St. Tammany Parish Recreation District 16 Slidell, LA – St. Tammany Parish

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

March 31, 2020

Ms. Suzanne Elliott Engagement Manager Office of Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Elliott:

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 12/31/18. 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

Michael Gambrell

Officer's Name

Enclosures

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

Affidavit and Revenue Certification

St. Tammany Parish Recreation District 16 St. Tammany Parish Slidell, LA

ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$50,000 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 \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(I)(1)(c)(i).

Personally came and appeared before the undersigned authority, **Michael Gambrell**, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of **St. Tammany Parish Recreation District 16** as of <u>12/31/19</u>, 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, **Michael Gambrell**, who, duly sworn, deposes and says that **St. Tammany Parish Recreation District 16** received \$50,000 or less in revenues and other sources for the year ended 12/31/19 and accordingly, is not required to have an audit for the previously mentioned year.

Officer Signature

Sworn to and subscribed before me this

NOTARY PUBLIC

DONNA E. ERMINGER

Notary Public ID 59940 St. Tammany Parish State of Louislana

My Commission is for Life

Officer's Name - Mike Gambrell

Officer's Title - Treasurer

Address

2283 East Gause Blvd

Slidell, LA 70458

mgambrell@resource.bank

Cell-985-502-8902

St. Tammany Parish Recreation District 16

Statement of Cash Receipts and Disbursements For the Year Ended <u>12/31/19</u>

		General Fund		Other Fund	Total
RECEIPTS (Provide Brief Description):	_		_		_
1.	\$		\$	**	
2,					
3.					
1. 2. 3. 4. 5.					
6. Total receipts (add lines 1 - 5)	\$		\$		\$
DISBURSEMENTS (Provide Brief Description):	\$		\$		\$
8	Ψ		Ψ		Ψ
8. 9. 10.					***************************************
10.		·		······	
11.					The second secon
12.				***************************************	
13. Total Disbursements (add lines 7 - 12)	\$		\$		\$
	_		_		
14. Change in fund balance (Lines 6 minus 13)	\$		\$, · · · ·	
15. Fund Balance at beginning of year	\$	7,487.28	\$		<u>7,487.28</u>
16. Fund balance (deficit) at end of year (Add lines 14-15)	ው	7 407 20	ው		ቀ 7 407 ጋ 0
This amount also goes on line 12, Statement B	\$	7,487.28	<u>\$</u>	·····	\$ 7,487.28

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St. Tammany Parish Recreation District 16

Balance Sheet, on 12/31/19

		General Fund		Other Fund	Total
ASSETS (balances at year-end) -Give brief description:					
Cash and cash equivalents on hand	\$	7,487.28	\$	-	\$ 7,487.28
2. Investments (fair value) on hand	V				
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)	\$	7,487.28	\$_		\$ 7,487.28
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):					
8. SOS bill – general election costs - unpaid	\$	-	\$	*	\$ -
9.					
10.					
11. Total Liabilities (add lines 7 - 10)		-		-	-
12. Fund balance (amount from Line 16 on Statement A)		7,487.28		<u> </u>	7,487.28_
13. Other – SOS bill general election costs - unpaid					
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	7,487.28	\$	-	\$ 7,487.28

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Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer

Agency Head Name: Sean Burkes - President

Purpose	Amount
Salary	None (all categories)
Benefits-insurance	
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	