

EAST FELICIANA PARISH TOURISM COMMISSION (Entity Name)

JACKSON, EAST FELICIANA, LOUISIANA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 3-6-2020

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 12-31-19 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,



Officer's Signature

JAMES R MOSS

Officer's Name

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT FOR YOUR RECORDS
Affidavit and Revenue Certification

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

EAST FELICIANA PARISH TOURISM COMMISSION ENTITY NAME

**EAST FELICIANA Parish
JACKSON, LOUISIANA (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, **JAMES R MOSS** (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of **E. FELICIANA PARISH TOURISM COMMISSION** (enter entity name) as of **2019** 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, JAMES R MOSS, (officer name), who, duly sworn, deposes and says that **E. FELICIANA PARISH TOURISM COMM.** (entity name) received \$75,000 or less in revenues and other Sources for the year ended **2019**, and accordingly, is not required to have an audit for the previously mentioned year,


Officer's Signature

Sworn to and subscribed before me this 6 day of March, 2020.


NOTARY PUBLIC SIGNATURE & SEAL

My Commission is good for me, #59221

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 _____

Please Complete This Section
Officer's Name <u>JAMES R MOSS</u>
Officer's Title <u>TREASURER</u>
Address <u>7835 Connie Drive</u>
City, Zip <u>JACKSON, LA 70748</u>
Ph: Cell/Land <u>225-485-3180</u>
E-mail <u>jim.moss60@yahoo.com</u>

EAST FELICIANA PARISH TOURISM COMMISSION
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 12/31/2019 (Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. EAST FELICIANA POLICE JURY	\$ 3,693.00	\$	\$ 3,693.00
2. MILBANK HISTORIC HOUSE B&B TAX	399.69		399.69
3. OLD CENTENARY INN B&B TAX	532.93		532.93
4. WILDFLOWER INN B&B TAX	613.02		613.02
5. INTEREST INCOME C.D.	21.36		21.36
6. Total receipts (add lines 1 - 5)	<u>\$ 5,260.00</u>	<u>\$</u>	<u>\$ 5,260.00</u>
DISBURSEMENTS (Provide Brief Description):			
7. COMPUTER & WEBSITE SERVICES	\$ 73.10	\$	\$ 73.10
8. TELEPHONE & INTERNET	746.71		746.71
9. POSTAGE, MAILING SERVICE	98.00		98.00
10. SUPPLIES	28.11		28.11
11. ADVERTISING EXPENSES	426.36		426.36
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 1,372.28</u>	<u>\$</u>	<u>\$ 1,372.28</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 3,887.72	\$	\$ 3,887.72
15. Fund Balance at beginning of year	\$ 12,781.28	\$	\$ 12,781.28
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$ 16,669.00	\$	\$ 16,669.00

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

EAST FELICIANA PARISH TOURISM COMMISSION

(Agency Name)

Balance Sheet, on 12/31/2019

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 13,169.00	\$ 3,500.00	\$ 16,669.00
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. Total Assets (add lines 1 - 5)	<u>\$ 13,169.00</u>	<u>\$ 3,500.00</u>	<u>\$ 16,669.00</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	16,669.00		16,669.00
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 16,669.00</u>	<u>\$</u>	<u>\$ 16,669.00</u>

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EAST FELICIANA PARISH TOURISM COMMISSION (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 **12/31/2019** (Year-End)

Agency Head Name and Title: PAUL DAVIDSON, CHAIRMAN

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

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EAST FELICIANA PARISH TOURISM COMMISSION

02/21/20

Balance Sheet

Accrual Basis

As of December 31, 2019

	Dec 31, 19
ASSETS	
Current Assets	
Checking/Savings	
INVESTAR BANK GENERAL ACCT	16,669.00
Total Checking/Savings	16,669.00
Total Current Assets	16,669.00
TOTAL ASSETS	16,669.00
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LIABILITIES & EQUITY	
Equity	
Opening Balance Equity	11,721.10
Unrestricted Net Assets	1,060.18
Net Income	3,887.72
Total Equity	16,669.00
TOTAL LIABILITIES & EQUITY	16,669.00
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EAST FELICIANA PARISH TOURISM COMMISSION
Profit & Loss
January through December 2019

	Jan - Dec 19
Ordinary Income/Expense	
Income	
REVENUES COLLECTED	
EAST FELICIANA POLICE JURY	3,693.00
HOTEL & B & B TAX COLLECTIONS	
MILBANK HISTORIC HOUSE	399.69
OLD CENTENARY INN	532.93
WILDFLOWER INN	613.02
Total HOTEL & B & B TAX COLLECTIONS	1,545.64
Total REVENUES COLLECTED	5,238.64
Investments	
Interest-Savings, Short-term CD	21.36
Total Investments	21.36
Total Income	5,260.00
Expense	
Operations	
Computer / Website Services	73.10
Telephone & Internet	746.71
Postage, Mailing Service	98.00
Supplies	28.11
Total Operations	945.92
Other Types of Expenses	
Advertising Expenses	426.36
Total Other Types of Expenses	426.36
Total Expense	1,372.28
Net Ordinary Income	3,887.72
Net Income	<u>3,887.72</u>