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Affidavit and Revenue Certification

Bogalusa Rebirth ENTITY NAME  
Washington Parish  
Bogalusa, 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, Wendy Williams (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Bogalusa Rebirth (enter entity name) as of 12/31/2018 (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.

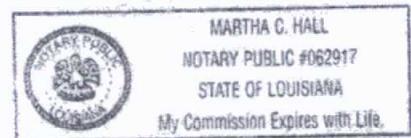
(Complete if applicable)

In addition, Wendy Williams (officer name), who, duly sworn, deposes and says that Bogalusa Rebirth (entity name) received \$75,000 or less in revenues and other sources for the year ended 12/31/18, and accordingly, is not required to have an audit for the previously mentioned year.

Wendy Williams  
Officer's Signature

Sworn to and subscribed before me this 2nd day of July, 2019.

Martha C Hall 062917  
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 JUL 17 2019

Please Complete This Section  
Officer's Name Wendy Williams  
Officer's Title Executive Director  
Address 305 Ave B, Ste 111  
City, Zip Bogalusa, La, 70427  
Ph: Cell/Land (985) 516-2005  
E-mail SaveBogalusa@bellsouth.net

Bogalusa Rebirth

(Agency Name)

**Statement of Cash Receipts and Disbursements**

For the Year Ended 2018

(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>Grants</u>	\$ 54979	\$ 500	\$55479
2. <u>Public Support</u>	5430		5430
3.			
4.			
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 60409</u>	<u>\$ 500</u>	<u>\$ 60909</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>Salaries</u>	\$ 16260	\$	\$
8. <u>Professional Fees</u>	13537		
9. <u>Rent + Utilities</u>	3299		
10. <u>Conferences + Travel</u>	1861		
11. <u>Insurance</u>	470		
12. <u>Other Miscellaneous</u>	1100		
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 36527</u>	<u>\$ 0</u>	<u>\$ 36527</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 23882	\$ 500	\$ 24382
15. Fund Balance at beginning of year	\$ 7866	\$ 0	\$ 7866
16. Fund balance (deficit) at end of year (Add lines 14-15)	\$ 31748	\$ 500	\$ 32,248
--This amount also goes on line 12, Statement B			

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

Bozalousa Rebirth  
(Agency Name)

Balance Sheet, on 12/31/18  
(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 25218	\$ 500	\$ 25718
2. Investments (fair value) on hand	6000		6000
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)	700		700
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 31918</u>	<u>\$ 500</u>	<u>\$ 32418</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8. Chase Credit Card	\$ 170	\$	\$ 170
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)	170		170
12. Fund balance (amount from Line 16 on Statement A)	31,748	500	32,248
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 31918</u>	<u>\$ 500</u>	<u>\$ 32,418</u>

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Bogalusa Rebirth

(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 12/31/18 (Year-End)

Agency Head Name and Title: Wendy Williams

Purpose	Dollar Amount
1. Salary	1. 16260
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 <u>Training/Travel</u>	10. 133
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. 16393

\_\_\_\_ 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