New Hope Community Development Corporation

10354-19

Kenner, Jefferson Parish/Louisiana

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

July 15, 2020

Ms. Gayle Fransen **Engagement Manager** Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended 2019 (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Mins 19, 197 Officer's Signature Mark B. Mitchell

Enclosures

PLEASE RETAIN A COPY OF THE COMPLETED FINANCIAL STATEMENT 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

Affidavit and Revenue Certification

New Hope Community Development Corporation

Jefferson Parish

Kenner, Louisiana

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, (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of ______(enter entity name) as of ______(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, ______, (officer name), who, duly sworn, deposes and says that ______(entity name) received \$75,000 or less in revenues and other sources for the year ended ______, and accordingly, is not required to have an audit for the previously mentioned year.

Ullind 19, Mg

Sworn to and subscribed before me this \underline{SH}_{2} day of _ NOTARY ONLY Im Not Reviewed For Content SIGNA Complete This Section For Office Use Only Officer's Name Under provisions of state law, this report will become a public document on the Officer's Title Monday following the release date. A copy of the report will be submitted to Address appropriate public officials and be available for public inspection at the Baton City, Zip Rouge office of the Louisiana Legislative Auditor and, where appropriate, at the Ph: Cell/Land office of the parish clerk of court. Release Date ____08 - 19 - 2020 E-mail

New Hope Community Development Corporation

Statement of Cash Receipts and Disbursements For the Year Ended <u>2019</u>

	Ger Fu	neral Other nd Fund	Total
RECEIPTS (Provide Brief Description): 1.JEFFERSON PARISH SUMMER YOUTH FUNDING 2.ENTERGY 3. 4. 5.	\$	\$18,000.00 2,500.00	
6. Total receipts (add lines 1 - 5)	\$	\$20,500.00	\$20,500.00
 DISBURSEMENTS (Provide Brief Description): 7.Payroll – Contractual Employees 8. General Liability Insurance 9.Field Trips/Transportation 10.Food -Snacks, Snowballs, Lunch 11.Supplies: Janitorial, Ed. Supplies, Office, Arts& 12. Crafts, Camp Shirts 13. Total Disbursements (add lines 7 - 12) 	\$	\$10,196.00 991.00 4,770.00 4,543.00 \$20,500.00	991.00
 14. Change in fund balance (Lines 6 minus 13) 15. Fund Balance at beginning of year 16. Fund balance (deficit) at end of year (Add lines 14-15) This amount also goes on line 12, Statement B 	\$ \$ \$0	\$ \$ \$0	\$ \$ \$0

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

Statement B Page 4

New Hope Community Development Corporation

Balance Sheet, on 2019

	General Fund	Other Fund	Total
 ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand 2. Investments (fair value) on hand 3. Office furnishings (Cost of desks, etc) 4. Equipment (Cost of fax machine, etc) 5. Other (brief description) 	\$71,000.00	\$	\$71,000.00 55,262.00 0 0
6. Total Assets (add lines 1 - 5)	\$	\$	\$126,262.0
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):			
8. 9. 10. 11. Total Liabilities (add lines 7 - 10)	\$	\$	\$0 0 0
12. Fund balance (amount from Line 16 on Statement A)13. Other14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$	\$	0 0 \$0

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

New Hope Community Development Corporation

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 2019

Agency Head Name and Title: Mark Mitchell, Executive Director

Purpose	Dollar Amount
1. Salary	1. 0
2. Benefits-insurance	2. 0
3. Benefits-retirement	3. 0
4. Benefits-other (describe)	4. 0
5. Benefits-other (describe)	5. 0
6. Benefits-other (describe)	6. 0
7. Car allowance	7. 0
8. Vehicle provided by government (if reported on your W-2)	8. 0
9. Per diem	9. 0
10. Reimbursements	10.0
11. Travel	11.0
12. Registration fees	12.0
13. Conference travel	13.0
14. Housing	14.0
15. Unvouchered expenses (example: travel advances, etc.)	15.0
16. Special meals	16.0
17. Other	17.0
18. TOTAL (enter total of line 1-17)	18. 0

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.)