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### Affidavit and Revenue Certification

Louisiana Foster & Adoptive Parents Association  
East Baton Rouge Parish  
Baton Rouge Louisiana

#### 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 \$75,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa).

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Personally came and appeared before the undersigned authority, Peggy Kirby (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Louisiana Foster & Adoptive Parents Association (entity name) as of 06/2016 (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 Louisiana Foster & Adoptive Parents Association (entity name) received \$75,000 or less in revenues and other sources for the year ended 06/2016, and accordingly, is not required to have an audit for the previously mentioned year.

Peggy Kirby  
Officer Signature

Sworn to and subscribed before me this 22<sup>nd</sup> day of May, 2017.

Don L. Hardwell  
NOTARY PUBLIC #016346

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Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Officer's Name \_\_\_\_\_  
Officer's Title \_\_\_\_\_  
Address \_\_\_\_\_  
Ph/Fax/E-mail \_\_\_\_\_

Release Date JUL 26 2017

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor –  
Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Louisiana Foster & Adoptive Parents Association (Agency Name)Statement of Cash Receipts and Disbursements  
For the Year Ended 06/2016 (Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Membership dues	\$ 2270	\$	\$2270
2. Government grants	40243		40243
3. Other contributions, gifts, grants	11327		11327
4. Gaming income	23849		23849
5.			
6. <b>Total receipts</b> (add lines 1 - 5)	<u>\$ 77689</u>	<u>\$</u>	<u>\$ 77689</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Compensation	\$ 15303	\$	\$
8. Legal	600		
9. Office Expenses	7009		
10. Rent	6680		
11. Conferences	19161		
12. Other	23369		
13. <b>Total Disbursements</b> (add lines 7 - 12)	<u>\$ 105168</u>	<u>\$</u>	<u>\$ 105168</u>
14. Change in fund balance ( Lines 6 minus 13)	\$(27479)	\$	\$ (27479)
15. Fund Balance at beginning of year	\$ 131988	\$	\$ 131988
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 104509	\$	\$ 104509

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

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**Statement B**

Louisiana Foster & Adoptive Parents Association  
(Agency Name)

Balance Sheet, on 06/2016 (Year-End)

	<b>General Fund</b>	<b>Other Fund</b>	<b>Total</b>
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 104509	\$	\$
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>\$ 104509</u>	<u>\$</u>	<u>\$ 104509</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>\$ 104509</u>	<u>\$</u>	<u>\$104509</u>

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Statement C

Louisiana Foster & Adoptive Parents Association (Agency Name)

**Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (REQUIRED, PLEASE SUBMIT COMPLETED FORM, PER ATTACHED INSTRUCTIONS)**

Agency Head Name/Title:    Peggy Kirby, Executive Director   

Purpose	Amount
Salary	15303
Benefits-insurance	
Benefits-retirement	
Benefits-other (describe)	
Benefits-other (describe)	
Benefits-other (describe)	
Car allowance	
Vehicle provided by government (enter amount reported on W-2)	
Per diem	
Reimbursements	
Travel	
Registration fees	
Conference travel	
Housing	
Unvouchered expenses (example: travel advances, etc.)	
Special meals	
Other	