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Affidavit and Revenue Certification

NORTH KENILWORTH SEC & IMP DIST ENTITY NAME
ORLEANS Parish
NEW ORLEANS (City), State LA.

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, CARROLL A. DENESSE (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of NORTH KENILWORTH SEC & IMP DIST (enter entity name) as of 12/31/2018 (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, CARROLL A DENESSE (officer name), who, duly sworn, deposes and says that NORTH KENILWORTH SD (entity name) received \$75,000 or less in revenues and other sources for the year ended 12/31/18, and accordingly, is not required to have an audit for the previously mentioned year.

Carroll A Denesse
Officer's Signature

Sworn to and subscribed before me this 11 day of February, 2019.

Thomas G Donelon
NOTARY PUBLIC SIGNATURE & SEAL

THOMAS G. DONELON, #04999
NOTARY PUBLIC
STATE OF LOUISIANA
PARISH OF JEFFERSON
My Commission Expires Upon Death

For Office Use Only
Under provisions of state law, this report will become a public document on the Monday following the release date. A copy of the report will be submitted to appropriate public officials and be available for public inspection at the Baton Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the office of the parish clerk of court.
Release Date APR 17 2019

Please Complete This Section
Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

NORTH KENILWORTH IMPD SEC DIST.

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended 2018

(Year-End)

	General Fund	Interest Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.	\$	\$	\$
2.			
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5) <u>12/31/18</u>	\$ <u>52,209.37</u>	\$ <u>64.36</u>	\$ <u>52,333.73</u>
DISBURSEMENTS (Provide Brief Description):			
7. <u>Metro Security</u>	\$ <u>46,002.00</u>	\$	\$
8. <u>Travelers Insurance</u>	<u>1,882.00</u>		
9. <u>Wild Ink Printing</u>	<u>994.49</u>		
10. <u>notary</u>	<u>20.00</u>		
11. <u>ENONAC (MEM FEES)</u>	<u>200.00</u>		
12. <u>A GORETTI CHURCH (MEET ROOM)</u>	<u>300.00</u>		
13. Total Disbursements (add lines 7 - 12)	\$ <u>*</u>	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$	\$	\$ <u>5677.80</u>
15. Fund Balance at beginning of year	\$	\$	\$ <u>32,878.12</u>
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$	\$	\$ <u>38,555.92</u>
12.B WEBSITE YEARLY FEE	<u>450.00</u>		
12.C. NIGHT OUT AGAINST CRIME	<u>600.00</u>		
	<u>* 50,448.49</u>		

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

NORTH KENILWORTH IMPD SEC DIST (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 12/31/18 (Year-End)

Agency Head Name and Title: _____

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

_____ 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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