

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: ALLEN PARISH RECREATION DISTRICT #3

Address: ALLEN PARISH

Telephone: 318-491-0216 Email: shirley.saunders045@gmail.com

This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, JIMMIE HUGHES (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of ALLEN PARISH RECREATION DISTRICT #3 (entity's name) as of 12/31/2020 (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; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows: _____

Complete if Applicable: In addition, JIMMIE HUGHES (officer's name), who duly sworn, deposes, and says that ALLEN PARISH RECREATION DISTRICT #3 (entity's name) received \$75,000 or less in revenues and other sources for the year ended 12/31/2020 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.



OFFICER'S SIGNATURE

CHAIRMAN
OFFICER'S TITLE

Sworn to and subscribed before me, this 21 day of April, 2021



NOTARY PUBLIC SIGNATURE & SEAL



NICOLE SHELTON YBARRA
NOTARY PUBLIC NO. 065902
STATE OF LOUISIANA
PARISH OF VERNON
My Commission is for Life

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Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1.AD VALOREM TAX INCOME	\$ 52724	\$	\$ 52724
2.FESTIVAL INCOME			
3.POOL REVENUE			
4.MISC INCOME			
5.INTEREST INCOME			
6. Total receipts (add lines 1 - 5)	\$ 52724	\$	\$ 52724
DISBURSEMENTS (Provide Brief Description):			
7.ACCOUNTING	\$ 1475	\$	\$1475
8.ADVERTISEMENT	65		65
9.CONTRACT LABOR	870		870
10.MEETING	2900		2900
11.FESTIVAL EXPENSE			
12.GROUND MAINTENANCE	480		480
13.INSURANCE	4238		4238
14.MEALS	227		227
15.MILEAGE	125		125
16.OFFICE EXPENSE	211		211
17.PAYROLL EXPENSES	4500		4500
18.PER DIEM EXPENSE			
19.POOL SUPPLIES	33414		33414
20.POSTAGE	161		161
21.REIMBURSEMENTS			
22.REPAIRS	545		545
23.SUPPLIES	569		569
24.TRAINING			
25.UTILITIES	4637		4637
26. Total Disbursements (add lines 7 - 26)	\$ 53949	\$	\$ 53949
27. Change in fund balance (Lines 6 minus 26)	\$	\$	\$
28. Fund Balance at beginning of year	\$ 44402	\$ 33449	\$ 77851
29. Fund balance (deficit) at end of year (Add lines 28-29) --This amount also goes on line 12, Statement B	\$ 43177	\$	\$ 76626

Identify the Basis of Accounting, if not using Cash-Basis: _____

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*

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Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$	\$	\$ 5842
2. Investments (fair value)			36448
3. Office furnishings (Cost of desks, etc)		33449	33449
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$	\$ 33449	\$ 75739
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):			
8. PAYROLL LIABILITIES	\$	\$	\$ 168
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			168
12. Fund balance (amount from Line 29 on Statement A)	42122	33449	75571
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 42290	\$ 33449	\$ 75739

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: JIMMIE HUGHES, 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. 600
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. 600

_____ 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.)