

BONNE ILEE GRAVITY DRAINAGE (Entity Name)
OAK RIDGE, MOREHOUSE / LA. (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

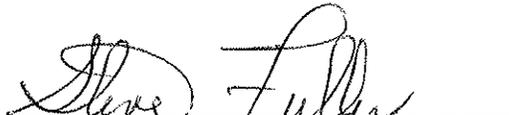
(Date) 03/18/2020

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

STEVE FULLER

Officer's Name

Enclosures

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

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local Government Services; Post Office Box 94397, Baton Rouge, LA 70804-9397 – Updated 8/3/16

Affidavit and Revenue Certification

BONNE IDEE GRAVITY DRAINAGE DISTRICT ENTITY NAME
MOREHOUSE Parish
OAK RIDGE, 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 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, STEVE FULLER (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of BONNE IDEE GRAVITY DRAINAGE DISTRICT (enter entity name) as of 12/31/2019 (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.

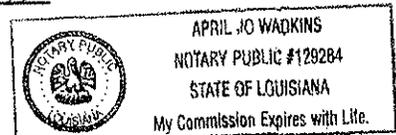
(Complete if applicable)

In addition, STEVE FULLER, (officer name), who, duly sworn, deposes and says that BONNE IDEE GRAVITY DRAINAGE DIST. (entity name) received \$75,000 or less in revenues and other sources for the year ended 12/31/2019, and accordingly, is not required to have an audit for the previously mentioned year.

Steve Fuller
Officer's Signature

Sworn to and subscribed before me this 17th day of March, 2020.

April Jo Wadkins
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 _____

Please Complete This Section

Officer's Name STEVE FULLER
Officer's Title BOARD CHAIRMAN
Address 4155 BULL CHUTE ROAD
City, Zip OAK RIDGE, 71264
Ph: Cell/Land 318-282-3030 / 318-244-5083
E-mail STEVE.FULLER16@gmail.com

BONNE IDEE GRAVITY DRAINAGE 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. ADVALOREM PROPERTY TAX DISTRIBUTION RECEIVED	\$22,074.50	\$	\$22,074.50
2. BANK ACCOUNT INTEREST RECEIVED	235.05	\$	235.05
3.			
4.			
5.			
6. Total receipts (add lines 1 - 5)	<u>\$22,309.55</u>	<u>\$</u>	<u>\$22,309.55</u>
DISBURSEMENTS (Provide Brief Description):			
7. DAM SITE MAINTENANCE & DEBRIS REMOVAL	\$ 4,880.00	\$	\$ 4,880.00
8. MOWING AND SPRAYING OF OBNOXIOUS GROWTH	1,371.18	\$	1,371.18
9. TRASH REMOVAL & PICK UP	550.00	\$	550.00
10. PURCHASE OF CHEMICALS TO SPRAY OBNOXIOUS	240.00	\$	240.00
11. GROWTH			
12.			
13. Total Disbursements (add lines 7 - 12)	<u>\$ 7,041.18</u>	<u>\$</u>	<u>\$ 7,041.18</u>
14. Change in fund balance (Lines 6 minus 13)	\$15,268.37	\$	\$15,268.37
15. Fund Balance at beginning of year	\$100,657.16	\$	\$100,657.16
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	<u>\$115,925.53</u>	<u>\$</u>	<u>\$115,925.53</u>

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

BONNE LAKE GRAVITY DRAINAGE DISTRICT
(Agency Name)

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

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$115,925.53	\$	\$115,925.53
2. Investments (fair value) on hand	0.00	0.00	0.00
3. Office furnishings (Cost of desks, etc)	0.00	0.00	0.00
4. Equipment (Cost of fax machine, etc)	0.00	0.00	0.00
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$115,925.53</u>	<u>\$</u>	<u>\$115,925.53</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0.00	\$	\$ 0.00
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0.00	0.00	0.00
12. Fund balance (amount from Line 16 on Statement A)	115,925.53	115,925.53	115,925.53
13. Other	0.00	0.00	0.00
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$115,925.53</u>	<u>\$</u>	<u>\$115,925.53</u>

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

BONNE IDEE GRAVITY DRAINAGE 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)

For the Year Ended 12/31/19 (Year-End)

Agency Head Name and Title: STEVE FULLER, BOARD CHAIRMAN

Purpose	Dollar Amount
1. Salary	1. NONE
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. NONE

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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