

**Affidavit and Revenue Certification**

LA Foster & Adoptive Parent Association ENTITY NAME  
Ouachita Parish  
Monroe LA (City), State

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

LEGISLATIVE AUDITOR  
2019 OCT 10 AM 8:28

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, Peggy Kirby  
(enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of LA Foster & Adoptive Parent Association (enter entity name) as of 6/30/2019 (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, Peggy Kirby (officer name), who, duly sworn, deposes and says that LA Foster & Adoptive Parent (entity name) received \$75,000 or less in revenues and other sources for the year ended 6/30/2019, and accordingly, is not required to have an audit for the previously mentioned year.

Peggy Kirby  
Officer's Signature

Sworn to and subscribed before me this 7<sup>th</sup> day of Oct., 2019.

Don L. Hubert #016346  
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 10/23/19

**Please Complete This Section**

Officer's Name Peggy Kirby  
Officer's Title Executive Director  
Address 232 Henderson Road  
City, Zip West Monroe 71291  
Ph: Cell/Land 318-614-8177  
E-mail Kirp506@juno.com

LA Foster & Adoptive Parent Association  
(Agency Name)

## Statement of Cash Receipts and Disbursements

For the Year Ended 6/30/2019  
(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Membership	\$ 485	\$	\$ 485
2. Fund raising	284		284
3. Contract	5975		5975
4. GAMING		36623	36623
5. Interest	135		135
6. Total receipts (add lines 1 - 5)	<u>\$ 6744</u>	<u>\$ 36623</u>	<u>\$ 43502</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Salary	\$	\$	\$ 10334
8. Accounting			700
9. Office Expense + rent			4597
10. Travel + Lodging			10925
11. Conferences + meetings			3213
12. donations + special projects			4982
13. Total Disbursements (add lines 7 - 12)	<u>\$</u>	<u>\$</u>	<u>\$ 34751</u>
14. Change in fund balance (Lines 6 minus 13)	\$ 8751	\$	\$ 8751
15. Fund Balance at beginning of year	\$ 73780	\$	\$ 73780
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$ 82531	\$	\$ 82531

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

LA Foster & Adoptive Parent Association

(Agency Name)

Balance Sheet, on  
(Year-End)

6/30/2019

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 60534	\$ 21997	\$ 82531
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	<u>\$ 60534</u>	<u>\$ 21997</u>	<u>\$ 82531</u>
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)			
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	<u>\$ 60534</u>	<u>\$ 21997</u>	<u>\$ 82531</u>

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

LA Foster & Adoptive Parent Association (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 6/30/19 (Year-End)

Agency Head Name and Title: Peggy Kirby, Executive Director

Purpose	Dollar Amount
1. Salary	1. 10334
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.
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. 10334

\_\_\_\_ 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.)

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