

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 3-30-20

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 (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,

CHRIS WARD, PRESIDENT Officer's Name, Title

Enclosures

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

| Affidavit and Reve | enue Certification |
|--|---|
| COTILE VA | FD, INC. ENTITY NAME |
| RAPIDS | |
| Boyes, L | - Groti |
| | |
| ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if | f applicable) |
| The annual sworn financial statements are required by Legislative Auditor within 90 days after the close of the less, if applicable, is required by Louisiana Revised Stat | fiscal year. The certification of revenues of \$75,000 or |
| | ys that the financial statements herewith given present \sqrt{FD} , \sqrt{FD} (enter entity name) as of and the results of operations for the year then ended, in |
| accordance with the basis of accounting described within | n the accompanying financial statements. |
| | fficer name), who, duly sworn, deposes and says that e) received \$75,000 or less in revenues and other _, and accordingly, is not required to have an audit for |
| | |
| | Officer's Signature |
| Sworn to and subscribed before me this 30 day of 1 | · · · · · · · · · · · · · · · · · · · |
| SAE | 40368 |
| NOTARY PUBLIC SIG | NATURE & SEAL |
| For Office Use Only | Please Complete This Section |
| Under provisions of state law, this report will become a public document on the | Officer's Name CHIRIS WARD |
| Monday following the release date. A copy of the report will be submitted to | Officer's Title PRESIDENT |
| appropriate public officials and be available for public inspection at the Baton | Address 55 PANKER RD |
| Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the | City, Zip BOYCE, LA 71409 |

Ph: Cell/Land_

E-mail COTILE VFD @ ATT, NET

318 793 - 4433

office of the parish clerk of court.

Release Date

5/20/20

| COTILE 1 | FD, I | VC |
|---|------------|-------------------|
| (Agency Name) | | |
| Statement of Cash For the Year Ended | Receipts る | and Disbursements |

(Year-End)

| | General Fund | Other Fund | Total | - |
|---|-------------------------|---------------|-----------|------------|
| RECEIPTS (Provide Brief Description): | | | | |
| 1. ZTO LA INS REBATE | \$ 8266.19 | \$ | \$ | |
| 2. POLICE JURY REIMBURSEMENTS | 14046,42 | | | - |
| 3. DONATIONS | 400,00 | | | - |
| 4. LOAN AMTS | 150.00 | | | • |
| 5. | | | | = |
| 6. Total receipts (add lines 1 - 5) | \$27862,61 | \$ | \$ | • |
| DISBURSEMENTS (Provide Brief Description): 7. CC アハナラ 8. VEH MAINT-EQUIP | \$ 13333.71 | \$ | \$ | - |
| 9. LOANS | 150.00 | | | _ |
| | 16 4525-16 | | | - 22351.93 |
| 11. BLDS & GRNDS | 3189,50 | | | - |
| 12. DUES / TYLKINING | 1370,84 | | | _ |
| 13. Total Disbursements (add lines 7 - 12) | \$223.54.93 | \$ | <u>\$</u> | = |
| 14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year | \$ 510.68 \$12030.04 | | \$ \$ | - |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B | \$12540.74 | \$ | \$ | |

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| COTILE | IFD, INC. | |
|-----------------------------------|-----------|--|
| (Agency Name) | | |
| Balance Sheet, on _ (Year-End) | 12-31-19 | |

| | General Fund | Other Fund | Total |
|--|--|---------------|-------|
| ASSETS (balances at year-end) -Give brief description 1. Cash and cash equivalents on hand 2. Investments (fair value) on hand | \$12540.74 | 1\$ | \$ |
| Office furnishings (Cost of desks, etc) | | | |
| Equipment (Cost of fax machine, etc) | | | |
| 5. Other (brief description) | | 0 | |
| 6. Total Assets (add lines 1 - 5) | \$12540.74 | \$ | \$ |
| 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) | 12540,74 | (9) | |
| 13. Other | SEE SHE AND DELIVERY AND THE SEE SHEET | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$12540.74 | \$ | \$ |

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| Cerius | VFD. | INC. | (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 12-31-19 (Year-End)

Agency Head Name and Title: CHRIS WARD, PRESIDENT

| Purpose | Dollar Amount |
|---|---------------|
| 1. Salary | 1. 3 0,00 |
| Benefits-insurance | 2 |
| Benefits-retirement | 3. |
| 4. Benefits-other (describe) | 4. |
| 5. Benefits-other (describe) | 5 |
| Benefits-other (describe) | 6. v |
| 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. v |
| 17. Other | 17. " |
| 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 (quasipublic) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)