

**Affidavit and Revenue Certification**  
**DeSoto Habilitation Services, Inc.**

**DeSoto Parish**  
**Mansfield, Louisiana**

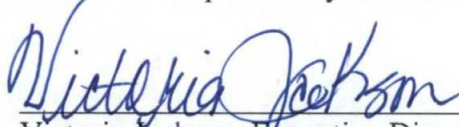
**ANNUAL SWORN FINANCIAL STATEMENTS AND**  
**CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)**

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).

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\*\*\*\*\*

Personally came and appeared before the undersigned authority, Victoria Jackson, Executive Director, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of DeSoto Habilitation Services, Inc. as of June 30, 2019, and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements.

In addition, Victoria Jackson, Executive Director, who, duly sworn, deposes and says that DeSoto Habilitation Services, Inc. received \$75,000 or less in revenues and other sources for the year ended June 30, 2019, and accordingly, is not required to have an audit for the previously mentioned year.

  
Victoria Jackson, Executive Director

Sworn to and subscribed before me this 4 day of September, 2019.

  
NOTARY PUBLIC SIGNATURE & SEAL

MISSY LAWRENCE, NOTARY PUBLIC  
DESOTO PARISH, LOUISIANA  
MY COMMISSION IS FOR LIFE  
NOTARY ID # 53245

**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 \_\_\_\_\_

**Please Complete This Section**

Officer's Name Victoria Jackson  
Officer's Title Executive Director  
Address P.O. Box 1238  
City, Zip Mansfield, LA 71052  
Ph: Cell/Land (318) 872-3255

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 9/5/17

DeSoto Habilitation Services, Inc.  
Mansfield, Louisiana

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

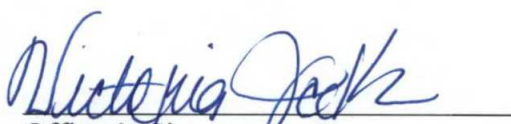
August 19, 2019

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 June 30, 2019. 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

Victoria Jackson  
\_\_\_\_\_  
Officer's Name

Enclosures

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

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## Dees Gardner, Certified Public Accountants, LLC

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Deborah D. Dees, CPA/CFF

122 Jefferson Street

Maura Dees Gardner, CPA, CFE

Mansfield, LA 71052

318-872-3007

The Board of Directors  
DeSoto Habilitation Services, Inc.  
Mansfield, Louisiana

Management is responsible for the accompanying financial statements of the DeSoto Habilitation Services, Inc., which comprise the balance sheet as of June 30, 2019, and the related statement of cash receipts and disbursements for the year then ended, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements included in the accompanying prescribed form.

The financial statements included in the accompanying prescribed form are intended to comply with the requirements of Louisiana Revised Statute 24:514, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

### **Other Matters**

The schedule of compensation, benefits and other payments to agency head or chief executive officer is presented for purposes of additional analysis and is not a required part of the basic financial statements. The information is the responsibility of management. The schedule was subject to our compilation engagement; however, we have not audited or reviewed the schedule and accordingly, do not express an opinion, a conclusion, nor provide any assurance on such supplementary information.

We are not independent in respect to DeSoto Habilitation Services, Inc.

*Dees Gardner, Certified Public Accountants, LLC*

Dees Gardner, Certified Public Accountants, LLC  
Mansfield, Louisiana  
August 19, 2019

## DeSoto Habilitation Services, Inc.

Statement of Cash Receipts and Disbursements  
For the Year Ended June 30, 2019

|                                                             | General<br>Fund  | Other<br>Fund | Total     |
|-------------------------------------------------------------|------------------|---------------|-----------|
| <b>RECEIPTS (Provide Brief Description):</b>                |                  |               |           |
| 1. Operating Grants from DeSoto Parish Police Jury          | \$ 14,861        | \$            | \$        |
| 2.                                                          |                  |               |           |
| 3.                                                          |                  |               |           |
| 4.                                                          |                  |               |           |
| 5.                                                          |                  |               |           |
| 6. <b>Total receipts</b> (add lines 1 - 5)                  | <u>\$ 14,861</u> | <u>\$</u>     | <u>\$</u> |
| <b>DISBURSEMENTS (Provide Brief Description):</b>           |                  |               |           |
| 7. Utilities                                                | \$ 1,075         | \$            | \$        |
| 8. Insurance                                                | 5,843            |               |           |
| 9. Professional fees                                        | 600              |               |           |
| 10. Repairs and maintenance                                 | 5,530            |               |           |
| 11. Payroll Tax Expense                                     | 1,813            |               |           |
| 12. <b>Total Disbursements</b> (add lines 7 - 11)           | <u>\$ 14,861</u> | <u>\$</u>     | <u>\$</u> |
| 13. Change in fund balance ( Lines 6 minus 12)              | \$ 0             | \$            | \$        |
| 14. Fund Balance at beginning of year                       | \$ 0             | \$            | \$        |
| 15. Fund balance (deficit) at end of year (Add lines 13-14) |                  |               |           |
| --This amount also goes on line 12, Statement B             | \$ 0             | \$            | \$        |

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

See accountant's compilation report.

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## DeSoto Habilitation Services, Inc.

Balance Sheet, on June 30, 2019

|                                                                   | General<br>Fund | Other<br>Fund | Total     |
|-------------------------------------------------------------------|-----------------|---------------|-----------|
| <b>ASSETS</b> (balances at year-end) -Give brief description:     |                 |               |           |
| 1. Cash and cash equivalents on hand                              | \$ 0            | \$            | \$        |
| 2. Investments (fair value) on hand                               |                 |               |           |
| 3. Office furnishings (Cost of desks, etc)                        |                 |               |           |
| 4. Equipment (Cost of fax machine, etc)                           |                 |               |           |
| 5. Accumulated depreciation                                       |                 |               |           |
| 6. <b>Total Assets</b> (add lines 1 - 5)                          | <u>\$ 0</u>     | <u>\$</u>     | <u>\$</u> |
| <b>LIABILITIES AND FUND BALANCE</b> (at year-end):                |                 |               |           |
| 7. Liabilities (give brief description):                          | \$ 0            | \$            | \$        |
| 8.                                                                |                 |               |           |
| 9.                                                                |                 |               |           |
| 10.                                                               |                 |               |           |
| 11. <b>Total Liabilities</b> (add lines 7 - 10)                   | 0               |               |           |
| 12. Fund balance (amount from Line 15 on Statement A)             | 0               |               |           |
| 13. Other – Investment in Capital Assets                          |                 |               |           |
| 14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13) | <u>\$ 0</u>     | <u>\$</u>     | <u>\$</u> |

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DeSoto Habilitation Services, Inc.

**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 June 30, 2019

**Agency Head Name and Title:** Victoria Jackson, Executive Director

| 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            |

  X   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.)

See accountant's compilation report.

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