

Affidavit and Revenue Certification

COTILE VFD, INC. ENTITY NAME
RAPIDES Parish
BOYCE, 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.

Personally came and appeared before the undersigned authority, APRIL WARD (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of COTILE VFD INC (enter entity name) as of 12-31-18 (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, APRIL WARD (officer name), who, duly sworn, deposes and says that COTILE VFD, INC (entity name) received \$75,000 or less in revenues and other sources for the year ended DEC 31 2018, and accordingly, is not required to have an audit for the previously mentioned year.

April Ward Officer's Signature

Sworn to and subscribed before me this 15th day of FEBRUARY, 2019.

Notary Signature 40360 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.
Release Date MAR 06 2019

Please Complete This Section
Officer's Name APRIL WARD
Officer's Title PRESIDENT
Address 55 PARKIN RD
City, Zip BOYCE, LA 71409
Ph: Cell/Land 318 793 4433
E-mail COTILEVFD@ATT.NET

COTILE VFA, INC

(Agency Name)

## Statement of Cash Receipts and Disbursements

For the Year Ended 12-31-18

(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. 2% LA INS REBATE	\$ 8274.90	\$	\$
2. LOAN PMTS	250.00		
3. DONATIONS	525.25		
4. LA STATE FORESTRY GRANT	5162.93		
5. RAP PARISH PJ REIMBURSEMENTS	8786.58		
6. <b>Total receipts</b> (add lines 1 - 5)	<b>\$ 22999.66</b>	<b>\$</b>	<b>\$</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. CC PMTS	\$ 8836.60	\$	\$
8. VEH MAINT / EQUIP	3205.57		
9. DUES / TRAINING	870.00		
10. BLDGS AND GRNDS	3822.77		
11. LOANS	780.00		
12. CHRISTMAS, PARADES, DONATIONS	1206.92		
13. <b>Total Disbursements</b> (add lines 7 - 12)	<b>\$ 18721.86</b>	<b>\$</b>	<b>\$</b>
14. Change in fund balance (Lines 6 minus 13)	\$ 4277.80	\$	\$
15. Fund Balance at beginning of year	\$ 7342.13	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$ 11639.93	\$	\$

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

COTILE VFD, INC.

(Agency Name)

Balance Sheet, on 12-31-18  
(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 11639.93	\$	\$
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>\$ 11639.93</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)	11639.93		
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 11639.93</u>	<u>\$</u>	<u>\$</u>

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COTIUE VFD, 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 12-31-18 (Year-End)

Agency Head Name and Title: REUBEN RAMOS, CHIEF

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.

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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