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Affidavit and Revenue Certification

Metro Bicycle Coalition dba Bike Easy ENTITY NAME
Orleans Parish
New Orleans, LA (City), State

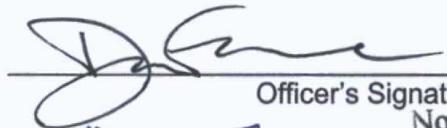
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)

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, _____ (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Bike Easy (enter entity name) as of 12/31/17 (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, Daniel Faure (officer name), who, duly sworn, deposes and says that Bike Easy (entity name) received \$75,000 or less in revenues and other sources for the year ended 12/31/17, and accordingly, is not required to have an audit for the previously mentioned year.



Officer's Signature Charles M. Thomas
Notary Public, Bar No. 31989
State of Louisiana
My Commission is issued for Life

Sworn to and subscribed before me this 11th day of July, 2018



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 SEP 26 2018

Please Complete This Section

Officer's Name Daniel Faure
 Officer's Title Executive Director
 Address 2100 OC Haley Blvd
 City, Zip New Orleans, LA 70113
 Ph: Cell/Land 504-321-1247
 E-mail dan@bikeeasy.org

Metro Bicycle Coalition dba Bike Easy
(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended

12/31/2017

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1.Grants	\$ 169,752	\$	\$
2.Membership and Donations	49,752		
3.Sponsorships	82,055		
4.Contract Services	58,187		
5.			
6. Total receipts (add lines 1 - 5)	\$359,956	\$	\$
DISBURSEMENTS (Provide Brief Description):			
7.Staf Salary and benefits	\$201,578	\$	\$
8.Consultants	26,322		
9.General Operations	82,317		
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$310,217	\$	\$
14. Change in fund balance (Lines 6 minus 13)	\$49,739	\$	\$
15. Fund Balance at beginning of year	\$0	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15)			
--This amount also goes on line 12, Statement B	\$49,739	\$	\$

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

(Agency Name)

Balance Sheet, on

12/31/2017 _____

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$98,049	\$	\$
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)Accounts Receivable	25,821		
6. Total Assets (add lines 1 - 5)	\$123,870	\$	\$
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):Accounts Payable	1,462		
8. Temporary Restricted Net Assets	\$49,409	\$	\$
9. Unrestricted Net Assets	23,260		
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$123,870	\$	\$

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_____ (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 12/31/2017 (Year-End)

Agency Head Name and Title: Executive Director

Purpose	Dollar Amount
1. Salary	1. 59,200
2. Benefits-insurance	2. 350
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. 59,550

_____ 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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