#### **Richland Parish Coroner**

### Rayville, Richland/Louisiana

### TRANSMITTAL LETTER

### ANNUAL FINANCIAL STATEMENTS

(Date) March 30, 2020

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 <a href="12/31/2019">12/31/2019</a> (entity's year-end). 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

Matthew Prine
Officer's Name

**Enclosures** 

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

### **Affidavit and Revenue Certification**

### Richland Parish Coroner Richland Parish Rayville, Louisiana

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

The annual sworn financial statements are required by L Legislative Auditor within 90 days after the close of the fist less, if applicable, is required by Louisiana Revised Statut	scal year. The certification of revenues of \$75,000 or			
Personally came and appeared before the undersigned au officer name), who, duly sworn, deposes and says that the financial position of <u>Richland Parish Coroner</u> 12/31/2019 (entity's ye ended, in accordance with the basis of accounting describ	e financial statements herewith given present fairly the(enter entity name) as of ar-end), and the results of operations for the year then			
(Complete if applicable) In addition, Matthew Prine, (officer Richland Parish Coroner and other sources for the year ended 12/31/2019 to have an audit for the previously mentioned year.	name), who, duly sworn, deposes and says that _(entity name) received \$75,000 or less in revenues, and accordingly, is not required			
The.	Officer's Signature			
Sworn to and subscribed before me this 30 day of March, 2020.  NOTARY PUBLIC SIGNATURE & SEAL				
NOTARY PUBLIC SIGNATURE & SEAL  NOTARY PUBLIC # 66649  STATE OF LOUISIANA  For Office Use Only  COMMISSION FOR LIFE  Please Complete This Section				
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	Officer's Name Mathew Pine Officer's Title Coloner Address 256 Hry 3018 City, Zip Repulle, LA 71768 Ph: Cell/Land 318-287-2877 E-mail Keinen Esemteks Cp. (on			

Richland Parish Coroner	
(Agency Name)	

# Statement of Cash Receipts and Disbursements For the Year Ended <u>December 31</u>,

**2019** (Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Fee Income	\$20,397	\$	\$20,397
2.			
2.       3.       4.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	\$20,397	\$	\$20,397
DISBURSEMENTS (Provide Brief Description):			
7.Office Expense	\$821	\$	\$821
8.Wages	6,606		<u>6,606</u>
9.Payroll Taxes	733		733
10.Contract Labor	6,340		6,340
11.Lab Fees	685		685
12.			
13. Total Disbursements (add lines 7 - 12)	\$15,185	\$	\$15,185
14. Change in fund balance (Lines 6 minus 13)	\$5,212	\$	\$5,212
15. Fund Balance at beginning of year	\$18,175	\$	\$18,175
16. Fund balance (deficit) at end of year (Add lines 14-15)			
This amount also goes on line 12, Statement B	\$23,387	\$	\$23,387

### Richland Parish Coroner

### Balance Sheet, on December 31, 2019

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$12,543	\$	\$12,543
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$12,543	\$	\$12,543
<b>LIABILITIES AND FUND BALANCE</b> (at year-end): 7. Liabilities (give brief description):			
8. Payroll	\$1,249	\$	\$1,249
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	1,249		1,249
12. Fund balance (amount from Line 16 on Statement A)	23,387		23,387
13. Other	(12,093)		(12,093)
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$12,543	\$	\$12,543

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

### Richland Parish Coroner (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 <u>December 31, 2019</u>

Agency Head Name and Title: Dr. Matthew Prine, Coroner

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	10.12,093
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.)

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