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**Affidavit and Revenue Certification**

Deville Volunteer Fire Department  
Rapides  
Deville, Louisiana

**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, Mark Foster, who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Deville Volunteer Fire Department as of 2019, 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, Mark Foster, who, duly sworn, deposes and says that Deville Volunteer Fire Department received \$75,000 or less in revenues and other sources for the year ended 2019, and accordingly, is not required to have an audit for the previously mentioned year.

Mark Foster  
Officer's Signature

Sworn to and subscribed before me this 14th day of February, 2020.

Susan S. Fredieu 57840  
NOTARY PUBLIC SIGNATURE & SEAL



OFFICIAL SEAL  
SUSAN S. FREDIEU  
NOTARY PUBLIC ID# 57840  
STATE OF LOUISIANA  
PARISH OF RAPIDES

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 <u>2/26/2020</u>

Please Complete This Section
Officer's Name <u>Mark Foster</u>
Officer's Title <u>Treasurer</u>
Address <u>P.O. Box 379</u>
City, Zip <u>Deville, 71328</u>
Ph: Cell/Land <u>(318) 466-9993</u>
E-mail <u>devillefire@suddenlinkmail.com</u>

**Deville Volunteer Fire Department**

(Agency Name)

**Statement of Cash Receipts and Disbursements****For the Year Ended 2019**

(Year-End)

	<b>General Fund</b>	<b>Other Fund</b>	<b>Total</b>
<b>RECEIPTS (Provide Brief Description):</b>			
1. Rapides Parish Fire District 6 Reimbursement	\$25,222.12	\$	\$
2. Tax Insurance Rebate	21,419.83		
3. Trans Canada Grant	10,000.00		
4. Miscellaneous	188.00		
5.			
<b>6. Total receipts</b> (add lines 1 - 5)	<b>\$56,829.95</b>	<b>\$</b>	<b>\$</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7.	\$47,615.94	\$	\$
8.			
9.			
10.			
11.			
12.			
<b>13. Total Disbursements</b> (add lines 7 - 12)	<b>\$47,615.94</b>	<b>\$</b>	<b>\$</b>
14. Change in fund balance ( Lines 6 minus 13)	\$924.01	\$	\$
15. Fund Balance at beginning of year	\$110,737.95	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$116,951.96	\$	\$

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

Deville Volunteer Fire Department  
(Agency Name)

**Balance Sheet, on 2019**  
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ _____	\$ _____	\$ _____
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. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ _____</u>	<u>\$ _____</u>	<u>\$ _____</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. _____	\$ _____	\$ _____	\$ _____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. <b>Total Liabilities</b> (add lines 7 - 10)	_____	_____	_____
12. Fund balance (amount from Line 16 on Statement A)	116,951.96	_____	_____
13. Other	_____	_____	_____
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$116,951.96</u>	<u>\$ _____</u>	<u>\$ _____</u>

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Deville Volunteer Fire Department**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 2019 (Year-End)Agency Head Name and Title: Ray Belgard, Fire Chief

Purpose	Dollar Amount
1. Salary	1. 0
2. Benefits-insurance	2. 0
3. Benefits-retirement	3. 0
4. Benefits-other (describe)	4. 0
5. Benefits-other (describe)	5. 0
6. Benefits-other (describe)	6. 0
7. Car allowance	7. 0
8. Vehicle provided by government (if reported on your W-2)	8. 0
9. Per diem	9. 0
10. Reimbursements	10.0
11. Travel	11.0
12. Registration fees	12.0
13. Conference travel	13.0
14. Housing	14.0
15. Unvouchered expenses (example: travel advances, etc.)	15.0
16. Special meals	16.0
17. Other	17.0
18. TOTAL (enter total of line 1-17)	18. 0

0

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.)

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENTS 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