iberville Fire Fighters Association  
Iberville Parish  
Plaquemine, LA

#### ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

The annual sworn financial statements are *required* 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 authority, John Marque, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Iberville Fire Fighters Association as 12/31/2018, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

**(Complete if applicable)**

In addition John Marque, who, duly sworn, deposes and says that Iberville Fire Fighters Association received \$75,000 or less in revenues and other sources for the year ended 12/31/2018, and accordingly, is not required to have an audit for the previously mentioned year.

  
\_\_\_\_\_  
Officer's Signature

Sworn to and subscribed before me this 9th day of May, 2019.

  
\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL  
EDWARD A. SONGY, JR./LABRN 02121

For Office Use Only	
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 Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.	
Release Date	<u>MAY 22 2019</u>

Please Complete This Section	
Officer's Name	John Marque
Officer's Title	President
Address	<u>P.O. Box 389</u>
City, Zip	<u>PLAQUEMINE LA 70765</u>
Ph: Cell/Land	<u>225-316-8824/225-687-5790</u>
E-mail	<u>JMARQUE@IBERVILLEPARISH.COM</u>

**Iberville Fire Fighters Association****Statement of Cash Receipts and Disbursements  
For the Year Ended 12/31/2018**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>RECEIPTS (Provide Brief Description):</b>			
1.Receipts from Departments/Communications	\$ 33,000	\$	\$ 33,000
2.			
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$</u>	<u>\$</u>	<u>\$</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7.Communication Costs	\$ 15,000	\$	\$ 15,000
8.Subscriptions	7,136		7,136
9.Bank Charges	36		36
10.			
11.			
12.			
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 22,172</u>	<u>\$</u>	<u>\$ 22,172</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 10,828	\$	\$ 10,828
15. Fund Balance at beginning of year	\$137,529	\$	\$137,529
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$148,357	\$	\$148,357

Iberville Fire Fighters Association

**Balance Sheet, on 12/31/2018**

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$148,357	\$	\$148,357
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$148,357</u>	<u>\$</u>	<u>\$148,357</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	148,357		148,357
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$148,357</u>	<u>\$</u>	<u>\$148,357</u>

**Iberville Fire Fighters Association****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 12/31/2018

**Agency Head Name and Title: John Marque, President**

<b>Purpose</b>	<b>Dollar Amount</b>
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. \$0

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.)

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16