

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Parkwood Terrace Crime Prevention And Neighborhood Improvement District Entity Name: Address: P. O. Box 188, Baker, LA 70704 Email: jbooker67@aol.com Telephone: (225)931-0630

This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor - Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Jerri Booker (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Parkwood Terrace Crime Prevention / (entity's name) as of September 30, 2024 (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; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows: N/A

Complete if Applicable: In addition, Jerri Booker (officer's name), who duly sworn, deposes, and says that Parkwood Terrace Crime Prevention (entity's name) received \$75,000 or less in revenues and other sources for the year ended September 30, 2024 (entity's year-end), and accordingly. is not required to have an audit for the previously mentioned fiscal year.

Lorker **OPFICER'S SIGNATURE**

President **OFFICER'S TITLE**

Sworn to and submibed before me, this 29 day of December, 2024 Tracie J. Wood 1732017 NOTARY PUBLIC

Sworn Financial Statement

Updated: 08/01/2023

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Entity Name: Parkwood Terrace Crime Prevention /

Fiscal Year End: ptember 30, 20

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.			
Collected Assessments	\$ 23,500.00		\$ 23,500.00
2.	۴		\$ 0.00
3.			\$ 0.00
4.			\$ 0.00
5.			\$ 0.00
6. Total receipts (add lines 1 - 5)	\$ 23,500.00	\$ 0.00	
DISBURSEMENTS (Provide Brief Description): 7.			
Administration and Communication	\$ 1,589.98		\$ 1,589.98
8. EBR Asessor's Fees	\$ 250.00		* \$ 250.00
9. Insurance	\$ 765.00		\$ 765.00
10. Security and Other Preventive Measures	\$ 18,145.08		\$ 18,145.08
11. Maintenance	\$ 3,050.00		\$ 3,050.00
12. Utilities	\$ 1,406.05		\$ 1,406.05
13. Total Disbursements (add lines 7 - 12)	\$ 25,206.11	\$ 0.00	\$ 25,206.11
14. Change in fund balance (Lines 6 minus 13)	-\$ 1,706.11	\$ 0.00	-\$ 1,706.11
15. Fund Balance at beginning of year	\$ 33,749.54	4 4.44	\$ 33,749.54
16. Fund balance (deficit) at end of year (Add lines 14-15) —This amount also goes on line 12, Statement B	\$ 32,043.43	\$ 0.00	\$ 32,043.43

Identify the Basis of Accounting, if not using Cash-Basis:

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*

Balance Sheet

Statement B

		General Fund	Other Fund	Total
	IS (balances at year-end) sh and cash equivalents	manageneonigeneiten en e		
		\$ 32,043.43		\$ 32,043.43
2. Inve	estments (fair value)			\$ 0.00
3. Offic	ce furnishings (Cost of desks, etc)			\$ 0.00
4. Equ	ipment (Cost of fax machine, etc)			\$ 0.00
5. Othe	er (brief description)			\$ 0.00
6. Tot	tal Assets (add lines 1 - 5)	\$ 32,043.43	\$ 0.00	\$ 32,043.43
LIABIL	ITIES AND FUND BALANCE (at year-end):			
	ITIES AND FUND BALANCE (at year-end): ilities (brief description):			\$ 0.00
7. Liabi	ilities (brief description):			\$ 0.00
7. Liabi 8.	ilities (brief description):			\$ 0.00
7. Liabi 8.	ilities (brief description):			
7. Liabi 8. 9. 10.	ilities (brief description):			\$ 0.00
7. Liabi 8. 9. 10.	ilities (brief description):	\$ 0.00	\$ 0.00	\$ 0.00 \$ 0.00
 7. Liabi 8. 9. 10. 11. Tot 	ilities (brief description):	and the second s		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
 7. Liabi 8. 9. 10. 11. Tot 	tal Liabilities (add lines 7 - 10) nd balance (amount from Line 16 on Statement A)	\$ 0.00 \$ 32,043.43		\$ 0.00 \$ 0.00 \$ 0.00

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: ______

Purpose	Dollar Amount
1. Salary	
2. Benefits-Insurance	
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example: travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	\$ 0.00

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.)

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