

Main Street Homer (Entity Name)

Homer, Claiborne Parish, LA (City, Parish/State)

10933-20

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) September 28, 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 June 30, 2017 (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,



Officer's Signature

Mary Hamil, President
Officer's Name

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

Main Street Homer ENTITY NAME
Claiborne Parish
Homer, 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, Mary Hamil (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Main Street (enter entity name) as of June 30, 2020 (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.

[Signature]
Officer's Signature

Sworn to and subscribed before me this 29 day of September, 2020.

[Signature]
NOTARY PUBLIC SIGNATURE & SEAL
MAXINE WILSON

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 10/21/2020
Please Complete This Section

Officer's Name _____
Officer's Title _____
Address _____
City, Zip _____
Ph: Cell/Land _____
E-mail _____

Main Street Homer
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended June 30, 2020
(Year-End)

	<u>General Fund</u>	<u>Other Funds</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Donations & grants from local & state government	\$ 18,000.01	\$ 500.00	\$ 18,500.01
2. Cash Donations & grants from individuals, businesses & Non-Profits	8,848.84	3,698.40	12,547.24
3. Non-Cash Donations & grants from individuals, businesses & Non-Profits	54,950.00	-0-	54,950.00
4. Revenue from fundraising events	15,524.88	-0-	15,524.88
5. Other Revenue	1,770.00	3,760.00	5,530.00
6. Total receipts (add lines 1 - 5)	\$ 99,093.73	\$ 7,958.40	\$107,052.13
DISBURSEMENTS (Provide Brief Description):			
7. Contract Service Fees	\$ 19,662.44	\$ 672.09	\$ 20,334.53
8. Facilities & Equipment Costs	15,328.23	4,901.21	20,229.44
9. Insurance	4,617.75	-0-	4,617.75
10. Conferences, Meetings, & Other Travel	1,035.02	-0-	1,035.02
11. Cost of events	7,046.49	-0-	7,046.49
12. Other Operational Costs	224.64	2,244.57	2,469.21
13. Total Disbursements (add lines 7 - 12)	\$ 47,914.57	\$ 7,817.87	\$ 55,732.44
14. Change in fund balance (Lines 6 minus 13)	\$ 51,179.16	\$ 140.53	\$ 51,319.69
15. Fund Balance at beginning of year	\$ 59,599.07	\$ 33,111.46	\$ 92,710.53
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 110,778.23	\$ 33,251.99	\$144,030.22

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Main Street Homer
(Agency Name)

Balance Sheet, on June 30, 2020
(Year-End)

	<u>General Fund</u>	<u>Other Funds</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 16,730.37	\$ 6,456.30	\$ 23,186.67
2. Investments (fair value) on hand	-0-	-0-	-0-
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description) Land, Land Improvements, Buildings, Leasehold Improvements, net of depreciation	94,047.86	26,795.69	120,843.55
6. Total Assets (add lines 1 - 5)	\$ 110,778.23	\$ 33,251.99	\$ 144,030.22
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)	110,778.23	33,251.99	144,030.22
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 110,778.23	\$ 33,251.99	\$ 144,030.22

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Main Street Homer (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, 2020 (Year-End)

Agency Head Name and Title: Jimmy Hand, Director (consultant)

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. 657.69
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other – Contractor Fees	17. 19,234.53
18. TOTAL (enter total of line 1-17)	18. 19,892.22

_____ 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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