

Pelant Volunteer Fire Dept. (Entity Name)

Sicily Island-Catahoula - LA (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 3-31-2020

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 2019 (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,

J. W. Posey Chief  
Officer's Signature

J. W. Posey Chief  
Officer's Name

Enclosures

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

# Affidavit and Revenue Certification

Leland Volunteer Fire Dept. ENTITY NAME  
Catahoula Parish  
Sicily Island, LA (City), State  
71368

## 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).

\*\*\*\*\*

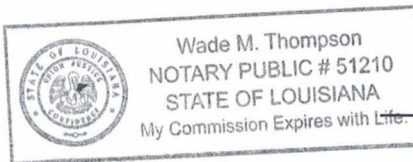
Personally came and appeared before the undersigned authority, J. W. Posey  
(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Leland Volunteer Fire Dept. (enter entity name) as of 2019 (entity's year-end), and 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, J. W. Posey, (officer name), who, duly sworn, deposes and says that Leland Volunteer Fire Dept. (entity name) received \$75,000 or less in revenues and other sources for the year ended 2019, and accordingly, is not required to have an audit for the previously mentioned year.

J. W. Posey  
Officer's Signature

Sworn to and subscribed before me this 3<sup>rd</sup> day of March, 2020.



Wade M. Thompson  
NOTARY PUBLIC SIGNATURE & SEAL



### 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 \_\_\_\_\_  
Officer's Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, Zip \_\_\_\_\_  
Ph: Cell/Land \_\_\_\_\_  
E-mail \_\_\_\_\_

Leland Volunteer Fire Dept.

(Agency Name)

## Statement of Cash Receipts and Disbursements

For the Year Ended 12-31-2019

(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>Catahoula Parish Police Jury</u>	\$ 5,090.15	\$	\$
2. <u>Leland Water</u>	7,424.90		
3. <u>Sicily Island BANK-Interest</u>	395.35		
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$12,910.40</u>	<u>\$</u>	<u>\$</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>Supplies (324.31) Upkeep (590.00)</u>	\$ 914.31	\$	\$
8. <u>Repairs (290.00) Equipment (142.00)</u>	432.00		
9. <u>Electric - Phone</u>	2,000.42		
10. <u>Fuel</u>	1,033.21		
11. <u>Parts</u>	309.39		
12. <u>truck INS - Fire INS</u>	2,652.00		
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$7,341.33</u>	<u>\$</u>	<u>\$</u>
14. Change in fund balance ( Lines 6 minus 13)	\$ 5,569.07	\$	\$
15. Fund Balance at beginning of year	\$48,933.07	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	<u>\$54,502.14</u>	<u>\$</u>	<u>\$</u>

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\_\_\_\_\_  
(Agency Name)

**Balance Sheet, on** \_\_\_\_\_  
(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -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 (brief description)	_____	_____	_____
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. _____	\$ _____	\$ _____	\$ _____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. <b>Total Liabilities</b> (add lines 7 - 10)	_____	_____	_____
12. Fund balance (amount from Line 16 on Statement A)	<u>54,502.14</u>	_____	_____
13. Other	_____	_____	_____
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>

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\_\_\_\_\_  
(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 12-31-19 (Year-End)

Agency Head Name and Title: Leland Volunteer fire Dept

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

*We are 100% Volunteer Fire Dept.*

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# STATEMENT of FINANCIAL POSITION AT 12-31-2019 (year END)

## ASSETS (balance at (year-end))

1. Cash and cash equivalents on hand	\$ 54,502.14
2. Investments (fair value) on hand	0
3. Office furnishing (cost of desks, etc.)	500.00
4. Equipment (cost of fax machine, etc.)	225.00
5. Other (brief description)	
6. TOTAL ASSETS (Add Lines 1-5)	\$ 55,227.14

## LIABILITIES AND Net Assets (at year-end)

7. Liabilities (give brief description)	
8.	
9.	
10. Total Liabilities (Add Lines 7-9)	
11. Total Net Assets (amount from Line 16 Form B)	\$ 55,227.14
12. TOTAL Liabilities and Net Assets (Add Lines 10-11)	