

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

Entity Name: North Kenilworth Imp & Sec. District
 Address: 7428 Benson St N.O. LA. 70127
 Telephone: 504-324-6044 Email: CADSILVERFOX@YAHOO.COM
504-214-3710

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 CARROLL A. DENESSE (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 TREASURER (entity's name) as of 2025 (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: NONE

Complete if Applicable: In addition, CARROLL A. DENESSE (officer's name), who duly sworn, deposes, and says that NORTH KENILWORTH IMP. & SEC. DIST. (entity's name) received \$75,000 or less in revenues and other sources for the year ended 2025 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Carroll A. Denesse
 OFFICER'S SIGNATURE

Treasurer
 OFFICER'S TITLE

Sworn to and subscribed before me, this 16th day of February, 2026

[Signature]
 NOTARY PUBLIC SIGNATURE



ADAM L. LALIBERTE
 ATTORNEY AT LAW / NOTARY PUBLIC
 BAR ROLL NO. 39950
 STATE OF LOUISIANA
 PARISH OF ORLEANS
 My Commission is for Life

Entity Name: NORTH KENILWORTH
IMP & SEC. DIST

Fiscal Year End: 2025

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. <u>LIBERTY BANK & TRUST</u>			56,177.32
2. <u>INTEREST</u>			66.30
3.			\$ 0.00
4.			\$ 0.00
5.			\$ 0.00
6. Total receipts (add lines 1 - 5)	\$ 0.00	\$ 0.00	56,243.62
			<u>\$ 0.00</u>
DISBURSEMENTS (Provide Brief Description):			
7. <u>SEAL CITY ONE PROTECTION GROUP SECURITY</u>			66,397.72
8. <u>LAWN CARE (ABANDON HOMES)</u>			4805.00
9. <u>TRAVELERS INS.</u>			1533.00
10. <u>PLANT TREES IN SUBDIVISION</u>			363.40
11. <u>US POSTAL (P.O. BOX)</u>			166.00
12.			73,265.12
13. Total Disbursements (add lines 7 - 12)	\$ 0.00	\$ 0.00	\$ 0.00
14. Change in fund balance (Lines 6 minus 13)			- 1702.15
15. Fund Balance at beginning of year			44,042.38
16. Fund balance (deficit) at end of year (Add lines 14-15)			\$ 0.00
--This amount also goes on line 12, Statement B	\$ 0.00	\$ 0.00	23,446.07
			<u>\$ 0.00</u>

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.

Entity Name: NORTH KENILWORTH
IMP & SEC. DIST

Fiscal Year End: 2025

Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents			\$ 0.00
2. Investments (fair value)			\$ 0.00
3. Office furnishings (Cost of desks, etc)			\$ 0.00
4. Equipment (Cost of fax machine, etc)			\$ 0.00
5. Other (brief description)			\$ 0.00
6. Total Assets (add lines 1 - 5)	\$ 0.00	\$ 0.00	\$ 0.00
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):			\$ 0.00
8.			\$ 0.00
9.			\$ 0.00
10.			\$ 0.00
11. Total Liabilities (add lines 7 - 10)	\$ 0.00	\$ 0.00	\$ 0.00
12. Fund balance (amount from Line 16 on Statement A)	\$ 0.00	\$ 0.00	\$ 0.00
13. Other			\$ 0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 0.00	\$ 0.00	\$ 0.00

23,446.07

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: NORTH KENILWORTH IMP & SEC DIST

Purpose	Dollar Amount
1. Salary	0
2. Benefits-insurance	0
3. Benefits-retirement	0
4. Benefits-other (describe)	0
5. Benefits-other (describe)	0
6. Benefits-other (describe)	0
7. Car allowance	0
8. Vehicle provided by government (if reported on your W-2)	0
9. Per diem	0
10. Reimbursements	0
11. Travel	0
12. Registration fees	0
13. Conference travel	0
14. Housing	0
15. Unvouchered expenses (example: travel advances, etc.)	0
16. Special meals	0
17. Other	0
18. TOTAL (enter total of line 1-17)	\$ 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.)