Entity Name: Keep Bossier Beautiful Address: 3022 OLD MINDEN RD STE 215 Telephone: 318-525-2249 Email: LBRYAN @ Keep Bossier Beautiful. Co

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 <u>ereports@lla.la.gov</u>, faxing to 225-339-3986, or mailing to Louisiana Legislative Auditor – Local Government Services, P.O. Box 94397, Baton Rouge, LA 70804-9397.

AFFIDAVIT

Personally came and appeared before the undersigned authority, $\underline{Brewite}$ <u>DeMoss</u> (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 <u>Keep Bosster</u> <u>Beautiful</u> (entity's name) as of <u>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; 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: <u>MOME</u>

Complete if Applicable: In addition, BARWIC L		(officer's name), who duly
sworn, deposes, and says that Keep Bossien Beaut	tiful (entity's name) received \$75,000
or less in revenues and other sources for the year ended _	2021	(entity's year-end), and
accordingly, is not required to have an audit for the previousl	ly mentioned	fiscal year.

FFICER'S SIGNATURE

Sworn to and subscribed before me, this 2nd day of March

D# 59203

Please submit a pdf copy of the completed form to: ereports@lla.la.gov - updated 12/20

Statement of Receipts and Disbursements

Statement A

	General Fund	Other Fund	Total
RECEIPTS (Provide Brief Description):	100 <u>1</u> 00010		Sing.
1. City of DossierCity	\$2,000	\$	\$2,000
3. FOUNDATIONS / GRANTS	1005	650	1,650
3. FOUNDIA-TIONIS/GRANTS 4. BUSINESS-CORPORATE	4050		11,700
5. EVERY DAY HERO	71050	200	4050
6. Total receipts (add lines 1 - 5)	\$21,372	\$ 1,000	\$ 22-372
DISBURSEMENTS (Provide Brief Description):			_
7. Operations	\$4218	S	\$4218
8. T. USURANCE	1358	-	1358
9. GATEWAYS	444		444
10. Projects	_4903		4403
11. GRANTS	_ 5405		5405
12.	-	-	
13. Total Disbursements (add lines 7 - 12)	\$16,328	\$	\$ 16,328
14. Change in fund balance (Lines 6 minus 13)	\$	\$	\$ 6.044
15. Fund Balance at beginning of year	\$	- \$	\$12,490
16. Fund balance (deficit) at end of year (Add lines 14-15)	n ang ang ang ang ang ang ang ang ang an	- 1280 - P	
-This amount also goes on line 12, Statement B	\$	\$	\$18,534

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.

Balance Sheet

Statement B

	General Fund	Other Fund	Total
ASSETS (balances at year-end)			the second s
1. Cash and cash equivalents	\$18,534	\$	\$ 18.534
2. Investments (fair value)			
3. Office furnishings (Cost of desks, etc)			1
Equipment (Cost of fax machine, etc)			A CONTRACTOR OF THE
5. Other (brief description)			
6. Total Assets (add lines 1 - 5)	\$ 18,534	\$	\$18,534
LIABILITIES AND FUND BALANCE (at year-end):	d		
7. Liabilities (brief description):	\$0	\$	\$ 0
8.			and the second second
9.			
10.			-
11. Total Liabilities (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	18534		18534
13. Other			- met
14. Total Liabilities and Fund Balance (add lines 11 - 13)	\$18,534	\$	\$18534

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Statement C

Schedule of Compensation, Benefits and Other Payments to Entity Head

Agency Head Name and Title: BARWIC DEMOSS, TElasurer

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
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.)