Affidavit and Revenue Certification

______Main Street Homer ______ENTITY NAME ______Claiborne ____Parish

<u>Homer, LA</u> (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, <u>Mary Hamil, President</u> (enter officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of <u>Main Street Homer</u> (enter entity name) as of <u>June 30, 2021</u> (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, <u>Mary Hamil</u>, (officer name), who, duly sworn, deposes and says that <u>Main Street Homer</u> (entity name) received \$75,000 or less in revenues and other sources for the year ended <u>June 30, 2021</u>, and accordingly, is not required to have an audit for the previously mentioned year.

Officer's Signature

Sworn to and subscribed before me this a

NOTARY PUB SEAL

day



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

9/22/2021

| Please Complete This Section |
|---------------------------------------|
| Officer's Name Mary +Jamil |
| Officer's Title |
| Address 419 Wist Main |
| City, Zip + 10mar 10 71040 |
| Ph: Cell/Land 318-432-9200 |
| E-mail MlhinStrepthomer @ GMG. 1. Con |
| |

Please return the completed form within 90 days of your entity's year-end to Louisiana Legislative Auditor – Local

Main Street Homer

(Agency Name)

Statement of Cash Receipts and Disbursements

For the Year Ended _June 30, 2021_____ (Year-End)

| | | General Fund | Other Fund | Total |
|---|---------|-----------------|---------------|---------------|
| | | | | |
| RECEIPTS (Provide Brief Description): | | | | |
| 1. Donation & grants from local & state government | \$ | 21,330.00 | \$ 4,409.00 | \$ 25,739.00 |
| 2. Cash donations and grants from individuals, | | | | |
| businesses and non-profits | | 22,278.95 | 540.48 | 22,819.43 |
| 3. Non-cash donations and grants from individuals, | | | | |
| businesses and non-profits | | -0- | 10,000.00 | 10,000.00 |
| 4. Revenue from fundraising events | | 6,465.00 | -0- | 6,465.00 |
| 5. Other revenue | | 225.00 | 2,200.00 | 2,425.00 |
| 6. Total receipts (add lines 1 - 5) | \$ | 50,298.95 | \$ 17,149.48 | \$ 67,448.43 |
| | | | | |
| DISBURSEMENTS (Provide Brief Description): | | | | |
| 7. Contract service fees | \$ | 18,018.12 | \$ 2,281.98 | \$ 20,300.00 |
| 8. Facilities and equipment costs | | 13,039.79 | 10,995.73 | 24,035.52 |
| 9. Insurance & operational costs | | 4,193.54 | 464.75 | 4,658.29 |
| 10. Conferences, meetings, and related travel | | 946,94 | -0- | 946.94 |
| 11. Cost of fundraising events | | 2,959.52 | -0- | 2,959.79 |
| 12. Other | | 3,292.52 | 2,204.44 | 5,496.96 |
| 13. Total Disbursements (add lines 7 - 12) | \$ | 42,450.60 | \$ 15,946.90 | \$ 58,397.50 |
| | | | | ······ |
| 14. Change in fund balance (Lines 6 minus 13) | \$ | 7,848.35 | \$ 1,202.58 | \$ 9,050.93 |
| 15. Fund Balance at beginning of year | \$ | 108,280.35 | \$ 35,749.87 | \$ 144,003.22 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15) | ******* | | ····· | |
| -This amount also goes on line 12, Statement B | \$1 | 16,128.70 | \$36,952.45 | \$153,081.15 |

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

Statement B

Main Street Homer (Agency Name)

Balance Sheet, on <u>June 30, 2021</u> (Year-End)

Other General Fund Fund Total ASSETS (balances at year-end) -Give brief description: 1. Cash and cash equivalents on hand \$ 19,757.57 \$ 5,711.88 \$ 25,469.45 2. Investments on hand (fair value) 3. Office furnishings (Cost of desks, etc) 4. Equipment (Cost of fax machine, etc) 5. Other (brief description) Land & Improvements, Buildings, Leaseholds and Improvements; net & shortterm receivable 96,371.13 96,604.45 192,975.58 Total Assets (add lines 1 - 5) \$ 116,128.70 \$ 102,316.33 \$ 218,445.03 6. LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8. Bank loan payable \$ -0- \$ 55,988.21 \$ 55,988.21 9. Payable to General Fund 9,375.67 9,375.67 -0-10. 11. Total Liabilities (add lines 7 - 10) -0-65,363.88 65,363.88 12. Fund balance (amount from Line 16 on Statement A) 36,952,45 153,081,15 116,128.70 13. Other -0--0--0-14. Total Liabilities and Fund Balance (add lines 11 - 13) \$ 116,128.70 \$ 102,316.33 \$ 218,445.03

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Main Street Homer_____ (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 _June 30, 2021 (Year-End)

Agency Head Name and Title: _Jimmy Hand, Executive Director (consultant)_

| Purpose | Dollar Amount |
|---|---------------|
| 1. Salary | 1. |
| 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 – Contractor Fees | 17. 20,250.00 |
| 18. TOTAL (enter total of line 1-17) | 18. 20,250.00 |

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

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Main Street Homer

(Entity Name)

_Homer, Claiborne Parish, LA____(City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

8/20/21 (Date)

Ms. Gayle Fransen Engagement Manager Louisiana Legislative Auditor 1600 North Third Street Baton Rouge, LA 70802

Dear Ms. Fransen:

In accordance with Louisiana Revised Statute 24:513, enclosed are the Affidavit and Revenue Certification Form and the annual financial statements for my entity, as of and for the year ended <u>June 30, 2021</u> (entity's year-end). The statements include all funds under the control of this entity. The accompanying financial statements have been prepared on the cash basis of accounting.

Sincerely,

Officer's Signature

<u>Mary Hamil, President</u> Officer's Name

Enclosures

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