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Affidavit and Revenue Certification

New Hope Community Development of Acadiana ENTITY NAME
Lafayette Parish
Lafayette, 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, John P. Newman (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of New Hope Community Development of Acadiana (enter entity name) as of 07/31/17 (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, John P. Newman (officer name), who, duly sworn, deposes and says that New Hope Community Development of Acadiana (entity name) received \$75,000 or less in revenues and other sources for the year ended 07/31/17, and accordingly, is not required to have an audit for the previously mentioned year.

John P. Newman
Officer's Signature

Sworn to and subscribed before me this 17th day of October, 2017.

Martha Q Thomas

NOTARY PUBLIC SIGNATURE & SEAL



MARTHA Q. THOMAS
Notary Public
State of Louisiana
Lafayette Parish
Notary # 40140

#40149

For Office Use Only	Please Complete This Section
<p>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.</p> <p>Release Date <u>NOV 01 2017</u></p>	<p>Officer's Name <u>John P. Newman</u> Officer's Title <u>President</u> Address <u>104 Duncan Dr</u> City, Zip <u>Lafayette 70503</u> Ph: Cell/Land <u>337 316 9460</u> E-mail <u>Johnpnewman@hotmail.com</u></p>

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

New Hope Community Development of Acadians
(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended July 31, 2017
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Lafayette City-Parish Consolidated Government	\$ 15,633	\$	\$ 15,633
2. Other Grants	26,193		26,193
3. Individual Contributions	13,767		13,767
4. In-kind Gifts	4,721		4,721
5. Corporate + Organizational Gifts	14,324		14,324
6. Total receipts (add lines 1 - 5)	<u>\$ 74,638</u>	<u>\$</u>	<u>\$ 74,638</u>
DISBURSEMENTS (Provide Brief Description):			
7. Payroll	\$ 42,640	\$	\$ 42,640
8. Programming + Materials	16,946		16,946
9. Accounting + Bank fees	2,776		2,776
10. Insurance	2,032		2,032
11. Marketing	537		537
12. Miscellaneous	4,388		4,388
13. Total Disbursements (add lines 7 - 12)	<u>\$ 69,319</u>	<u>\$</u>	<u>\$ 69,319</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 5,319	\$	\$ 5,319
15. Fund Balance at beginning of year	\$ 7,131	\$	\$ 7,131
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 12,450	\$	\$ 12,450

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

New Hope Community Development of Acadiana
(Agency Name)

Balance Sheet, on July 31, 2017
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 11,924	\$	\$ 11,924
2. Investments (fair value) on hand	-		-
3. Office furnishings (Cost of desks, etc)	526		526
4. Equipment (Cost of fax machine, etc)	-		-
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	<u>\$ 12,540</u>	<u>\$</u>	<u>\$ 12,540</u>
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0	\$	\$ 0
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0		0
12. Fund balance (amount from Line 16 on Statement A)	12,450		12,450
13. Other	-		-
14. Total Liabilities and Fund Balance (add lines 11 - 13)	<u>\$ 12,450</u>	<u>\$</u>	<u>\$ 12,450</u>

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New Hope Community Development of Acadiane (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 July 31, 2017 (Year-End)

Agency Head Name and Title: Kristine K. Newman, Executive Director.

Purpose	Dollar Amount
1. Salary	1. 6,000
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. 6,000

____ 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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