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Affidavit and Revenue Certification

New Hope Community Development of Acadiana ENTITY NAME

Lafayette Parish

Lafayette, Louisiana (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, John P. Newman (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of New Hope Community Development of Acadiana (enter entity name) as of July 31, 2018 (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, John Newman, (officer name), who, duly sworn, deposes and says that New Hope Community Development of Acadiana (entity name) received \$75,000 or less in revenues and other sources for the year ended July 31, 2018, and accordingly, is not required to have an audit for the previously mentioned year.

John P. Newman
Officer's Signature

Sworn to and subscribed before me this 29th day of October, 2018.



KAREN MONROE
NOTARY PUBLIC NO. 85382
STATE OF LOUISIANA
PARISH OF LAFAYETTE
My Commission is for Life

Karen Monroe
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 <u>NOV 14 2018</u>

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

New Hope Community Development of Acadiana

(Agency Name)

Statement of Cash Receipts and Disbursements**For the Year Ended** July 31, 2018

(Year-End)

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Government Grants	\$ 15,657	\$ 0	\$ 15,657
2. Donations & Other Grants	71,041	0	71,041
3. Fund Raising Event	9,812	0	9,812
4. In-Kind Contributions	2,500	0	2,500
5. Other Revenue	463	0	463
6. Total receipts (add lines 1 - 5)	\$ 99,473	\$ 0	\$ 99,473
DISBURSEMENTS (Provide Brief Description):			
7. Program Expenses	\$ 52,931	\$ 0	\$ 52,931
8. Fund Raising	8,066	0	8,066
9. Management & General Expense	6,499	0	6,499
10.			
11.			
12.			
13. Total Disbursements (add lines 7 - 12)	\$ 67,496	\$ 0	\$ 67,496
14. Change in fund balance (Lines 6 minus 13)	\$ 31,977	\$ 0	\$ 31,977
15. Fund Balance at beginning of year	\$ 12,450	\$ 0	\$ 12,450
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 44,427	\$ 0	\$ 44,427

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

New Hope Community Development of Acadiana

(Agency Name)

Balance Sheet, on July 31, 2018

(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 35,917	\$ 0	\$ 35,917
2. Investments (fair value) on hand	0	0	0
3. Office furnishings (Cost of desks, etc)	0	0	0
4. Equipment (Cost of fax machine, etc)	8,329	0	8,329
5. Other (brief description) Shed	181	0	181
6. Total Assets (add lines 1 - 5)	\$ 44,427	\$ 0	\$ 44,427
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$ 0	\$ 0	\$ 0
9.			
10.			
11. Total Liabilities (add lines 7 - 10)	0	0	0
12. Fund balance (amount from Line 16 on Statement A)	44,427	0	44,427
13. Other	0	0	0
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 44,427	\$ 0	\$ 44,427

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New Hope Community Development of Acadiana (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 July 31, 2018 (Year-End)

Agency Head Name and Title: Kristine Kay Newman, Executive Director

Purpose	Dollar Amount
1. Salary	1. 15,603
2. Benefits-insurance	2. 0
3. Benefits-retirement	3. 0
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. 99
13. Conference travel	13. 514
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. 16,216

_____ 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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