

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

Entity Name: Metro Bicycle Coalition of New Orleans dba Bike Easy

Address: 2100 Oretha Castle Haley Blvd. New Orleans, Louisiana, 70113

Telephone: (504) 861-4022 Email: allene@bikeeasy.org

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, 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, D. Andrew Owens (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Metro Bicycle Coalition of New Orleans dba Bike Easy (entity's name) as of December 31, 2021 (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; 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: Not Applicable

Complete if Applicable: In addition, D. Andrew Owens (officer's name), who duly sworn, deposes, and says that Metro Bicycle Coalition of New Orleans dba Bike Easy (entity's name) received \$75,000 or less in revenues and other sources for the year ended December 31, 2021 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

D. Andrew Owens
OFFICER'S SIGNATURE

Treasurer
OFFICER'S TITLE

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

[Signature]
NOTARY PUBLIC SIGNATURE & SEAL

Lawrence J. Hand Jr.
Bar 23770 / Notary 52176
Notary Public in and for the
State of Louisiana.
My Commission is for Life.

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Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Louisiana Highway Safety Commission (LHSC)	\$41,638	\$	\$41,638
2. Foundation/Philanthropic Grants	\$193,532		\$193,532
3. Members & Individual Donors	\$48,727		\$48,727
4. Sponsorships	\$56,100		\$56,100
5. Contract Services & Other Income	\$85,358		\$85,358
6. Total receipts (add lines 1 - 5)	\$425,355	\$	\$425,355
DISBURSEMENTS (Provide Brief Description):			
7. Staff, Payroll Taxes, & Health Insurance	\$239,306	\$	\$239,306
8. Contract Services	\$85,008		\$85,008
9. Financial Services/Fees	\$4,739		\$4,739
10. Rent, Insurance, & General Office	\$14,978		\$14,978
11. Program Supplies, Equipment, & Travel	\$20,661		\$20,661
12. Professional Development & Memberships	\$2,567		\$2,567
13. Total Disbursements (add lines 7 - 12)	\$367,259	\$	\$367,259
14. Change in fund balance (Lines 6 minus 13)	\$58,096	\$	\$58,096
15. Fund Balance at beginning of year	\$187,942	\$	\$187,942
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$246,038	\$	\$246,038

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

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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Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$244,076	\$	\$244,076
2. Investments (fair value)			
3. Accounts Receivable	\$1,992		\$1,992
4. Fixed Assets (less Accumulated Depreciation)	\$451		\$451
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$246,519	\$	\$246,519
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):	\$	\$	\$
8. Accounts Payable	\$481		\$481
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	\$481		\$481
12. Fund balance (amount from Line 16 on Statement A)	\$246,038		\$246,038
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 – 13)	\$246,519	\$	\$246,519

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: Allene La Spina, Acting Executive Director

Purpose	Dollar Amount
1. Salary	1. \$49,939
2. Benefits-insurance (allocated share)	2. \$3,077
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. \$53,016

____ 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.)