LOUISIANA LEGISLATIVE AUDITOR

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

Entity Name: ARTS COUNCIL OF POINTE COUPEE ID# 11238NP

Address: P.O. BOX 669; 500 WEST MAIN STREET, NEW ROADS, LA 70760

Telephone: 225-718-1574 Email: ROYGALEB@BELLSOUTH.NET

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.

AFFIDAVIT

Personally came and appeared before the undersigned authority, GALE B ROY (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 ARTS COUNCIL OF POINTE COUPEE ID# 11238NP (entity's name) as of 8/31/2026 (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: _____

Complete if Applicable: In addition, GALE B ROY (officer's name), who duly sworn, deposes, and says that ARTS COUNCIL OF POINTE COUPEE ID# 11238NP (entity's name) received $75,000 or less in revenues and other sources for the year ended 8/31/2026 (entity's year-end), and accordingly, is not required to have an audit for the previously mentioned fiscal year.

Gale B. Roy
OFFICER'S SIGNATURE

Executive Director
OFFICER'S TITLE

Sworn to and subscribed before me, this 4th day of November, 2026

Candace N. Breche
NOTARY PUBLIC SIGNATURE #17175

Entity Name: ARTS COUNCIL OF POINTE COUPEE ID# 11238NP Fiscal Year End: 8/31/2026

Statement A

Statement of Receipts and Disbursements

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):			
1. ARTS COUNCIL OF GREATER BATON ROUGE (ACGBR)	$	$ 7,125	$ 7,125
2. LOUISIANA DIVISION OF THE ARTS (LDOA)		4,500	4,500
3.			0
4.			0
5.			0
6. **Total receipts** (add lines 1 - 5)	$ 0	$ 11,625	$ 11,625
DISBURSEMENTS (Provide Brief Description):			
7. ACGBR (Art Workshops including prof svcs/materials/supplies)	$	$ 7,125	$ 7,125
8. LDOA (Senior Outreach including prof svcs/materials/supplies)		4,500	4,500
9.			0
10.			0
11.			0
12.			0
13. **Total Disbursements** (add lines 7 - 12)	$ 0	$ 11,625	$ 11,625
14. Change in fund balance (Lines 6 minus 13)	$ 0	$ 0	$ 0
15. Fund Balance at beginning of year	$	$	$ 0
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	$ 0	$ 0	$ 0

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

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: ARTS COUNCIL OF POINTE COUPEE ID# 11238NP Fiscal Year End: 8/31/2026

Statement B

Balance Sheet

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			
1. Cash and cash equivalents	$	$	$ 0
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)	$ 0	$ 0	$ 0
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)	0	0	0
13. Other			0
14. Total Liabilities and Fund Balance (add lines 11 - 13)	$ 0	$ 0	$ 0

Entity Name: Arts Council of Pointe Coupee ID#11238NP Fiscal Year End: 8/31/2026

Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name, Title: Gale B. Roy, Executive Director

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	17.
18. TOTAL (enter total of line 1-17)	18. $0

☒ **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.)