

10782
(4)

Affidavit and Revenue Certification

Broadmoor Development Corporation ENTITY NAME
Orleans Parish
New Orleans, LA (City), State

**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, Jeffrey D Gardner
(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Treasurer (enter entity name) as of 9/30/2017 (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.

(Complete if applicable)

In addition, _____, (officer name), who, duly sworn, deposes and says that Broadmoor Development Corporation (entity name) received \$75,000 or less in revenues and other sources for the year ended 9/30/2017, and accordingly, is not required to have an audit for the previously mentioned year.

Jeffrey D Gardner
Officer's Signature

Sworn to and subscribed before me this 15th day of February, 2018

Charles A. Marts
NOTARY PUBLIC SIGNATURE & SEAL
CHARLES A. MARTS
Attorney at Law, Bar #34886
Notary Public #133805
Parish of Orleans, State of Louisiana
My Commission is for Life

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>APR 11 2018</u>

Please Complete This Section
Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

Broadmoor Development Corp
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 9/30/2017
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. _____	\$ -0 -	\$	\$
2. _____			
3. _____			
4. _____			
5. _____			
6. Total receipts (add lines 1 - 5)	<u>\$ -0 -</u>	<u>\$</u>	<u>\$</u>
DISBURSEMENTS (Provide Brief Description):			
7. <u>Insurance</u>	\$ 310.22	\$	\$
8. <u>Bank Charges</u>	90.00		
9. <u>Lot Maintenance</u>	2,620.00		
10. _____			
11. _____			
12. _____			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 3,020.22</u>	<u>\$</u>	<u>\$</u>
14. Change in fund balance (Lines 6 minus 13)	<u>\$ <3,020.22</u>		\$
15. Fund Balance at beginning of year	<u>\$ 628,718.79</u>		\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$ 625,698.57</u>		\$

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

Broadmoor Development Corporation
(Agency Name)

Balance Sheet, on 9/30/2017
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 805.09	\$	\$
2. Investments (fair value) on hand	620,378.97		
3. Office furnishings (Cost of desks, etc)	912.33		
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) <u>Receivable</u>	28,214.26		
6. Total Assets (add lines 1 - 5)	<u>\$ 650,310.65</u>	<u>\$</u>	<u>\$</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description): <u>Account Payable</u>			
8.	\$ 7,362.42	\$	\$
9. <u>Deferred Income</u>	17,249.66		
10.			
11. Total Liabilities (add lines 7 - 10)	<u>24,612.08</u>		
12. Fund balance (amount from Line 16 on Statement A)	625,698.57		
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 650,310.65</u>	<u>\$</u>	<u>\$</u>

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Broadmoor Development Corp (Agency Name)

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 9/30/2017 (Year-End)

Agency Head Name and Title: _____

Purpose	Dollar Amount
1. Salary	1. <u>-0-</u>
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. <u>0</u>

☒ 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