HENRY VOLUNTEER FIRE DEPT. (Entity Name)

ERATH VERMILION LOUISIANA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) JUNE 15, 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 <u>DECEMBER 31, 2019</u> (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

RYAN KIRKCONNELL FIRE CHIEF Officer's Name

Enclosures

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

Affidavit and Revenue Certification

HENRY VOLUNTEER FIRE DEPARTMENT ENTITY NAME VERMILION Parish ERATH 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, <u>RVAN KIRKCONNELL</u> (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of <u>HENRY VOLUNTEER FIRE DEPARTMENT</u> (enter entity name) as of <u>DECEMBER 31, 2019</u> (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, <u>RYAN KIRKCONNELL</u>, (officer name), who, duly sworn, deposes and says that <u>HENRY VOLUNTEER FIRE DEPT.</u> (entity name) received \$75,000 or less in revenues and other sources for the year ended <u>DECEMBER 31, 2019</u>, and accordingly, is not required to have an audit for the previously mentioned year.

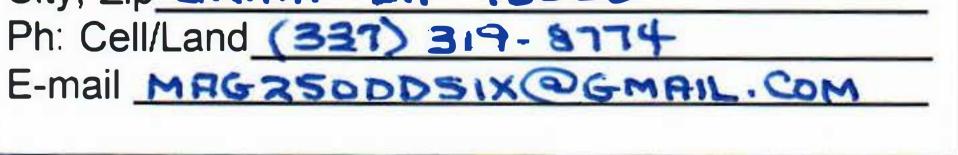
Officer's Signature

Sworn to and subscribed before me this 15 day of fune, 2020.

NOTARY PUBLIC SIGNATURE & SEAL T /) # 36291

For Office Use Only

Pleas	e Complete This Section
Officer's Name	RYAN KIRKCONNELL
Officer's Title	FIRE CHIEF
Address 50	O FRANK ROAD
City, Zip ERM	H LA 70533



Statement A Page 3

HENRY VOLUNTEER FIRE DEPARTMENT (Agency Name)

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

	General Fund	Other Fund Total
RECEIPTS (Provide Brief Description):		
1. 2% INS. REBATE	\$	\$4,043.56\$
2.		
3.		
4.		
5.		
6. Total receipts (add lines 1 - 5)	\$	\$4043.56\$
DISBURSEMENTS (Provide Brief Description): 7. EQUIPMENT REPAIRS 8. 9. 10.	\$	\$2,863.43 \$
11.		
12.		
13. Total Disbursements (add lines 7 - 12)	\$	\$2,863.43 \$
14. Change in fund balance (Lines 6 minus 13)	\$	\$ 1,180-13 \$
15. Fund Balance at beginning of year	\$	\$ 1,180,13 \$ \$ 89.09 \$
16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B	\$	\$ 1, 267.22, \$

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Statement B

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HENRY VOLUNTEER FIRE DEPARTMENT (Agency Name)

Balance Sheet, on DECEMBER 31, 2019 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$	\$1,269.22	\$
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)	\$	\$1,269.22	\$
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8. 9.	\$	\$	\$
<u>9.</u> 10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)		1,269.22	1
13. Other	-		

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Statement C Page 5

HENRY VOLUNTEER FIRE DEPARTMENT (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 DECEMBER 31, 2019 (Year-End)

Agency Head Name and Title: RYAN KIRKCONNELL FIRE CHIEF

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	1 6.
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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