

Affidavit and Revenue Certification

LA Foster & Adoptive Parents ENTITY NAME
Ouachita Parish
MONROE LA (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.

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 Parents (enter entity name) as of 6/30/2018 (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, Peggy Kirby (officer name), who, duly sworn, deposes and says that LA Foster & Adoptive Parents (entity name) received \$75,000 or less in revenues and other sources for the year ended 6/30/2018, 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 23rd day of October, 2018

Don J. Hadnall #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.
Release Date: OCT 31 2018

Please Complete This Section
Officer's Name: Peggy Kirby
Officer's Title: Executive Director
Address: 5200 Northeast Rd
City, Zip: MONROE LA 71203
Ph/Cell/Land: 338-614-8177
E-mail: kirp50@juno.com

LA Foster + Adoptive Parents Assoc.
(Agency Name)

Statement of Cash Receipts and Disbursements
For the Year Ended 6/30/18
(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. Membership dues	\$ 665	\$	\$ 665
2. Government grants	22386		22386
3. Other Grants	23189		23189
4. Interest	96		96
5. Gaming		16688	16688
6. Total receipts (add lines 1 - 5)	\$ 46336	\$ 16688	\$ 63024
DISBURSEMENTS (Provide Brief Description):			
7. Salary	\$ 16680	\$	\$ 16680
8. Legal	675		675
9. Office expenses	2082		2082
10. Travel and lodging	27800		27800
11. Conferences + meetings	1716		1716
12. donations + special projects	10666		10666
13. Total Disbursements (add lines 7- 12)	\$ 59619	\$	\$ 59619
14. Change in fund balance (Lines 6 minus 13)	\$ 13287	\$ 16688	\$ 3405
15. Fund Balance at beginning of year	\$ 90375	\$	\$ 90375
16. Fund balance (deficit) at end of year (Add lines 14-15) -This amount also goes on line 12, Statement B	\$ 73780	\$	\$ 73780

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

LA Foster & Adoptive Parents Assoc.
(Agency Name)

Balance Sheet, on 6/2018
(Year-End)

	General Fund	Other Fund	Total
ASSETS (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$ 57092	\$ 16688	\$ 73780
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. Total Assets (add lines 1 - 5)	\$ 57092	\$ 16688	\$ 73780
LIABILITIES AND FUND BALANCE (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	57092	16688	73780
13. Other			
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$ 57092	\$ 16688	\$ 73780

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LA Foster + Adoptive Parents Assoc. (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 6/2018 (Year-End)

Agency Head Name and Title: Peggy Kirby Executive Director

Purpose	Dollar Amount
1. Salary	1. <u>16680</u>
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.

____ 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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