

Affidavit and Revenue Certification

Tamaron Subdivision Improvement District - ENTITY NAME Orleans - Parish New Orleans, LA (City), State

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 \$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, Barbara A. Eveque-Hornsby (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Tamaron Subdivision Improvement District (entity name) as of December 31, 2011, 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, Barbara A. Eveque-Hornsby, (officer name), who, duly sworn, deposes and says that Tamaron Subdivision Improvement District (entity name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2014, and accordingly, is not required to have an audit for the previously mentioned year.

Sworn to and subscribed before me this all day of

Officer Signatu

Officer's Name Barbara A. Evegue-Hornsby

Officer's Title President

Under provisions of state law, this report is a public document. Acopy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Bacrax/E-mail (504) 908-8279 / (303) 274-3726 Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

7208 E Tamaron Boulevard New Orleans, LA 70128 Barbara.hornsby@nfc.usda.gov

MAY 25 2016 Release Date

Statement A

Tamaron Subdivision Improvement District

Statement of Cash Receipts and Disbursements For the Year Ended December 31, 2014

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1.HOA Fees	\$17,171.55	\$	\$17,171.55
	<u> </u>		411,111100
2. 3.			
4.			
5.	_e_1		1.70 60 2
6. Total receipts (add lines 1 - 5)	\$17,171.55	\$	\$17,171.55
DISBURSEMENTS (Provide Brief Description): 7. Landscaping - Common area in subdivision	\$4,980.00	\$	\$4,980.00
8.Meeting Fees - Location and Supplies	350.20		350.20
9.Security	2,575.33		2,575.33
10. Utilities - Cox Communications and Entergy	1,585.32		1,585.32
11.Legal	1,500.00		1,500.00
12.Repairs and Maintenance	1,633.54	Nation 152	1,633.54
13. Total Disbursements (add lines 7 - 12)	\$12,897.39	\$	\$12,897.39
14. Change in fund balance (Lines 6 minus 13)	\$4,274.16	\$	\$4,274.16
15. Fund Balance at beginning of year	\$ 762.84	\$	\$ 762.84
Fund balance (deficit) at end of year (Add lines 14-15) —This amount also goes on line 12, Statement B	\$5,037.00	\$	\$5,037.00

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

Statement B

Tamaron Subdivision Improvement District

Balance Sheet, on December 31, 2015

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$5,037.00	\$	\$5,037.00
Investments (fair value) on hand		_	
Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	d.C		
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$5,037.00	\$	\$5,037.00
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8.	\$	\$	\$
9.		1 11	17.0
10.		1	16.1
11. Total Liabilities (add lines 7 - 10)		16	
12. Fund balance (amount from Line 16 on Statement A) 13. Other	5,037.00		5,037.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$5,037.00	\$	\$5,037.00

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Statement C

Tame and Subdivision Improvement Office (Agency Name)

	nefits and Other Payments	to Agency Head or Chief Executiv
Officer B	Black Jean H	suby herident
Agency Head Name, Title:	excurrent ofthe 110	10000
Purpose	Amount	
Salary	-0-	
Benefits-insurance	4 2 2 2 3 6 7 4 7 4 7	
Benefits-retirement		
Benefits-other (describe)		
Benefits-other (describe)		
Benefits-other (describe)		
Car allowance		
Vehicle provided by government (enter amount reported on W-2)		
Per diem		
Reimbursements		
Travel		* · ·
Registration fees		
Conference travel		
Housing		
Unvouchered expenses (example: travel advances, etc.)		
Special meals		
Other and		

"Hornsby, Barbara - OCFO" <BARBARA.HORNSBY@nfc.usda.gov>,

Cc:

Bcc:

Subject: Re: Tamaron Subdivision Improvement District

This message will be sent with a digital signature.

Received Report.

Thanks,

Local Government Services Louisiana Legislative Auditor 1600 N. 3rd Street (70802) P. O. Box 94397

Baton Rouge, La 70804-9397

Phone: 225-339-3800 | Fax: 225-339-3986

"Hornsby, Barbara - OCFO"

I do not receive a salary or any other c...

05/20/2016 04:51:13 PM

From:

"Hornsby, Barbara - OCFO" <BARBARA.HORNSBY@nfc.usda.gov>

To:

"ereports@lla.la.gov" <ereports@lla.la.gov>,

Date:

05/20/2016 04:51 PM

Subject:

Tamaron Subdivision Improvement District

I do not receive a salary or any other compensation from the Tamaron Subdivision Improvement District

NFC TSP Liaison – Systems Accountant Barbara A. Eveque-Hornsby

Every day is a New Day, New Possibilities Thanks to God @