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**Affidavit and Revenue Certification**

Cullen Assoc. Hope Center ENTITY NAME  
Webster Parish  
Cullen, LA (City), State

**ANNUAL SWORN FINANCIAL STATEMENTS AND CERTIFICATION OF REVENUES \$50,000 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. The certification of revenues \$50,000 or less, if applicable, is required by Louisiana Revised Statute 24:513(l)(1)(c)(i).

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Personally came and appeared before the undersigned authority, Floyd Dean White (officer name), who, duly sworn, deposes and says that the financial statements herewith given present fairly the financial position of Cullen Assoc. Hope Center (entity name) as of June 30, 2014 (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, N/A (officer name), who, duly sworn, deposes and says that \_\_\_\_\_ (entity name) received \$50,000 or less in revenues and other sources for the year ended \_\_\_\_\_, and accordingly, is not required to have an audit for the previously mentioned year.

Floyd Dean White  
Officer Signature

Sworn to and subscribed before me this 2nd day of December, 2014.

Cathy H. Hamiter  
NOTARY PUBLIC - Notary ID 6167  
Cathy H. Hamiter

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Officer's Name \_\_\_\_\_  
Officer's Title \_\_\_\_\_  
Address \_\_\_\_\_  
Ph/Fax/E-mail \_\_\_\_\_

Under provisions of state law, this report is a public document. A copy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date DEC 10 2014

Please return the completed form within 90 days of your entity's year-end to Office of Legislative Auditor - Local Government Services, Post Office Box 94397, Baton Rouge, LA 70804-9397

Statement A

Cullen Assoc. Hope Center (Agency Name)

Statement of Cash Receipts and Disbursements  
For the Year Ended 2014 (Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. <u>Dept. Of Health &amp; Hospitals</u>	\$ <u>35,250</u>	\$	\$ <u>35,250</u>
2.			
3.			
4.			
5.			
6. <b>Total receipts (add lines 1 - 5)</b>	<u>\$ 35,250</u>	<u>\$</u>	<u>\$ 35,250</u>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. <u>Salaries</u>	\$ <u>16,200</u>	\$	\$ <u>16,200</u>
8. <u>Utilities</u>	<u>4058</u>		<u>4058</u>
9. <u>Taxes</u>	<u>2900</u>		<u>2900</u>
10. <u>Supplies</u>	<u>3802</u>		<u>3802</u>
11. <u>Other - Security-2240/occupancy 3888</u>	<u>5240</u>		<u>5240</u>
12. <u>Insurance</u>	<u>3050</u>		<u>3050</u>
13. <b>Total Disbursements (add lines 7 - 12)</b>	<u>\$ 35,250</u>	<u>\$</u>	<u>\$ 35,250</u>
14. <b>Change in fund balance (Lines 6 minus 13)</b>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
15. <b>Fund Balance at beginning of year</b>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
16. <b>Fund balance (deficit) at end of year (Add lines 14-15)</b> -This amount also goes on line 12, Statement B	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

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

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Statement B

Cullen Assoc. Hope Center (Agency Name)

Balance Sheet, on \_\_\_\_\_ (Year-End)

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

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