Affidavit and Revenue Certification Seabrook Neighborhood Improvement and Security District ENTITY NAME Opleans Parish <u>New Drieans</u> (City), State ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable) 00 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, LeoNARd McCollum JR. (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Seabrook Neighborhood Ingrouement and Security District (enter entity name) as of (entity's year-end), and the results of operations for the year then ended, in 2016 accordance with the basis of accounting described within the accompanying financial statements. (Complete if applicable) McCollum____, (officer name), who, duly sworn, deposes and says that In addition, LEONARD Seabrook Neighborhood Improvement and Security District (entity name) received \$75,000 or less in revenues and other sources for the year ended 2016 , and accordingly, is not required to have an audit for the previously mentioned year. Officer's Signature Sworn to and subscribed before me this 28 day of arch CHRISTIAN FICHTENKORT NOTARY PUBLIC NOTARY ID #138566 NOTARY PUBLIC SIGNATURE & SEAL STATE OF LOUISIANA Please Complete This Section For Office Use Only Officer's Name GEONARD McCollum JR. Under provisions of state law, this report will become a public document on the Officer's Title President Monday following the release date. A copy of the report will be submitted to Address 5819 ARts ST. appropriate public officials and be available for public inspection at the Baton City, Zip New DNeANS, Ln. 70/22 Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the Ph: Cell/Land 504 406-8872 office of the parish clerk of court. Release Date APR 1 2 2017 E-mail MONMCCOllum@Att. Net

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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

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Seabrook Neighborhood Improvement And Security District (Agency Name)

Statement of Cash Receipts and Disbursements For the Year Ended $\underline{2016}$

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): Check forward 1. From Head Agen by Ms Clark defosit 13 Jul 2016	\$15,039,56	\$	\$
2. Out Standing Checks REISSNed deposit 30 SEPT 3. 2016 4.	8,351.30		
5. 6. Total receipts (add lines 1 - 5)	\$23,390,86	\$	\$
DISBURSEMENTS (Provide Brief Description): 7. BANK-Service Charges AS of Feb 31, 2017	\$67.83	\$	\$
8. Checks Order 9. 10.	11.26		
<u>11.</u> 12.		·····	
13. Total Disbursements (add lines 7 - 12)	<u>\$79.09</u>	\$	
14. Change in fund balance (Lines 6 minus 13)15. Fund Balance at beginning of year16. Fund balance (deficit) at end of year (Add lines 14-15)	<u>\$23,311.77</u> <u>\$</u>	\$ \$	<u>\$</u>
-This amount also goes on line 12, Statement B	\$23,311.77	\$	\$

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Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor - Local

Statement B -Page 4

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Scabrook Neighborhood Improvement and Security District (Agency Name)

Balance Sheet, on <u>20/6</u> (Year-End)

	General Fund	Other Fund	Total
	T unu		
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 23,311.72	\$	\$
2. Investments (fair value) on hand	Ø		
3. Office furnishings (Cost of desks, etc)	Ø.		
4. Equipment (Cost of fax machine, etc)	6		
5. Other (brief description)	F		-
6. Total Assets (add lines 1 - 5)	\$23,311.77	\$	\$
		<u></u>	
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):	4		
8.	s Ø	\$	\$,
9.	0		····
10.			
11. Total Liabilities (add lines 7 - 10)	0		····
12. Fund balance (amount from Line 16 on Statement A)	23,311,77		· · · · · · · · · · · · · · · · · · ·
13. Other	B Ó		
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 23,311.77	\$	\$

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Senbrook Neighborhood Improvement and Security Distant 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 ______ 2016 (Year-End)

Agency Head Name and Title: LeoNARd McCollum JR. (President)

Purpose	Dollar Amount
1. Salary	1. N/A
2. Benefits-insurance	2. NA
3. Benefits-retirement	3. AA
4. Benefits-other (describe)	4 1/2
5. Benefits-other (describe)	5 //A
6. Benefits-other (describe)	6 M/A
7. Car allowance	7 N/A
8. Vehicle provided by government (if reported on your W-2)	8 N/A
9. Per diem	9. NTA
10. Reimbursements	10. 1/4
11. Travel	11. NA
12. Registration fees	12 N/A
13. Conference travel	13 NA
14. Housing	14 N/A
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16. ///A
17. Other	17 N/A
18. TOTAL (enter total of line 1-17)	18 🙀

 $\underline{/}$ 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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