

Sworn Financial Statements and Certification of Revenues \$75,000 or Less

Entity Name: Metro Bicycle Coalition of New Orleans

Address: 3530 Toulouse Street, New Orleans, LA 70119

Telephone: 504-861-4022

Email: allene@bikeeasy.org

This annual sworn financial statement is required to be filed with the Legislative Auditor within 90 days of the end of the entity's fiscal year by sending a pdf copy by email to ereports@lla.la.gov, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, Andrew J Allegra (officer's name), who, duly sworn, deposes and says that the financial statements herewith given present fairly, in all material respects, the financial position of Metro Bicycle Coalition of New Orleans (entity's name) as of 12-31-2024 (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; that the entity has maintained a system of internal control structure sufficient to safeguard assets and comply with laws and regulations; and that the entity has complied with all laws and regulations, except as follows: Not applicable

Complete if Applicable: In addition, Andrew J. Allegra (officer's name), who duly sworn, deposes, and says that Metro Bicycle Coalition of New Orleans (entity's name) received \$75,000 or less in revenues and other sources for the year ended 12-31-2024 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

[Signature]
OFFICER'S SIGNATURE

Treasurer
OFFICER'S TITLE

Sworn to and subscribed before me, this 28th day of MARCH, 2025

[Signature]
NOTARY PUBLIC SIGNATURE

Entity Name: Metro Bicycle Coalition of New Orleans

Fiscal Year End: 12-31-2024

Statement of Receipts and Disbursements

Statement A

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
RECEIPTS (Provide Brief Description):			
1. Louisiana Highway Safety Commission	\$48,457	0	\$48,457
2. Foundation/Philanthropic Grants	\$46,729	0	\$46,729
3. Members and Individual Donors	\$74,558	0	\$74,558
4. Sponsorships	\$16,500	0	\$16,500
5. Contract Services and Other Income	\$23,280	0	\$23,280
6. Total receipts (add lines 1 - 5)	\$209,524	0	\$209,524
DISBURSEMENTS (Provide Brief Description):			
7. Staff, Payroll Taxes, and Health Insurance	\$136,697	0	\$136,697
8. Contract Services	\$40,172	0	\$40,172
9. Financial Services/Fees	\$2,002	0	\$2,002
10. Rent, Insurance, General Offices	\$11,784	0	\$11,784
11. Program supplies, equipment, and travel	\$9,888	0	\$9,888
12. Professional Development and Memberships	\$2,250	0	\$2,250
13. Total Disbursements (add lines 7 - 12)	\$202,793	0	\$202,793
14. Change in fund balance (Lines 6 minus 13)	\$6,731	0	\$6,731
15. Fund Balance at beginning of year	\$123,245	0	\$123,245
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$129,676	0	\$129,676

Identify the Basis of Accounting, if not using Cash-Basis: Accrual

NOTE: If the entity receives any funds from pre- or post-adjudication court costs, fines, and/or fees, the entity must use one or more of the following categories in the receipts description fields: *Civil Fees; Bond Fees; Asset Forfeiture/Sale; Pre-Trial Diversion Program; Criminal Court Costs/Fees; Criminal Contempt Fines; Other Criminal Fines; Restitution; and Probation/Parole/Supervision Fees.*

Entity Name: Metro Bicycle Coalition of New Orleans

Fiscal Year End: 12-31-2024

Balance Sheet

Statement B

	<u>General Fund</u>	<u>Other Fund</u>	<u>Total</u>
ASSETS (balances at year-end)			
1. Cash and cash equivalents	\$121,797		\$121,797
2. Investments (fair value)			0
3. Office furnishings (Cost of desks, etc)			0
4. Equipment (Cost of fax machine, etc)			0
5. Other (brief description)			0
6. Total Assets (add lines 1 - 5)	\$121,797	0	\$121,797
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (brief description):			0
8.			0
9.			0
10.			0
11. Total Liabilities (add lines 7 - 10)	0	0	0
12. Fund balance (amount from Line 16 on Statement A)	\$129,676	0	\$129,676
13. Other			0
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$129,676	0	\$129,676

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: _____

Purpose	Dollar Amount
1. Salary	\$61,000
2. Benefits-insurance	\$4,500
3. Benefits-retirement	
4. Benefits-other (describe)	
5. Benefits-other (describe)	
6. Benefits-other (describe)	
7. Car allowance	
8. Vehicle provided by government (if reported on your W-2)	
9. Per diem	
10. Reimbursements	
11. Travel	
12. Registration fees	
13. Conference travel	
14. Housing	
15. Unvouchered expenses (example travel advances, etc.)	
16. Special meals	
17. Other	
18. TOTAL (enter total of line 1-17)	\$65,500

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.)