

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 4/30/2020

Ms. Gayle Fransen
Engagement Manager
Louisiana Legislative Auditor
1600 North Third Street
Baton Rouge, LA 70802

Dear Ms. Fransen:

Sincerely,

Officer's Signature

Officer's Name

Enclosures

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

Affidavit and Revenue Certification

Le Bayou Legendaire	Company ENTITY NAME
Vermilion	Parish
A . I	- (City), State
1755-1117, 126	Colly), State
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if	applicable)
The annual sworn financial statements are required by Legislative Auditor within 90 days after the close of the filess, if applicable, is required by Louisiana Revised Statu	iscal year. The certification of revenues of \$75,000 or
Personally came and appeared before the undersigned (enter officer name), who, duly sworn, deposes and says fairly the financial position of Le Bayou Legent December 31, 2019 (entity's year-end), as accordance with the basis of accounting described within	s that the financial statements herewith given present daire Company (enter entity name) as of nd the results of operations for the year then ended, in
Le Bayou Lebendaure Company (entity name sources for the year ended <u>December 31</u> , 2019 the previously mentioned year.	ficer 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 38 day of A	2070.
NOTARY PUBLIC SIGN	NATURE & SEAL OFFICIAL SEAL DAVID B HOLLEY NOTARY ID # 128584 STATE OF LOUISIANA PARISH OF VERMILION My Commission is for Life
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
Monday following the release date. A copy of the report will be submitted to	Officer's Title
appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the	City, Zip
office of the parish clerk of court.	Ph: Cell/Land

E-mail

Release Date ___

Le Bayou Legendaire Company (Agency Name)

Statement of Cash Receipts and Disbursements For the Year Ended $\underbrace{Dec.\ 31,\ 2019}_{\text{(Year-End)}}$

General Fund	Other Fund	Total
		4. 24
\$12260.00	\$	\$12260.00
1275.00		1275.00
11467.60		11467.60
470.48		470.48
\$25473.08	\$	\$2 <i>5473</i> ,08
	`	_
\$ 1497.37	\$	\$1497.37
14 450.00		14 450.00
2988.19	-	2988.19
1221,73		1221.73
1840.00		1840.00
4302.43		<u>4302.43</u>
\$26299.72	\$	\$26299.72
		/
5-826.64	\$	\$=826.64
\$ 4505.73	\$	\$ <i>4505.73</i>
- 0 5 0 0	_	- 2/76-0
\$ 3679.09	\$	\$ 3679.09
	\$12260.00 1275.00 11467.60 470.48 \$25473.08 \$25473.08 \$1497.37 14450.00 2988.19 1221.73 1840.00 4302.43 \$26299.72 \$-826.64 \$4505.73	Fund Fund \$12260.00 \$

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

Le Bayou Legendaire Company
(Agency Name)

Balance Sheet, on 12/3//19

(Year-End)

	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	\$ <i>3679.09</i>	\$	\$ 3679.09
Office furnishings (Cost of desks, etc) Equipment (Cost of fax machine, etc)			
5. Other (brief description) 6. Total Assets (add lines 1 - 5)	\$ 3679.09	\$	\$3679.09
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description): 8.	\$	\$	\$
<u>9.</u> 10.		Name and the second sec	
11. Total Liabilities (add lines 7 - 10)	2179 09		3679.09
12. Fund balance (amount from Line 16 on Statement A) 13. Other	3619.01	***************************************	3017.01
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$3679.09	\$	\$3679.09

Le Bayou Legendaire Company (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 Dec. 31,2019 (Year-End)

Agency Head Name and Title:

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 (quasipublic) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)