

# Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: **Creole Heritage, Inc.**

Address: **818 W. Bellevue, Opelousas, Louisiana 70570**

Telephone: **337-945-5064** Email: **N/A**

*This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to [ereports@lla.la.gov](mailto:ereports@lla.la.gov), faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.*

## AFFIDAVIT

Personally came and appeared before the undersigned authority, **Rebecca Henry**, who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of **Creole Heritage, Inc.** as of **June 30, 2022** and the results of operations for the year then ended, in accordance with the basis of accounting described within the accompanying financial statements; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows: \_\_\_\_\_

Complete if Applicable: In addition, **Rebecca Henry**, who duly sworn, deposes, and says that **Creole Heritage Inc.** received \$75,000 or less in revenues and other sources for the year ended **June 30, 2022**, and accordingly, is not required to have an audit for the previously mentioned fiscal year.

  
OFFICER'S SIGNATURE

**Director**  
OFFICER'S TITLE

Sworn to and subscribed before me, this 28 day of September, 2022

  
NOTARY PUBLIC SIGNATURE & SEAL



# Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: CREOLE HERITAGE, INC. Fiscal Year End: JUNE 30, 2022

## Statement of Receipts and Disbursements

## Statement A

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. CONTRIBUTIONS - UNRESTRICTED	\$ 6,370.00	\$	\$ 6,370.00
2. ST. LANDRY PARISH GOVERNMENT GRANT	5,000.00		5,000.00
3. INTEREST INCOME	14.60		14.60
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 3)	\$ 11,384.60	\$	\$ 11,384.60
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. DEPRECIATION	\$ 31.06	\$	\$ 31.06
8. INSURANCE	2,564.45		2,564.45
9. REPAIRS & MAINTENANCE	2,268.20		2,268.20
10. UTILITIES	1,295.10		1,295.10
11. PROGRAM EXPENSE – JUNETEENTH CELEBRATION	4,194.25		4,194.25
12. PROGRAM EXPENSE – SUMMER ENRICHMENT PROGRAM	884.03		884.03
13. OTHER ADMINISTRATIVE EXPENSES	2,289.11		2,289.11
14. <b>Total Disbursements</b> (add lines 7 - 13)	\$ 13,526.20	\$	\$ 13,526.20
15. Change in fund balance ( Lines 6 minus 14)	\$ (2,141.60)	\$	\$ (2,141.60)
16. Fund Balance at beginning of year	\$ 2,911.76	\$	\$ 2,911.76
17. Fund balance (deficit) at end of year (Add lines 15-16) --This amount also goes on line 12, Statement B	\$ 770.16	\$	\$ 770.16

Identify the Basis of Accounting, if not using Cash-Basis: \_\_\_\_\_

**NOTE:** If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*

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Entity Name: CREOLE HERITAGE, INC. Fiscal Year End: JUNE 30, 2022

## Balance Sheet

## Statement B

	General Fund	Other Fund	Total
<b>ASSETS (balances at year-end)</b>			
1. Cash and cash equivalents	\$ 754.64	\$	\$ 754.64
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)	15.52		15.52
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	\$ 770.16	\$	\$ 770.16
<b>LIABILITIES AND FUND BALANCE (at year-end):</b>			
7. Liabilities (brief description):	\$	\$	\$
8.			
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 18 on Statement A)	770.16		770.16
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$ 770.16	\$	\$ 770.16

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Entity Name: CREOLE HERITAGE, INC. Fiscal Year End: JUNE 30, 2022

## Statement C

### Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: REBECCA HENRY, DIRECTOR

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.)