Affidavit and Revenue Certification



Pentecost Missionary Baptist Church Summer Camp of Sildeli ENTTT NAME
St Tammany Parish
Slidell, 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 cless, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).
Personally came and appeared before the undersigned authority,
(Complete if applicable) In addition, _Gary Wood, (officer name), who, duly sworn, deposes and says that Pentecost Missionary Baptist Church Summer Camp of Slidell (entity name) received \$75,000 or less revenues and other sources for the year ended 2019, and accordingly, is not required to have an audit for the previously mentioned year. Sworn to and subscribed before me this day of
NOTARY PUBLIC SIGNATURE & SEAL

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 | Comparison | Compariso

Pleas	se Complete This Section	
Officer's Name	Gary Wood	
Officer's Title	Director	
Address	36138 Shady Lane	
City, Zip Slidell,	70460	
Ph: Cell/Land_	985-285-5629	
E-mailpbo	chu@bellsouth.net	

Pentecost Missionary Baptist Church Summer Camp of Slidell (Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended _______
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1.Church	\$ 1000.00	\$ 0	\$ 1000.00
2.Camp Fees	61121.00	0	61121.00
3.State Fees	0	50073.00	50073.00
4	0	0	0
5.	0	0	0
6. Total receipts (add lines 1 - 5)	\$62121.00	\$50073.00	1122194
DISBURSEMENTS (Provide Brief Description):			
7.Operating Expenses	\$7913.00	\$2298	\$15640.00
8.Transportation	2941.00	0	2941.00
9.Salaries	28498.00	20092.00	48590.00
10.Supplies	0	2281.00	0
11.Food	0	25380.00	25380.00
12.Up Front Monies	22836.00	0	17407.00
13. Total Disbursements (add lines 7 - 12)	\$ 62188.00	\$50051.00	\$112239
14. Change in fund balance (Lines 6 minus 13)	\$ -67.00	\$ 22.00	\$ -45.00
15. Fund Balance at beginning of year	\$ 454.00	\$ 2686.00	\$ 3140.00
16. Fund balance (deficit) at end of year (Add lines 14-15)			
This amount also goes on line 12, Statement B	\$ 387.00	\$ 2708.00	\$ 3095.00

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

Pentecost Missionary Baptist Church Summer Camp of Slidell (Agency Name)

Balance Sheet, on 2019 (Year-End)

	Gener Fund		Other Fund		Total	-
ASSETS (balances at year-end) -Give brief description:						
Cash and cash equivalents on hand	\$1827		\$ 2660		\$ 4487	-13.3
2. Investments (fair value) on hand		0		0		0
3. Office furnishings (Cost of desks, etc)		0		0	The same of	0
4. Equipment (Cost of fax machine, etc)		0		0	Em.)	0
5. Other (brief description)						Tarre C
6. Total Assets (add lines 1 - 5)	\$1827		\$ 2660		\$ 4487	
LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description):						
8.	\$0		\$0		\$0	
9.		0		0		0
10.		0		0		0
11. Total Liabilities (add lines 7 - 10)		0		0		0
12. Fund balance (amount from Line 16 on Statement A)		2284	30	08	52	292
13. Other		0		0		0
	\$2284		\$ 3008	_	\$ 5292	

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

Pentecost Missionary Baptist Church Summer Camp of Slidell (Agency Name

Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Exe	cutive
Officer (Required Form - Please Submit Completed Form Per Attached Instructions)	

For the Year Ended(Year-E

Agency Head Name and Title: Gary Wood Director

Purpose	Dollar Amount
1. Salary	1. 1500.00
2. Benefits-insurance	2. 0
3. Benefits-retirement	3. Ø
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. O
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. 1500.00

__x__ 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.)