

Affidavit and Revenue Certification

ROBELINE-MARTHAVILLE WATER SYSTEM INC ENTITY NAME
NATCHITOCHEs Parish
ROBELINE (City), State LA

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, DONALD PEREZ (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of ROBELINE-MARTHAVILLE WATER SYS. INC. (enter entity name) as of DECEMBER 31, 2017 (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.

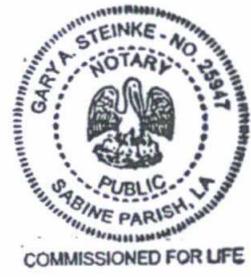
(Complete if applicable)

In addition, (officer name), who, duly sworn, deposes and says that ROBELINE-MARTHAVILLE WATER SYS INC (entity name) received \$75,000 or less in revenues and other sources for the year ended DECEMBER 31, 2017, and accordingly, is not required to have an audit for the previously mentioned year.

Donald Perez Officer's Signature

Sworn to and subscribed before me this 26 day of April, 2019.

Gary A. Steinke 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 MAR 27 2019

Please Complete This Section
Officer's Name DONALD J PEREZ
Officer's Title PRESIDENT
Address 1205 HWY 1221
City, Zip MARTHAVILLE, 71450
Ph: Cell/Land 318-472-0860
E-mail None

ROBELINE-MARTHAVILLE WATER SYSTEM INC
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended DECEMBER 31, 2017
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. WATER SALES + OTHER FEES	\$ 196,724	\$	\$
2. INTEREST RECEIVED / MISCELLANEOUS	356		
3. GRANT - DEQ (PURCHASE PUMP EQPT)	25,650		
4. GAIN ON SALE OF WATER SYSTEM 10/1/17	70,142		
5.			
6. Total receipts (add lines 1 - 5)	<u>\$ 292,872</u>	<u>\$ - -</u>	<u>\$ 292,872</u>
DISBURSEMENTS (Provide Brief Description):			
7. SALARIES + EMPLOYEE BENEFITS	\$ 56,360	\$ -	\$
8. OCCUPANCY	106,572		
9. INSURANCE	10,324		
10. INTEREST	3,635		
11. PROFESSIONAL SERVICES	13,505		
12. MISCELLANEOUS	19,331		
13. Total Disbursements (add lines 7 - 12)	<u>\$ 209,727</u>	<u>\$ -</u>	<u>\$ 209,727</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 83,145	\$	\$ 83,145
15. Fund Balance at beginning of year	\$ <78,656>	\$	\$ <78,656>
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 4,489	\$ -	\$ 4,489

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

ROBELINE - MARTHAVILLE WATER SYS INC.
(Agency Name)

Balance Sheet, on DECEMBER 31, 2017
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 4,489	\$	\$ 4,489
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)	\$ 4,489	\$ - 0 -	\$ 4,489
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ - 0 -	\$	\$ - 0 -
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	4,489		4,489
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 4,489	\$ - 0 -	\$ 4,489

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ROBELINE-MATHAVILLE WATER SYS INC. (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 DECEMBER 31, 2017 (Year-End)

Agency Head Name and Title: DONALD PEREZ, PRESIDENT

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. <u> </u>

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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