

Affidavit and Revenue Certification

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Health & Education Alliance of Louisiana ENTITY NAME
Orleans Parish
New Orleans, 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. 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, Constance Bellone (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Health & Education Alliance of Louisiana (enter entity name) as of June 30, 2019 (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, Constance Bellone (officer name), who, duly sworn, deposes and says that Health & Education Alliance of Louisiana (entity name) received \$75,000 or less in revenues and other sources for the year ended June 30, 2019, and accordingly, is not required to have an audit for the previously mentioned year.

Constance Bellone Officer's Signature

Sworn to and subscribed before me this September 20, 2019 day of

Chellie Chitty Olivier 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. 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

Please Complete This Section
Officer's Name Constance Bellone
Officer's Title Chief Executive Officer
Address 1700 Josephine Street, Suite 200
City, Zip New Orleans, LA 70113
Ph: Cell/Land 504-570-6952
E-mail cbellone@heal-no.org

Health & Education Alliance of Louisiana

(Agency Name)

Statement of Cash Receipts and Disbursements**For the Year Ended June 30, 2019**

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Contributions/Fundraising	\$ 43,620	\$ 10,000	\$ 53,620
2. Grants	4,000	498,785	502,785
Public Funds – City of New Orleans Wisner Grant	10,000	0	10,000
3. Program Service Fees	10,000	0	10,000
4. Interest Income	339	0	339
5. Miscellaneous	13,140	0	13,140
6. Total receipts (add lines 1 – 5)	\$ 81,099	\$508,785	\$ 589,884
DISBURSEMENTS (Provide Brief Description):			
7. Salaries & Benefits	\$ 204,011	\$ 293,347	\$ 497,358
8. Supplies	3,207	5,029	8,236
9. Operating Expenses	44,493	12,277	56,770
10. Contracted Services	131,348	0	131,348
11. Travel	1,970	0	1,970
12. Fundraising	7,125	0	7,125
13. Total Disbursements (add lines 7 – 12)	\$ 392,154	\$ 310,653	\$ 702,807
14. Change in fund balance (Lines 6 minus 13)	\$ (311,055)	\$ 198,132	\$(112,923)
15. Fund Balance at beginning of year	\$ 236,188	\$ 76,941	\$ 313,129
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ (74,867)	\$ 275,073	\$ 200,206

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

Health & Education Alliance of Louisiana
(Agency Name)

Balance Sheet, on June 30, 2019
(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) –Give brief description:			
1. Cash and cash equivalents on hand	\$ (85,668)	\$ 275,073	\$ 189,405
2. Investments (fair value) on hand	0	0	0
3. Office furnishings (Cost of desks, etc)	2,874	0	2,874
4. Equipment (Cost of fax machine, etc)	6,927	0	6,927
5. Other (brief description) Security Deposits	1,000	0	1,000
6. Total Assets (add lines 1 – 5)	<u>\$ (74,867)</u>	<u>\$ 275,073</u>	<u>\$200,206</u>
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)	(74,867)	275,073	200,206
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 – 13)	<u>\$ (74,867)</u>	<u>\$ 275,073</u>	<u>\$ 200,206</u>

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Health & Education Alliance of Louisiana (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 June 30, 2019 (Year-End)

Agency Head Name and Title: Constance Bellone

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.)

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