Arts Council of Pointe Course (Entity Name) ID 1/238NP New Roads, LA 70760 (City, Parish/State)

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

(Date) 9-15-2012

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

Dear Ms. Fransen:

Sincerely,

Stale B. Roy Officer's Signature

Gale B. Roy
Officer's Name

Enclosures

Sep.

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

## **Affidavit and Revenue Certification**

Arts Council of Pointe Coupee ENTITY NAME
Pointe Coupee Parish
IVEW Roads, (ACity), State ID 11238NP
ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$75,000 OR LESS (if applicable)
The annual sworn financial statements are <i>required</i> by Louisiana Revised Statute 24:514 <i>to be filed with the Legislative Auditor within 90 days after the close of the fiscal year.</i> 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,
(Complete if applicable) In addition, Gole B. Roy , (officer name), who, duly sworn, deposes and says that Arts Council of Pointe Coupe (entity name) received \$75,000 or less in revenues and other sources for the year ended 8/31/22 , and accordingly, is not required to have an audit for the previously mentioned year.
9/28/2022  Sale B. Roy Officer's Signature
Sworn to and subscribed before me this 15 day of September, 2022
NOTARY PUBLIC SIGNATURE & SEAL #17175
For Office Use Only Please Complete This Section
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  Officer's Name Officer's Title Address City, Zip Ph: Cell/Land E-mail

Arts Council of Pointe Coupee (Agency Name) ID 1238 ND

Statement of Cash Receipts and Disbursements For the Year Ended <u>6/3//22</u>

(Year-End)

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description): 1. ANHA Performing Arts	\$	\$ 1500	\$ 150000
2. LA DOA 3.		2700°	2700°°
<u>4.</u> <u>5.</u>			
6. Total receipts (add lines 1 - 5)	\$	\$ 4200	\$ 4 200
DISBURSEMENTS (Provide Brief Description):  7.ANHA - Singers	\$	\$ 15000	\$ 150000
8.LA DOA Art instruction in Assistedlive 9. 10.	nig	2100	2700
11. 12.			
13. Total Disbursements (add lines 7 - 12)	\$	\$ 42000	\$ 420000
14. Change in fund balance (Lines 6 minus 13)	\$	\$ 0	\$ Ø
15. Fund Balance at beginning of year	\$	\$ Ø	\$ Ø
16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B	\$	\$ &	\$ \$

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Arts Council of Pointe Coupee (Agency Name) ID 11238ND Balance Sheet, on NON-Profit (Year-End)

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

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Arts Council of fointe Coupee (Agency Name)

LD # 11238 NP
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 8/3/125 (Year-End)

Agency Head Name and Title: Gale B Roy
INdependent Contractor - receives 1099 - NEC

Purpose	<b>Dollar Amount</b>	
1. Salary	1.	
2. Benefits-insurance	2.	
3. Benefits-retirement	3.	
Benefits-other (describe)	4.	
5. Benefits-other (describe)	5.	
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 (quasipublic) entities to report on the Act 706 schedule only those payments to the agency head that are derived from the public funds.)