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Affidavit and Revenue Certification

Indian Bayou Volunteer Fire Dept ENTITY NAME
Vermilion Parish
Andrew, La (City), State

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$50,000 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 \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(l)(1)(c)(i).

Personally came and appeared before the undersigned authority, Jackie Gaspard (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Indian Bayou Fire Dept (entity name) as of December 31, 2017 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, Jackie Gaspard (officer name), who, duly sworn, deposes and says that Indian Bayou Fire Dept (entity name) received \$50,000 or less in revenues and other sources for the year ended December 31, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Jackie Gaspard Officer Signature

Sworn to and subscribed before me this 22 day of April, 2018.

[Signature]

NOTARY PUBLIC 84084 Gabriel D. Dubois

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Officer's Name Jackie Gaspard
Officer's Title Treasurer
Address 4723 La Hwy 700 Kaplan, La 70348
Ph/Fax/E-mail 652-1154 jgas58@hotmail.com

Release Date MAY 02 2018

Statement B

Indian Bayou Pric Dept (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended December 31, 2017

| | General Fund | Other Fund | Total |
|--|-------------------|------------|-----------|
| RECEIPTS (Provide Brief Description): | | | |
| 1. <u>2% rebate</u> | \$ 10312.47 | \$ | \$ |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. Total receipts (add lines 1 - 5) | <u>\$10312.47</u> | <u>\$</u> | <u>\$</u> |
| DISBURSEMENTS (Provide Brief Description): | | | |
| 7. <u>Utilities and office maintenance</u> | \$ 6859.00 | \$ | \$ |
| 8. <u>Salary</u> | 6000.00 | | |
| 9. | | | |
| 10. | | | |
| 11. | | | |
| 12. | | | |
| 13. Total Disbursements (add lines 7 - 12) | <u>\$12859.00</u> | <u>\$</u> | <u>\$</u> |
| 14. Increase (or decrease) in fund balance (Line 6 minus line 13) | \$ -2546.53 | \$ | \$ |
| 15. Fund Balance at beginning of year (**see below) | \$ 3249.01 | \$ | \$ |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement A | \$ 702.48 | \$ | \$ |

** This is the "Fund Balance At End Of Year" From Last Year's Report

Statement A

_____ (Agency Name)

Balance Sheet, on December 31, 2010

| | General Fund | Other Fund | Total |
|---|------------------|-----------------|-----------------|
| ASSETS (balances at end of year) -Give brief description: | | | |
| 1. Cash and cash equivalents on hand | \$ _____ | \$ _____ | \$ _____ |
| 2. Investments (fair value) on hand | _____ | _____ | _____ |
| 3. Office furnishings (Cost of desks, etc) | _____ | _____ | _____ |
| 4. Equipment (Cost of fax machine, etc) | _____ | _____ | _____ |
| 5. Other (describe) | _____ | _____ | _____ |
| 6. Total Assets (add lines 1 - 5) | \$ 0.00 | \$ _____ | \$ _____ |
| LIABILITIES AND FUND BALANCE (at end of year): | | | |
| 7. Liabilities (give brief description): | | | |
| 8. _____ | \$ _____ | \$ _____ | \$ _____ |
| 9. _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ |
| 11. Total Liabilities (add lines 7 - 10) | 0.00 | _____ | _____ |
| 12. Fund balance (amount from Line 18 on Statement B) | 702.48 | _____ | _____ |
| 13. Other | _____ | _____ | _____ |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$ 702.48 | \$ _____ | \$ _____ |

Note: Total Assets should equal Total Liabilities and Fund Balance.

Statement C
Page 5Indian Bayou Fire Dept. (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 2017 (Year-End)Agency Head Name and Title: Donald Gaspard

| 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. N/A |
| 8. Vehicle provided by government (if reported on your W-2) | 8. |
| 9. Per diem | 9. |
| 10. Reimbursements | 10. |
| 11. Travel | 11. Volunteer |
| 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 (quasi-public) entities to report on the Act 706 schedule only those payments to the agency head that are derived from the public funds.)

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor - Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 - Updated 8/3/16