New Hope Community Development of Acadiana #10887

Lafayette Parish

Lafayette, Louisiana

TRANSMITTAL LETTER

ANNUAL FINANCIAL STATEMENTS

October 16, 2020

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

Dear Ms. Fransen:

Sincerely,

Officer's Signature

John P. Newman

Officer's Name

Enclosures

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

Affidavit and Revenue Certification

New Hope Community Development of Acadiana #10887

Lafayette Parish

Lafayette, 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 Legislative Auditor within 90 days after the close of the fiscal year. The certification of reveless, if applicable, is required by Louisiana Revised Statute 24:513(J)(1)(c)(i)(aa). | |
|---|--|
| Personally came and appeared before the undersigned authority, <u>John P. Newman</u> (employed who, duly sworn, deposes and says that the financial statements herewith given present position of New Hope Community Development of Acadiana as of <u>July 31, 2020</u> (entity's year-end), and the results of operations for the accompanying financial states. | fairly the financial (enter entity name) le year then ended, |
| (Complete if applicable) In addition,, (officer name), who, duly sworn, dep New Hope Community Development of Acadiana | or less in revenues |
| Officer's Signature | |
| Sworn to and subscribed before me this 16th day of october, 2020. | |
| William E. Kellner Notary Public Notary ID No. 157494 NOTARY PUBLIC SIGNATURE & SEAL Lafayette Parish, Louisiana | |
| | • |

| For Office Use Only |
|--|
| 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 10-28-2020

| Please | Complete This Section | |
|------------------|-----------------------|---|
| Officer's Name _ | John P. Newman | _ |
| Officer's Title | CEO | |
| Address 104 D | Duncan Drive | |
| City, Zip Lafay | ette, 70503 | |
| Ph: Cell/Land(| 337) 316- 9460 | |
| E-mail John | @newhopelafayette.org | |
| | | |

New Hope Community Development of Acadiana

(Agency Name)

Statement of Cash Receipts and Disbursements For the Year Ended <u>July 31, 2020</u>

(Year-End)

| . • | General Fund | | Other Fund | · · · · · · · · · · · · · · · · · · · | Total |
|---|---------------------------------|-----------|---------------|---------------------------------------|---------------------------------------|
| RECEIPTS (Provide Brief Description): | | | | | |
| 1. Donations | \$ 85,766 | \$ | | _ \$9 | 85,766 |
| 2. Government Grants | 14,750 | | | | 14,750 |
| 3. Other Grants | 25,245 | | | | 25,245 |
| 4. Fundraising | 4,161 | | | | 4,161 |
| 5. | | | | | |
| 6. Total receipts (add lines 1 - 5) | 129,925 | \$ | | \$1 | 29,925 |
| DISBURSEMENTS (Provide Brief Description): 7.Program Services 8.Fundraising 9.Management and General Expenses 10. | \$ 98,175 5,666 20,459 | <u>\$</u> | | \$ | 98,175 5,666 20,459 |
| 11. | | | | - | · · · · · · · · · · · · · · · · · · · |
| 12. 13. Total Disbursements (add lines 7 - 12) | \$ 124,300 | \$ | | <u>\$</u> | 124,300 |
| 14. Change in fund balance (Lines 6 minus 13) | \$ 5,625 | \$ | | <u>\$</u> | 5,625 |
| 15. Fund Balance at beginning of year | \$ 43,582 | \$ | | \$ | 43,582 |
| 16. Fund balance (deficit) at end of year (Add lines 14-15)This amount also goes on line 12, Statement B | \$ 49,207 | \$ | | \$ | 49,207 |

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

| <u>New</u> | Hope | Community | Development | 01 |
|------------|------------|-------------------|-------------|----|
| Acadian | а | (Agen | cy Name) | |
| | e Sheet, o | n <u>July 31,</u> | 2020 | ~ |
| (Year-En | ıd) | | | |

| | - | General Fund | | Other Fund | | Total |
|---|----|-----------------|------------|---------------|----|-------------|
| ASSETS (balances at year-end) -Give brief description: | | | | | | |
| Cash and cash equivalents on hand | \$ | 43,863 | \$ | 0 | \$ | 43,853 |
| Investments (fair value) on hand | | 0 | | 0 | | 0 |
| 3. Office furnishings (Cost of desks, etc) | | 0 | | 0 | | 0 |
| 4. Equipment (Cost of fax machine, etc) | | 5,344 | | 0 | | 5,344 |
| 5. Other (brief description) | | | | | | |
| 6. Total Assets (add lines 1 - 5) | \$ | 49,207 | \$ | | \$ | 49.207 |
| LIABILITIES AND FUND BALANCE (at year-end): 7. Liabilities (give brief description): 8. | \$ | 0 | (<u> </u> | 0 | \$ | 0 |
| 9. | | ·········· | | | | |
| 10. | | | | | | |
| 11. Total Liabilities (add lines 7 - 10) | | 0 | | 0 | | 0 |
| 12. Fund balance (amount from Line 16 on Statement A) | | 49,207 | | 0 | | 49,207 |
| 13. Other | | 0 | | 0 | | 0 |
| 14. Total Liabilities and Fund Balance (add lines 11 - 13) | \$ | 49,207 | \$ | 0 | _ | 49,207 |

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

New Hope Community Development of Acadiana (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 | July 31, 202 | (Year-End) | |
|----------------------|-------------------|------------|--|
| | | | |
| Agency Head Name and | Title:John P. Nev | wman, CEO | |

| Purpose | Dollar Amount |
|---|---------------|
| 1. Salary | 1. \$ 32,088 |
| 2. Benefits-insurance | 2. 0 |
| 3. Benefits-retirement | 3. 0 |
| 4. Benefits-other (describe) | 4. 0 |
| 5. Benefits-other (describe) | 5. 0 |
| 6. Benefits-other (describe) | 6. 0 |
| 7. Car allowance | 7. 0 |
| 8. Vehicle provided by government (if reported on your W-2) | 8. 0 |
| 9. Per diem | 9. 0 |
| 10. Reimbursements | 10.0 |
| 11. Travel | 11.0 |
| 12. Registration fees | 12.0 |
| 13. Conference travel | 130. |
| 14. Housing | 14.0 |
| 15. Unvouchered expenses (example: travel advances, etc.) | 15.0 |
| 16. Special meals | 16.0 |
| 17. Other | 170. |
| 18. TOTAL (enter total of line 1-17) | 18. 32,088 |

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.)