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GREENWOOD CRIME PREVENTION & IMPROVEMENT DISTRICT

Baton Rouge, East Baton Rouge Parish, Louisiana

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

March 26, 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 12/31/2019

(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,

Officer's Signature

Miles Mayeux, Treasurer Officer's Name, Title

Enclosures

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

Affidavit and Revenue Certification

GREENWOOD CRIME PREVENTION & IMPROVEMENT DISTRICT

East Baton Rouge Parish Baton Rouge, Louisiana

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

| CERTIFICATION OF REVENUES \$75,000 OR LESS (II | applicable) |
|---|---|
| The annual sworn financial statements are required by Legislative Auditor within 90 days after the close of the filess, if applicable, is required by Louisiana Revised Statu | iscal year. The certification of revenues of \$75,000 or |
| Personally came and appeared before the undersigned (enter officer name), who, duly sworn, deposes and say fairly the financial position of _Greenwood Crime Prediction | s that the financial statements herewith given present vention & Improvement District (entity name) as of sults of operations for the year then ended, in |
| (Complete if applicable) In addition,Miles Mayeux, Treasurer_, (officer name) Greenwood Crime Prevention & Improvement District sources for the year ended12/31/2019 the previously mentioned year. | (entity name) received \$75,000 or less in revenues |
| Sworn to and subscribed before me this 16 day of N | Officer's Signature |
| | NATURE & SEAL Mayer X Jone Han D. Mayer X Bar # 18146 My Commission is for Li Please Complete This Section |
| For Office Use Only | 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. | Officer's Name _Miles Mayeux |

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GREENWOOD CRIME PREVENTION & IMPROVEMENT DISTRICT

(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended _____12/31/2019

(Year-End)

| | ******* | General Fund | Other Fund | Total |
|---|-----------|------------------|---|-----------------------------|
| RECEIPTS (Provide Brief Description): | | | | |
| 1. Acessed Parcel Fees | \$ | 28,403.60 | \$ | <u>\$28,403.60</u> |
| 2. | | | | |
| 3. | | | | |
| 4. 5. | | ····· | | |
| 5. | | | | |
| 6. Total receipts (add lines 1 - 5) | \$ | 28,403.60 | \$ | \$ 28,403.60 |
| DISBURSEMENTS (Provide Brief Description): | ¢ | 04 500 00 | ¢ | \$04 F00 00 |
| 7. Security Patrols | <u> </u> | 21,580.00 | | \$21,580.00 |
| 8. Utilities & Internet Services | | 3,002.57 | والمراجعة | 3,002.57 |
| 9. Landscaping & Grass Mowing | | 4,836.02 | | 4,836.02 |
| 10. Election Expenses | | 5,309.84 | | <u>5,309.84</u> |
| 11. Misc. | | 626,00 | | 626.00 |
| 12. | | | | |
| 13. Total Disbursements (add lines 7 - 12) | <u>\$</u> | <u>35,354.43</u> | \$ | <u>\$35,354.4</u> 3 |
| 14. Change in fund balance (Lines 6 minus 13) | \$ | (6,950.83) | 2/ | \$ (0.050.00) |
| 15. Fund Balance at beginning of year | <u>Ψ</u> | 23,444,44 | | _ \$ (6,950.83) |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) | Ψ | <u> </u> | Ψ | \$23,444.44 |
| This amount also goes on line 12, Statement B | \$ | 16,493.61 | \$ | \$ 16,493.61 |

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

GREENWOOD CRIME PREVENTION & IMPROVEMENT DISTRICT

(Agency Name)

Balance Sheet, on 12/31/2019 (Year-End)

| | | General Fund | Other Fund | Total |
|--|----|------------------|--|--------------------|
| ASSETS (balances at year-end) -Give brief description: | | | | |
| 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. Total Assets (add lines 1 - 5) | \$ | 0 | \$ | \$ 0 |
| LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): | • | | 0 | |
| 8. | \$ | | \$ | \$ |
| 9. | | | | |
| 10. | | | | |
| 11. Total Liabilities (add lines 7 - 10) | | 0 | | 0 |
| 12. Fund balance (amount from Line 16 on Statement A) | | 16,493.61 | and the same of th | <u>16,493.61</u> |
| 13. Other | | | | |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$ | <u>16,493.61</u> | \$ | <u>\$16,493.61</u> |

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

GREENWOOD CRIME PREVENTION & IMPROVEMENT DISTRICT (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)

| Agency Head Name and Title: | Miles Mayeux, Treasurer |
|-----------------------------|-------------------------|

For the Year Ended 12/31/2019 (Year-End)

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