

**Louisiana Association of Planning & Development District  
Houma, Terrebonne/Louisiana**

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS


**05/27/2020**

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 12/31/2019. 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  
Kevin P. Belanger  
\_\_\_\_\_  
Officer's Name

Enclosures

**PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT 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

**Affidavit and Revenue Certification**

**Louisiana Association of Planning & Development District**

**Terrebonne**

**Houma, Louisiana**

**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, **Kevin P Belanger**, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of **Louisiana Association of Planning & Development District** as of **12/31/2019**, 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, **Kevin P Belanger**, who, duly sworn, deposes and says that **Louisiana Association of Planning & Development District** received \$75,000 or less in revenues and other sources for the year ended **12/31/2019**, and accordingly, is not required to have an audit for the previously mentioned year.

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

Sworn to and subscribed before me this 28 day of May, 2020.

  
\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE & SEAL

| 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>8/5/2020</u>  |

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

**Louisiana Association of Planning  
And Development Districts**

**Statement of Cash Receipts and Disbursements  
For the Year Ended 12/31/2019**

|  | <u>General<br/>Fund</u> | <u>Other<br/>Fund</u> | <u>Total</u>      |
|--|-------------------------|-----------------------|-------------------|
| <b>RECEIPTS (Provide Brief Description):</b>   |                         |                       |                   |
| 1. Member Dues   | \$8,000.00              | \$                    | \$8,000.00        |
| 2. Interest  | 95.00                   |                       | 95.00             |
| 3.   |                         |                       |                   |
| 4.   |                         |                       |                   |
| 5.   |                         |                       |                   |
| <b>6. Total receipts</b> (add lines 1 - 5)   | <u>\$8,095.00</u>       | <u>\$</u>             | <u>\$8,095.00</u> |
| <b>DISBURSEMENTS (Provide Brief Description):</b>  |                         |                       |                   |
| 7. Administrative Services   | \$3,200.00              | \$                    | \$3,200.00        |
| 8. Auditing Expense  | 0                       |                       | 0                 |
| 9. Meeting/Meals Expense   | 767.00                  |                       | 767.00            |
| 10. Booth/Exhibit Expense  | 0                       |                       | 0                 |
| 11.  |                         |                       |                   |
| 12.  |                         |                       |                   |
| <b>13. Total Disbursements</b> (add lines 7 - 12)  | <u>\$3,967.00</u>       | <u>\$</u>             | <u>\$3,967.00</u> |
| 14. Change in fund balance ( Lines 6 minus 13)   | \$4,128.00              | \$                    | \$4,128.00        |
| 15. Fund Balance at beginning of year  | \$37,784.00             | \$                    | \$37,784.00       |
| 16. Fund balance (deficit) at end of year (Add lines 14-15)<br>--This amount also goes on line 12, Statement B | \$41,912.00             | \$                    | \$41,912.00       |

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**Louisiana Association of Planning  
And Development Districts**

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

|   | <b>General<br/>Fund</b> | <b>Other<br/>Fund</b> | <b>Total</b>       |
|---|-------------------------|-----------------------|--------------------|
| <b>ASSETS</b> (balances at year-end) -Give brief description:     |                         |                       |                    |
| 1. Cash and cash equivalents on hand                              | \$6,108.00              | \$                    | \$6,108.00         |
| 2. Investments (fair value) on hand                               | 27,165.00               |                       | 27,165.00          |
| 3. Office furnishings (Cost of desks, etc)                        |                         |                       |                    |
| 4. Equipment (Cost of fax machine, etc)                           |                         |                       |                    |
| 5. Other (brief description) Accounts Receivable                  | 16,000.00               |                       | 16,000.00          |
| 6. <b>Total Assets</b> (add lines 1 - 5)                          | <b>\$49,273.00</b>      | <b>\$</b>             | <b>\$49,273.00</b> |
| <b>LIABILITIES AND FUND BALANCE</b> (at year-end):                |                         |                       |                    |
| 7. Liabilities (give brief description) Accounts Payable          | \$7,361.00              | \$                    | \$7,361.00         |
| 8.  |                         |                       |                    |
| 9.  |                         |                       |                    |
| 10.   |                         |                       |                    |
| 11. <b>Total Liabilities</b> (add lines 7 - 10)                   | 7,361.00                |                       | 7,361.00           |
| 12. Fund balance (amount from Line 16 on Statement A)             | 41,912.00               |                       | 41,912.00          |
| 13. Other   |                         |                       |                    |
| 14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13) | <b>\$49,273.00</b>      | <b>\$</b>             | <b>\$49,273.00</b> |

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**Louisiana Association of Planning And Development Districts**  
**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

**Agency Head Name and Title: Heather Urena - Chairman**

| Purpose   | Dollar Amount |
|---|---------------|
| 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.           |

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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