Affidavit and Revenue Certification
Tangrow Subdivision Improvement Distanct ENTITY NAME
New Oxleany h.A. (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, (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of (enter officer name) (enter entity name) as or (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of (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, Banbara Hornson, (officer name), who, duly sworn, deposes and says that (entity name) received \$75,000 or less in revenues and other sources for the year ended Occ 31, 2017, and accordingly, is not required to have an audit for the previously mentioned year.
Officer's Signature
Sworn to and subscribed before me this 27 day of March, 20/7.
NOTARY PUBLIC SIGNATURE & SEAL TE 2138 2

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.

APR 12 2017 Release Date

Please Complete This Section Officer's Name Backer A. Evenire Ho Officer's Title Address City, Zip New Onleans Ph: Cell/Land (504 | 408-8 2 19) E-mail bhoRNShy

TAMARON SUBDIVIDION IMPROVEMENT DISTRICT

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended December 31,2016

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.HOA Fees from assessment	\$18,007.11	\$	\$18,007.11
2.Credit from bank	198.11		198.11
3.			
4.			
5.			
6. Total receipts (add lines 1 – 5)	\$18,205.22	\$	\$18,205.22
DISBURSEMENTS (Provide Brief Description): 7.LANDSCAPING – COMMON AREAS 8.LEGAL FEES	\$5,685.00 250.00	\$	\$5,685.00 250.00
9.OFFICE SUPPLIES AND PRINTING	193.51		193.51
10.SECURITY AND ENHANCEMENTS	1,405.58		1,405.58
11.UTILTIES 12.	1,982.87		1,982.87
13. Total Disbursements (add lines 7 - 12)	\$9,516.96	\$	\$9,516.96
14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year	\$8,688.26 \$16,177.48		\$8,688.26 \$16,177.48
16. Fund balance (deficit) at end of year (Add lines 14-15)	φ10,177.40	Ψ	Ψ10,177.40
This amount also goes on line 12, Statement B	\$24,865.74	\$	\$24,865.74

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

TAMARON SUBDIVISION IMPROVEMENT DISTRICT

(Agency Name)

Balance Sheet, on December 31, 2016 (Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
Cash and cash equivalents on hand	\$24,865.74	\$	\$24,865.74
Investments (fair value) on hand			
Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$24,865.74	\$	\$24,865.74
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	24,865.74		24,865.74
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 – 13)	\$24,865.74	\$	\$24,865.74

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

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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	Doc 31	1,2016	(Year-End)
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Agency Head Name and Title:

Purpose	Dollar Amount
1. Salary	10-
2. Benefits-insurance	20-
3. Benefits-retirement	3 4 -
4. Benefits-other (describe)	4 0 -
5. Benefits-other (describe)	5 0 -
Benefits-other (describe)	6 0 -
7. Car allowance	70-
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	170 -
18. TOTAL (enter total of line 1-17)	18. — 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.)